

**THE COMBINED USES OF LIFE CYCLE
AND STRUCTURAL FAMILY THERAPY
WITH REMARRIED FAMILIES**

BY

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in Partial Fulfilment of the Requirements
for the Degree of**

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ABSTRACT

Working with remarried families presents the therapist with special challenges. The most obvious of these challenges is assessing the impact that the remarried family structure has on the family versus the impact of other factors. These families may be more vulnerable to stressors which are inherent in integrating members from varying life cycle phases and providing continuity between more than one household at the same time as trying to develop a sense of "family". Also, individual idiosyncratic factors influence remarried family functioning. This practicum describes the use of the life cycle perspective and structural family therapy in working with remarried families. As well, the work draws on findings from the evolving remarried family literature.

The writer's experience with four of the families seen in therapy provides the basis for discussion. These family constellations are explored in detail including their unique challenges, goals and interventions. Emerging themes from all four families are discussed. Issues highlighted in the remarried family literature such as change and loss, divided loyalties, boundary issues, roles, and conflicting life cycle phases play out in these families. Most of the families presented with child focused problems. The writer examines the usefulness of structural family therapy and the developmental life cycle perspective with these families. Evaluation of the practice is made with the use of the use of the FAM III, Client Satisfaction Survey, and therapist observation. The last chapter reflects on the writer's practicum experience.

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way I met competent and inspirational teachers such as Diane Hiebert-Murphy, Kim Clare, Jay Rogers and Barry Trute who each in their own way inspired me to find the stamina to continue my journey. Also my peers, Deborah Palmer and Debra Carnegie were a great source of support, encouragement, and inspiration.

Dedication

I would like to dedicate this practicum report to my family. First of all to my husband, Edmund who provided me with practical support and advice, words of kindness, humour, and encouragement. Also to my mother, Martha Kohut-Klymkiw who demonstrated the unflinching belief that I would fulfil this dream. Unfortunately my mother died prior to the completion of this practicum, but her spirit and memory gave me the fortitude to continue. I would also like to acknowledge my long deceased father, Ivan, whose determination to make a better life served as a role model for what I needed to do in my life. To my brother Oleh, nephew, Ivan and sister, Marusia for their kind acts of support. To my stepchildren, Randa and Gavin, who provided me with my first "training ground" with remarried families, and who continually reminded me of life's blessings. Without my family's support and many sacrifices, this dream of completing my Master of Social Work would not have been fulfilled.

Introduction and Overview

Initially I had planned to focus my practicum on interventions with families coping with mental disorder. After laying the groundwork for this practicum, I found that for a variety of reasons I had too few referrals to successfully pursue this topic. I then put the narrower criteria aside and decided to conduct my practicum on the general topic of structural family therapy with families presenting for therapy at Elizabeth Hill Counselling Centre. After discussing this with my practicum chair, Diane Hiebert-Murphy, I also decided to leave the door open to additional interventions or theoretical frameworks which made sense for the unique needs of the families I was seeing. As it turned out, none of the families I worked with could be considered to be "traditional" families. Six out of the eight families I saw were remarried families. One out of the eight was a single mother with two adult daughters living at home and the last family was a nuclear family with two adult sons living at home. This practicum describes my work with four of the remarried families.

In many ways the interventions which I used with these families evolved along the way. Readings on remarried families, particularly the work of Visser and Visser (1979, 1988, 1996) and Sager, Brown, Crohn, Engel, Rodstein and Walker (1983) provided much of the foundation of my knowledge on remarried families. The fact that the families I worked with hungered for information meant that I had to keep well informed regarding remarried family issues. My own experience as a stepmother of 11 years provided me with first hand knowledge of the challenges and rewards of living in this family form.

My practicum with remarried families draws on three primary sources: remarried family literature, the developmental life cycle framework and structural family therapy. The remarried family literature has grown dramatically in the last decade, altering our conceptualizations of remarried families. In the past, conceptualizations of the remarried family were dominated with notions that the remarried family was "second best" to the nuclear family or were influenced by myths such as that of "the wicked stepmother". This work focused on dysfunction and upheaval in remarried families (Furstenberg, 1979; Gagnong & Coleman, 1994; Messinger, 1976; Pasley & Ihinger-Tallman, 1982). This was partly due to the fact that much of the pioneering work on remarried families was conducted with clinical populations which was subsequently generalized to the entire remarried family population. In the last decade or so, a number of ground breaking studies have been done with non-clinical remarried families, providing the beginnings of a foundation for a normative remarried family model (Coleman, 1987; Dahl, Cowgill & Asmundson, 1987; Gagnong & Coleman, 1987; Kelly, 1992; Robinson, 1992; Dahl, 1992; Visher & Visher, 1994, 1996).

One of the primary distinguishing features of remarried families is structure. Remarried families have tremendous potential for structural variation in terms of membership, organization, rules, boundaries and subsystems. Remarried families are particularly vulnerable to issues related to change and loss, divided loyalties, boundary issues, family member's roles, conflicting life cycle phases, power issues, and conflicts regarding financial and property issues.

The developmental life cycle framework provides a conceptual framework for

understanding families in general. It refers to significant events in family life such as births, deaths, child rearing, marriage and children's departure from the household. These events require changes and adaptation within the family organization, which includes changes in members' roles and family rules. The family goes through phases of development which are fairly predictable and appear to be universal in spite of cultural variations (McGoldrick & Carter, 1989). Commonalities are a result of similar biological and societal expectations. Also, normative patterns create a guide or cultural ideal (Falicov, 1988) which influences family behaviour either consciously or unconsciously. The developmental life cycle framework views remarried families as having increased stress and duress due to the concurrent dissonant life cycle stages of its membership (McGoldrick & Carter, 1989) and are temporarily vulnerable to stress as they form a cohesive family unit (Stanton, 1986).

Structural family therapy provides a method of working with remarried families. Structural family therapy is a systems therapy which treats people in their life context. Life cycle theory underlies structural family therapy (Minuchin, 1974; Minuchin & Fishman, 1981). For the structural family therapist a primary clinical task in terms of assessment and planning intervention is to distinguish difficulties which arise from normal transitions experienced by families from dysfunction. Central to this is the notion that entry into the remarried family life cycle phase is a time of adjustment and although these adjustments may be difficult or painful, they do not necessarily indicate pathology. Dysfunction occurs when the family is not able to change in order to deal with internal and external stressors. The goal of therapy is to stabilize the family system at a new level

of functioning which is appropriate to the developmental level of each of the family members. Family structure, subsystems, roles, rules and boundaries are all potentially targeted for change.

This report is divided into seven chapters. Chapter One reviews the remarried family literature and describes remarried families. This chapter is divided into four sections. Section One pertains to remarried family definition and remarriage trends. Section Two pertains to remarried family characteristics. Section Three discusses the evolution of remarried family relationships and roles. Section Four describes factors related to the adjustment of remarried families. Chapter Two focuses on remarriage from the developmental life cycle perspective. Chapter Three describes structural family therapy. At the end of Chapter Three I detail the usefulness of structural family therapy with remarried families. I then present my rationale for combining the developmental life cycle approach with structural family therapy for use with remarried families. Chapter Four outlines the practicum including the practicum setting, client selection, therapy methods, the supervision process and evaluation procedures. Chapter Five provides a detailed analysis of the therapy process with four families. I also present and discuss the results of pre-therapy and post-therapy measures as well as a client satisfaction survey completed by family members. Chapter Six examines themes which emerged from the therapy process. Chapter Seven presents my personal critique of the practicum experience and what I felt was most beneficial from using the structural and developmental life cycle approaches with remarried families.

Terminology

Throughout this report the term remarried family is broadly used to encompass the wide range of family forms encountered in the practicum. This includes families living commonlaw, families living together on a part time basis, and families living together as commonlaw yet not considering their arrangements to be permanent. The term remarried family will also be used interchangeably with the abbreviated version, REM. The term REM was first coined by Sager et al. (1983).

CHAPTER 1

UNDERSTANDING REMARRIED FAMILIES

Section One: The Remarried Family Defined

Visher and Visher (1980) define a remarried family as a family in which at least one of the marital partners is a stepparent. At least one of the partners has been previously married and divorced and has children from his or her former union. This includes commonlaw relationships as well as stepfamilies with visiting stepchildren.

The most frequently found remarried family form is that of a stepfather joining a biological mother-child system (Gagnong & Coleman, 1984). Stepfather families account for about three-quarters of the remarried family population (Soloman, 1995). Other frequently observed combinations of the remarried family form include a stepmother joining a biological father-child system, and a stepfather with biological children joining a stepmother with biological children system. Gagnong and Coleman (1984) capture the potential structural complexity of REM families by making the observation that if non-custodial stepchildren are considered (and rarely is this done) that the number of possible parent-child subsystem combinations is fifteen. If the REM couple has a biological child another fifteen possible combinations of subsystems is added. If the remarriage producing the biological children dissolves then the potential for more subsystems is further compounded.

Sager et al. (1983) conceptualize a REM family "suprasystem" which consists of all

those members currently and previously related by marriage. This includes former spouses, families of origin, and numerous other relations. The REM family suprasystem affects the emotional climate and structural complexity of the REM family. Thus the remarried family which is currently the object of focus is also viewed in its larger context.

While Gagnong and Coleman (1989), Sager et al. (1983), and Visser and Visser (1980) define the structural characteristics of a REM family, there is also a psychological reality. It is not uncommon for members living in the same household to have different versions of who is in their family. Furstenberg and Cherlin (1991) using National Survey Statistics found that virtually all children and parents included biological relatives in the household, but sometimes did not mention stepparents or stepchildren. One percent of parents omitted a biological child. Fifteen percent omitted a stepchild. Ten percent omitted a biological parent. Thirty-three percent left out a stepparent. This reflects the notion that while remarried families can be defined as such demographically, emotionally or psychologically they may not feel like a family.

Marriage, Cohabitation and Remarriage Trends

According to J. Oederkirk (1994), prior to the 1960's marriage was viewed as the only condition under which a couple could live together and raise a family. Contemporary trends indicate that many Canadians do not consider marriage as a pre-requisite to co-habiting with a partner. Sometimes temporary or permanent non-marriage arrangements have been chosen over marriage or re-marriage. Compared with twenty five years ago, marriage is less prevalent and occurs later in life. Often the original couple relationship

does not endure in order to raise their children together. Traditionally marriage was seen as a means of passing along assets such as family name, money and land throughout the generations (Oderkirk, 1994). Marital satisfaction was not considered to be very important, nor was marital dissatisfaction seen as a reason for dissolution. In contrast, often contemporary couples come together out of love and marital satisfaction becomes the foundation for continuing in these relationships (Beer, 1989).

The social revolution which had its genesis in North America during the 1960's contributed to increased divorce, remarriage, cohabitation and single parenting. Various authors including Beer (1989), Johnson (1980), Oderkirk (1994), and Visser and Visser (1989) hypothesize that choosing to live in a non-traditional family form has been encouraged by a number of variables. This includes available and reliable birth control, increased life spans, greater choice of marital partners, earlier sexual maturity, declining gender divided labour, decrease in fertility, and women's increased ability to achieve financial independence. As well, the weakening of religious pressure to sustain the marital bond and societal pressure to increase the ease with which marriages can be dissolved contribute to this trend. Increasingly, private arrangements between partners determines the terms of their union or dissolution rather than social or religious guidelines.

Since the late 1960's divorce rates have increased steadily and substantially. According to the 1990 Canadian Census, 38% of all marriages ended in divorce prior to 25 years of marriage. This is a three fold increase since 1960. As a consequence, the number of people eligible for remarriage has grown substantially. Up until 1968 over

90% of marriages occurred between single men and women. Since 1988, at least one third of all marriages included at least one person who was remarrying.

According to Cherlin and Furstenberg (1994) cohabitation in the United States has increased. Their observation is based on the National Survey of Families and Households, 1987-1988. They also observed that people born just prior to, or during World War Two were the last generation to always marry prior to living together. Subsequent generations have chosen common law relationship in greater numbers. For those born between 1956-1960, 40% of men and 36% of women lived common law prior to marriage or before the age of thirty; 49% of persons remarried within five years of separation from their previous spouses. Higher numbers of common law unions are expected for those people born in the 1960's and thereafter.

The trend towards co-habitation makes it increasingly difficult to follow remarriage trends. Beer (1989) observed that co-habiting families have received sparse attention though their numbers are increasing. The lack of statistics on the co-habiting population makes it difficult to assess to what extent these unions take place in lieu of legal remarriages. According to Bumpass and Sweet (1989) about one seventh of people in the United States who remarry have a different partner prior to remarriage. Furthermore, the speed at which people enter and exit common law arrangements has increased since cohabitation has become more accepted. Informal unions are less stable and secure and rules and roles of family life have become more unique and idiosyncratic. Thirty-two percent of the United States population and at least one out of every four or five children are estimated to live in remarried families and most of those are stepfather families

(Marsiglio, 1992).

The Growing Phenomenon of Remarried Families

In the 1970's remarried families were just beginning to be explored. The body of literature including research, self-help material, and clinical/theoretical formulations on remarried families has grown in the last decade. Initial remarried family research was based on a deficit comparison model (Gagnong & Coleman, 1987). In comparison to the nuclear family, remarried families were considered to be second rate. Within the last number of years researchers have attempted to establish remarried family norms, and have begun to challenge the notion that remarried families are less functional than nuclear families (Gagnong & Coleman, 1994; Hartin, 1990).

Furstenberg and Cherlin (1991) observed that the rapid growth of remarried families in the last couple of decades has produced a culture shock to our kinship system, which was previously focused on the nuclear family. This culture shock further impacts clinical work. David Schneider (cited in Furstenberg and Cherlin, 1991) noted that American society views the notion of blood relatives as very important. Blood relations and relations by marriage are seen as being qualitatively different. The phrase "blood is thicker than water" fits well with this notion. The language of describing relations by marriage such as spouse or inlaws further accentuates the difference. Stepparents' status is similar to that of in-laws as their relationships rely on being related through marriage. Stepparents achieve greater parental status depending on the unique characteristics and circumstances of the evolving relationships within the remarried family.

When it comes to stepparents, distinguishing phrases such as "real" versus "step" become exaggerated. Even when the biological "real" parent has little to do with the children, his or her status appears elevated in comparison to a stepparent who may be very much involved in their lives. Thus biological ties appear to have greater weight than acquired ties. Laws reflect the cultural norm that non-custodial fathers support their children financially, even if they have never lived with them. Conversely, stepparents who may have been involved with their stepchildren since their birth have no legal responsibilities or financial obligations. In this sense stepparenting is similar to fostering children, where the stepparent has no legal long term rights, responsibilities or obligations (Furstenberg & Cherlin, 1991).

Remarried Family Instability

According to White and Booth (1985) and Hartin (1990), second marriages, especially those involving children, are more likely to end in separation and divorce than are first time marriages. The early stages of remarriage are particularly vulnerable to breakdown (Furstenberg & Spanier, 1984). According to longitudinal research, half of all second cohabitating relationships which involve children terminate within the first two years of the relationship (Fergusson, Horwood, & Lawton, 1988). After ten years of remarriage the stability of first and second marriages is about the same (Hartin, 1990).

Section Two: Remarried Family Characteristics

Variations in custody arrangements, visitation, child-rearing practices and parenting differences all contribute to the varying configurations found in the REM family household. Thus REM families are challenged to create a sense of what is "normal" for them. Some of these remarried family characteristics evolve over time, while others stay fairly consistent. In spite of these variations and unique features a "normative map" of remarried families can be deciphered. A normative map of remarried family characteristics based on REM family norms and strengths provides the clinician with a foundation from which to assess REM family functioning, plan interventions and normalize REM families' experiences. The work of Dahl, Cowgill and Asmundson (1987), Gagnong and Coleman (1987), Kelly (1992), Robinson (1992), and Visser and Visser (1982, 1988, 1990, 1994, 1996) will provide the base for further discussion which highlights many of main issues pertinent to remarried families. Issues relevant to REM family adjustment will be discussed in greater detail further on in this chapter.

Remarried Family Structure

Remarried families have complex structures which are distinct from those found in nuclear families. Usually there are numerous individuals in the remarried family network with whom relationships and connections are developed. Remarried families usually include two households, which contributes to ambiguous boundaries as both households are often involved in decision making regarding children (Visser & Visser, 1996). The structures, rules, and roles which remarried families acquire differ from nuclear families.

Remarried Family Roles

Various roles include variations on traditional family dyads such as stepparent/advisor relationships or stepparent/friend relationships. These are formed from acquired status based on mutual need, as opposed to blood ties.

Remarried families have ambiguous roles which may contribute to family members feeling uncertainty and freedom at the same time. Family members can negotiate new and functional roles which are tailor made to their needs and wants, however this negotiation requires time, patience and flexibility. Also, the key players in reciprocal roles are required to make adjustments to roles at the same time as helping each other to establish roles. Developing a sense of "belonging" inside the family is a very complex process and may include gaining approval from parents, friends and community. Fine tuning roles within the family suprasystem may include developing cordial, but distant relationships.

Traditional views of women as nurturers and housekeepers and males as discipliners and money makers does not work well for REM families. Gender roles which tolerate more flexibility than traditional roles improve REM families' functioning (McGoldrick & Carter, 1989). In successful remarried families studied by Kelly (1992), both parents worked outside the home, shared household chores and shared child rearing.

Boundary Issues in Remarried Families

The REM family can be defined by its boundaries around the household. Given that there are members outside the household with whom members are often strongly connected with, these boundaries need to be flexible and permeable. Boundaries frequently overlap and there is often quite a bit of ambiguity until more enduring patterns of relating are established.

Atwood and Zebersky (1995) contend that overlapping issues of family roles and extended kinship ties complicate REM family transition. Minuchin (1974) hypothesized that families' tendencies to maintain old patterns may place additional stress on new members. Subsystem alliances and roles which have been previously established in nuclear families are challenged (Hayes & Hayes, 1986; Keshet, 1980; Meyer, 1992; Visher & Visher, 1979, 1982, 1988, 1996; Walsh, 1982, 1992). Flexibility is a key attitude of stepfamily members as they are required to adjust to each other's life styles and accommodate each other's schedules (Visher & Visher, 1989).

Visher and Visher (1989) suggest that biological parents create a "parenting coalition" at the same time as ensuring that boundaries around each home is defined. This means that while parenting issues may be mutually decided, rules in the separate homes and how issues are resolved may be different. A parenting coalition makes it easier for the children to move between households and they are less likely to get entangled in parents' tug of wars and loyalty conflicts. At the same time children are less likely to attempt to polarize their caregivers (Visher & Visher, 1989). The parenting coalition requires the stepparent to accept the biological parent and biological child dyad and its inherent

closeness without competing and to accept necessary interactions with the previous spouse.

The remarried couple dyad needs to create a secure boundary around themselves to ensure that their intimacy issues are met and they can achieve their executive roles. Well functioning REM families have a unified couple/parental dyad, which provides the family with a sense of stability (Visser & Visser, 1990, 1994, 1996).

McGoldrick and Carter (1989) suggest that healthy REM families have permeable boundaries which permit children to come and go more easily between households. Children typically go between households for a variety of reasons including holidays, visits or in fulfilment of custody or access agreements. Permeable boundaries may be required until the children grow older in order for them to maintain valuable relations with all the involved households.

Power Issues in Remarried Families

Often REM families have unique power issues in regards to who does the parenting, disciplining, and negotiation with former spouses (Visser & Visser, 1996). Sometimes problems in disciplining arise from gender prescribed roles such as the female partner providing nurturance while the male partner carrying out disciplining. Stepparents have little power in regards to disciplining children prior to having a relationship with them. The difficulties surrounding disciplining in REM families is heightened when compared to nuclear families where disciplining seems to naturally accompany the territory of parenthood.

Former spouses may also impose their values and desires on the REM family. Power struggles may arise between former spouses as they negotiate a variety of issues related to child care such as arranging visits and holidays. Power issues may be further affected by a variety of circumstances including stepparents having no legal responsibility, comparing stepparents to the biological parent, stepchildren going between biological parent's households, and parent-child bonds preceding stepparent relationships (Visher & Visher, 1996). Alas the REM family suprasystem may exert power in both emotional, psychological and practical terms.

Loss and Change in Remarried Families

The formation of the remarried family is unique in that it follows at least a number of significant losses and is usually accompanied by several losses (Visher & Visher, 1982). Losses which REM families encounter include: a) the loss of previous relationships; b) the loss of the non-custodial parent living in the same home; c) the loss of established hierarchy, order and roles; d) the loss of a parental partner; e) the loss of status; and f) the loss of familiar routines, traditions and rituals. Hayes and Hayes (1986), Meyer (1992), Robinson (1992), Walsh (1982, 1992) and Visher and Visher (1979, 1982, 1988, 1990, 1994, 1996) all contend that family members must resolve the losses of the previous marriage and family prior to successfully creating a REM family form. Visher and Visher (1990) and Visher (1994) found that in successful remarried families the adults had mourned their previous losses.

Newly remarried families generally have no previous experience of homeostasis. It

is unlikely that a pattern of interaction has been established or integrated in the recently remarried family. However, at least part of the family has established patterns of interactions in their previous home life. This makes the process of joining the remarried family very challenging. Whiteside (1982) observed that in the single parent system the child may have had increased status and responsibility. The shift to the REM family form may not be an easy adjustment because of the loss of this special status, roles, and new division of territory.

Previously accepted norms and behaviours in the nuclear or former family are no longer necessarily accepted in the newly remarried family. Individuals' behaviours, actions and need for personal space may all come under analysis. Changes which accompany the remarriage may include shifts in sibling age order, change in household routines and territories, change in homes, job changes, and changes in friends and neighbours. Wallerstein and Kelly (1979) and Robinson (1992) observe that continuing conflict or unresolved feelings between previously married biological parents may block REM family development. Remarried families must continuously adjust to changes due to permeable boundaries. Custody changes or informally decided living arrangements will also impact the remarried family.

While often adults look forward to the changes with optimism, children may encounter more ambivalence. Children often feel loss and upset prior to stability and gains. Children (depending on their ages and individual characteristics) may act out their feelings rather than verbalize them directly. Children may also be used for revenge against another parent. This may create additional stress on children's adjustment

(Kupisch, 1987; Wallerstein & Kelly, 1979).

Visher and Visher (1996) found that it is helpful for biological parents to maintain special ties and special time with their children that is separate from their relationship with the stepparent. As a result children may experience a greater sense of security and may realize that the remarriage has not meant that they have been abandoned by their parents.

Stress in Remarried Families

Remarried families encounter more stress than nuclear families (Vosler & Procter, 1991). This may be attributed to a number of factors including lack of societal acceptance, unresolved problems subsequent to the divorce or death of a biological parent, ambiguity in role definition and negotiating dissonant life stages simultaneously (Crosbie-Burnett, 1989; McCubbin & Figley, 1983).

Dahl et al. (1987) found that common problems which lead to increased stress were:

- a) disagreements regarding discipline, and difficulties with adolescents;**
- b) stepparents feeling left out due to the strong bond between the biological parent and biological child (this improved over time);**
- c) remarried couples feeling they did not have enough time alone together;**
- d) financial problems due to resentment over child support or alimony payments;**
- and e) children had mixed feelings and concerns about the permanency of the relationship and felt displaced in their biological parent's affection due to involvement with the stepparent. These issues changed over time.**

Remarried Family Integration

Remarried family integration into a functional family system requires an adjustment period. A minimum of two years and up to seven years or more is needed for adequate remarried family consolidation (Papernow, 1993). Dahl et al. (1987) observed that most REM families found the first year of living together difficult and that it took at least three to five years for a sense of belonging to occur. Families with adolescents took longer. The most significant factors which influenced the amount of time this took is the age of the children at the time of the remarried family formation and the type of remarried family. Robinson (1992) observed that functional integration for some remarried families may not be achieved until the stepchildren leave home. In comparison to nuclear families, attachments were less intense, but warm.

Often cut-off relationships are experienced through the process of divorce and remarriage. The degree to which cut-off relationships occur may change over time. Some relationships, initially curtailed may be later re-established as the new family form regains its equilibrium. Robinson (1992) noted that cut-off relationships most frequently occur in stepfather households due to the fact that within two years of divorce half of biological fathers do not communicate with their children.

Divided Loyalties in Remarried Families

Remarried family subsystems will always have psychological and emotional ties with family members who are not physically present in the household (Visser & Visser, 1988). For example, ties continue to exist between biological parents and their non-custodial

children following divorce and remarriage. The following vignette provides insight into the process of divided loyalties. In the nuclear family, child and parent bonding usually happens spontaneously. With the structural changes that accompany remarriage, children often feel emotionally divided between spending increased time with the stepparent at the same time as not seeing their biological parent as much as they used to. They may feel increased anxiety and uncertainty over their emerging attachment to their stepparent and may see these feelings as taking away from their feelings for their biological parent. In this sense the child experiences divided loyalties.

Atwood and Zegersky (1995), Hayes and Hayes (1986), and Visser and Visser (1988) observed that frequently children in remarried families initially stifle displays of affection towards stepparents due to feelings of conflicted loyalty. Shows of affection for some children are exclusively related to feelings of loyalty to the biological parent.

Wallerstein and Kelly (1971) found that adolescents often take sides or play one side against the other in loyalty conflicts. Parents may also experience divided loyalties. They may have given up their emotional ties to their previous marital partner, but they must maintain a relationship with them to facilitate the children's relationships with their biological parent.

Insiders Versus Outsiders in Remarried Families

Pre-existing subgroups and alliances accompany the beginning of a REM family. Insider and outsider status typically occurs when REM family members who have longer ties with each other merge with those who are just beginning to develop relationships

(Visher & Visher, 1996). In this sense, members of a biological dyad become like the insiders and a person in the step-relationship is the outsider. Atwood and Zebersky (1995) observe that initially the stepparent and stepsiblings may be defined as intruders. Issues of territory and space may also come into play and influences how this is played out.

Issues of Closeness and Distance in Remarried Families

The relationships between stepparents and children evolve through phases of closeness and distance until comfortable connection is achieved. Often stepfamily members feel that if they get too close to each other then someone else will be deprived of their affection (Gagnong & Coleman, 1987). Conflicts over calling members "children" or "parents" emerge (Gagnong & Coleman, 1987).

Although close, loving relationships may form, sometimes respectful and polite relationships are the most remarried families can attain between step-relatives. Often when step-relations become more close and loving, their titles change, for example a stepmother may become "mom".

Unrealistic Beliefs in Remarried Families

While there is normative information available, many families still cling to the notion that the "perfectly blended family" will have the emotional closeness and functioning of the "ideal" nuclear family. Often these beliefs block remarried family adjustment and transition to the new family form. These unrealistic beliefs include: a) remarried families

are the same as nuclear families, b) remarried family adjustment will happen quickly, and c) love and care for each other will happen spontaneously (Visher & Visher, 1996).

Atwood and Zebersky (1995) and Gagnong and Coleman (1994) observed negative social stereotypes of the REM family have ramifications for the REM family in terms of their beliefs about themselves. Gagnong and Coleman (1984) found that often remarried families viewed themselves as inadequate, deficient or deviant. Amato (1987) and Kupisch (1979) found that negative stereotypes such as the "wicked stepmother" are sometimes incorporated into remarried families' self-concepts and interactions. As stable relationships develop these negative beliefs dissipate.

Remarried Family Cohesion

Remarried families often are less cohesive than nuclear families or single parent families. Often stepchildren feel less close to stepparents, especially in the initial stages of their relationship (Gagnong & Coleman, 1987). The maintenance of ties with biological parents, permeable boundaries, and no legal status may contribute to this fact. Newly remarried families have not yet developed interactional patterns which help them function on an every day living basis. They are usually not familiar with the new family environment or how to behave in it. Often remarried families experience a "culture shock" until they are able to adjust (Robinson, 1992). Seemingly insignificant events or things may become highly symbolic and significant. Creating memories, traditions and rituals can contribute to increased feelings of remarried cohesion and sense of belonging. Accurate communication becomes even more important and valuable. Remarried family

members may need assistance to decode each other's idiosyncratic habits and mannerisms, such as ways of requesting help.

Life Cycle Differences in Remarried Families

In REM families the marriage and family history of the family members may be very different. Often at least one of the adults has already gone through the developmental stages of the first family formation, separation and divorce (Whiteside, 1982). The other may have less life experience in terms of having negotiated certain life stages. Their histories and experiences may put them at psychologically and emotionally different places. Remarried families with adolescents may find the REM transition particularly challenging. Issues related to the life cycle will be discussed in greater detail in Chapter Two.

Financial Issues in Remarried Families

Financial issues in terms of property, money, and inheritance are often concerns in REM families. What makes these issues challenging for REM families are each spouse's financial obligations to previous children and or spouses. Often child support payments add extra stress to the REM family's ability to cope with financial needs (Hartin, 1990).

Issues of inheritance and property can become especially sensitive issues due to the number of people who are potential stake-holders in the resources. For example, children may be particularly affected by this due to potentially losing out on a particular portion of their inheritance because of additional family members (Robinson, 1992).

Nichols (1996) remarks that financial assets and obligations not only present economic strain, but may also place additional emotional strain on remarriages. This may translate into trust issues for REM couples in particular and may heighten the couple's anxiety in terms of entry into remarriage.

Section Three: The Evolution of Remarried Family Relationships

Through the process of evolving from the nuclear family to the post divorce family to the remarried family all the roles of the family members undergo dramatic changes. Previously well defined roles in the nuclear family may become ambiguous. Stronger coalitions may develop between children and parents. Family members continuously adopt and develop roles which define how they participate in family life. When roles are established too rigidly or too permeably, dysfunction occurs (Katz & Stein, 1983).

The Couple Relationship

Traditional family therapy places the couple relationship at the cornerstone of healthy families (Browning, 1994). The quality of other family relations are viewed as stemming from this central relationship. Remarried families which have at least one step-relationship challenge this perspective. A strong couple relationship in REM families does not ensure good parent/child, or stepparent/stepchild relationships. During early remarriage, marital satisfaction and adjustment have little impact on the behaviour of children (Bray, 1988a; Heatherington & Clingempeel, 1992). This is in contrast to first

married families where marital adjustment can be predictive of children's adjustment (Emery, 1982). After several years of remarriage, the couple relationship has greater influence on children's adjustment and parent-child relationships (Bray & Berger 1993b; Heatherington & Clingempeel, 1992).

While children in a nuclear family may feel more secure when the couple relationship is healthy, children in REM families may feel threatened and more insecure by a stepparent's relationship with their biological parent (Crosbie-Burnett, 1984; White & Booth, 1985). This may undermine the REM family's happiness. Crosbie-Burnett found that the establishment of mutually suitable step-relationships has a greater effect on family happiness than the couple relationship.

In spite of step-relationship stressors, the couple requires adequate bonding in order for the REM family to stay together and develop better relations. Also, a good couple relationship can provide stability for the household and may also provide a positive role model. Visher and Visher (1988, 1991, 1996) believe that therapeutically a solid couple relationship needs to be formed prior to shifting attention to step-relations. Creating a strong couple relationship at the same time as strengthening step-relationships and maintaining biological child-biological parent relationships is indeed a challenging proposition.

Stepparent Relationships

Step-relationships evolve over time and may go through several phases prior to achieving a balance. It is helpful to regard stepparent relationships in this context and to

recognize that issues which occur when the remarried family is first forming will be different from those which occur when the family is established.

The role of the stepparent has an infinite number of ways in which it can be defined. It also changes over time, depending on the unique circumstances, family dynamics and individual characteristics. While stepparents have unique and idiosyncratic challenges it is helpful to remember that they also share some of the problems and challenges experienced by biological parents (Somerville, 1989).

There are mixed findings in regards to the perception of the stepparent role. Fine (1995) and Fine and Kurdek (1994) found that there is less consensus among stepparents on how they should behave than exists among biological parents. Bray, Berger and Boethel (1994) contradicted this finding stating that stepparents have consensus on child rearing practices. Saint-Jacques (1995) emphasized that the onus rests on the remarried couple to decide themselves on the roles of the stepparent in the family as society does not provide a model. Fine (1995) stated that even though there is much clinical and theoretical information which suggests that the stepparent role is ambiguous, there is little empirical data to support this claim. This wide variety of opinions and findings attest to the wide range of behaviours which one anticipates and finds among stepparents.

Sometimes stepparents have unrealistic expectations of their role in the family. Cherlin and Furstenberg (1994) assert that the stepparent may unwittingly try to become the healer of the system and may be over zealous in his or her expectations in joining the system. Papernow (1984) refers to this phenomenon as a well wisher wanting to nurse the family back to health. Rather than imposing their ideals on how the family should

function (which could ultimately backfire), Furstenberg and Cherlin state that wiser stepparents wait for their time to come and accept the limits of their stepparent role. This role likely evolves through its own phases as the family matures.

The status of the stepparent is simultaneously characterized by role loss and augmentation (Visher & Visher, 1979). The stepparent may experience a great deal of stress because these changes may happen at the same time. A person who has previously experienced divorce has also lost membership in his or her created nuclear family. A person entering into remarriage where children are involved will encounter a multiplicity of challenges involving concurrent roles.

Amato (1987), Fine (1995), Heatherington and Clingempeel (1992), and Heatherington (1993) found that stepparents displayed lower levels of involvement with stepchildren, a disengaged parenting style, little control over children's behaviour, little monitoring of stepchildren's behaviour, and lowered involvement with discipline. Fine and Kurdek (1994) found that stepparents believed they should be less involved with their children. Giles-Sims (1984) found that spouses in stepfamilies also felt the stepparent should be less involved in child rearing than the biological parents. Visher and Visher (1988) found that stepparenting roles became even more ambiguous when each parent brought children into the family. There appears to be gender differences in the role expectations of stepmothers versus stepfathers. It seems to be more generally accepted that males will have less involvement with the stepchildren than females due to societal expectations (Fine, 1995; Heatherington & Anderson, 1987). Fine (1995) suggests that when a woman is a stepmother the societal expectation is that she should be actively

involved in child rearing.

Stepfathers in Remarried Families

There is contradictory information on stepfather roles in terms of adjustment and problems in role definition. On one hand clinicians (Gagnong & Coleman, 1986; Visher & Visher, 1979) emphasize the distress and difficulties which the REM father experiences. This is in stark contrast to the findings of survey research conducted by Gagnong and Coleman (1984), Ihinger-Tallman (1988), Palisi, Orleans, Caddell and Korm (1991), and Pasley and Ihinger-Tallman (1987) which suggests that fathers in nuclear and remarried families experience similar levels of distress and difficulties.

Crosbie-Burnett (1985) and Visher and Visher (1979) found that parents report less stress in stepfather families as opposed to single parent families. This may be due to a multiplicity of reasons including increased financial resources with the additional income, increased emotional support for the biological parent, and increased social acceptance. Furstenberg and Spanier (1984) found that when stepfathers have no biological children in the home they seem to bond better with their stepchildren. This was contradicted by Palisi, Orlean, Caddell, and Korm (1991) who observed that stepfathers adjusted better to step family life when their biological children were present in the household.

Clingempeel, Brand, and Segal (1987) observed that the quality of the marital relationship affected the quality of the stepfathers' relationships with stepchildren. Furstenberg and Spanier (1984) found that stepfathers' relationships with their stepchildren was not negatively impacted when the children had contact with their biological fathers.

Heatherington (1987) discovered that for children living in the custody of their biological mothers and stepfathers, stepfather-stepson relationships improved over time. However stepfather-stepdaughter relationships were characterized by negative interactions.

Robinson (1984) observed that stepfathers are more likely to have positive relationships with stepchildren when the children are young and want a stepfather in their lives as opposed to when they are older and have been living for many years in single parent families. Robinson (1984) distilled a number of problems experienced by the stepfather in the remarried family from the works of Messinger (1976), Mowatt (1972), Stern (1982), and Visher and Visher (1979). In the works reviewed, the following difficulties were revealed: a) Stepfathers had problems in negotiating the relationship transition from being more like a friend with children prior to remarriage to becoming more like a parent after remarriage; b) Stepfathers felt uncomfortable with showing affection; c) Stepfathers reported experiencing tension over when and how to discipline stepchildren; d) Stepfathers had problems in managing support payments to a previous family at the same time as providing for the current family. How money was allocated was seen as a reflection of love among spouses and stepsiblings and sometimes became a contentious issue; e) Stepfathers experienced divided loyalties over spending increased time with stepchildren as opposed to spending time with biological children who were living away; f) In stepfather families sexual tensions between step-relationships were possibly more of an issue due to the incest taboo not being as clearly circumscribed in remarried families as in nuclear families. Also the increased sexual activity in the new remarried family possibly contributed to increased fantasies and fears of physical intimacy

between step-relations (Robinson, 1992). Also a higher proportion of stepfathers and stepdaughters become involved in sexual relations than biological fathers and daughters (Visser & Visser, 1978); and g) Conflicts may also arise due to stepfathers having different surnames than stepchildren. There is no societal guideline for this issue and families usually deal with it in unique ways appropriate to their unique family needs and wants.

Stepfathers can often fill a void left by non-custodial biological fathers who have little to do with their children (Seltzer, 1995). Also, stepfathers may experience less societal pressure to perform hands-on child rearing practices which may place them in a position where they experience less friction in their roles. Stepfathers may also feel more satisfied with their role performance, even if they are doing less than dissatisfied stepmothers (Keshet, 1988; White, 1993).

Stepmothers in Remarried Families

The most difficult of all family positions is that of the stepmother (Minuchin & Fishman, 1993). This is mostly due to the stepmother never being able to achieve the unattainable high standards which society places on all mothers at the same time as being placed in a position where she is expected to replace the missing mother. Salwen (1990) describes the role of the stepmother as a double bind. On one hand, she is expected to be the nurturer in the family, yet she will never be perceived to nurture as well as the biological mother.

The word stepmother sometimes conjures up the idea of the wicked stepmother so

negatively portrayed in the childhood fairy tales of Cinderella, Hansel and Gretel, Snow White and others. Kaslow (1988) suggests that the persistence of these types of myths sets the stage for a self-fulfilling prophecy in that children may expect their stepmother to be wicked, hateful and inconsiderate. If the stepmother had a relationship with the children's father prior to the divorce and remarriage the children may blame the stepmother for the family breakup.

In terms of clinical implications, McGoldrick (1989) and Visher and Visher (1996) encourage the natural parent to be in charge of the children, in spite of the various obstacles to his or her doing so, such as inexperience or working full time. It may also be very difficult for the stepmother to take a secondary parenting role as she is usually the one who is most attuned to the needs of others. "Women's tendency to take responsibility for family relationships, to believe that what goes wrong is their fault and that, if they just try hard enough, things will work out, are the major problems for them in remarried families, since the situation carries with it built-in structural ambiguities, loyalty conflicts, guilt, and membership problems" (McGoldrick, 1989, p. 221). Salwen (1990) suggests that fathers take on a more primary nurturer role while the stepmother continues to be involved with the children's well being from a more secondary or supportive stance. In practical terms the stepmother would help in setting rules in the household that directly affect her well being and needs, but would be less involved in decisions regarding the children's primary needs. This approach requires: a) the father's willingness to take on the primary nurturer role, b) the stepmother stepping back from her natural inclination to nurture, c) the development of generational boundaries where the

stepmother is more of a parent/advisor, and d) a father who supports this stepmother role.

According to Clingempeel (1984), Heatherington (1987), and White and Booth (1985) stepmother families experience more stress than stepfather families. Both stepmothers and stepchildren from these families report higher stress levels (Jacobson, 1987). Overall the general negative view of their relationship by both stepmothers and stepchildren may be linked to children's attachment to their biological fathers (Santrock & Sitterle, 1987). Visher and Visher (1988) postulate that increased stress in stepmother families may be due to disturbances of the mother-child bonds, because in these families the biological father has custody of at least one of the biological children. Mother-daughter bonds become more distressed than father-daughter bonds during and after divorce. Also, the overlapping of stepmother roles with mother roles may create role conflict. Cherlin and Furstenberg (1994) make a helpful observation regarding stress in remarried stepmother families. In the typical REM family children live with their biological mother and stepfather. They usually visit their biological fathers and stepmother. This stepmother does not live with the children, yet must establish a relationship during visits. She is usually seeing children whose primary tie is with their biological mother. At the same time she has increased societal pressure to perform nurturing tasks with the children. This may put her in direct competition with the biological mother. In contrast, stepfathers are compared with non-custodial fathers who often do not see much of their children.

Stepchildren

Saint-Jacques (1995) found that children seemed to occupy a central role when it

came to role strain in REM families. Also, competition between stepparent and stepchild and the subjective experience of the stepparent in terms of lack of clarity regarding the degree of authority in the family contributed to role strain.

Somerville (1989) observed that divorce often creates much anger in children. With the divorce rate around 50% there are many unhappy, angry children lying in wait for stepparents. While the original parents have found peace from unhappy or unwanted marriages by divorce and remarriage, children may see this change in circumstances as disastrous.

In spite of happy marriages, people with stepchildren have higher divorce rates. Parents with stepchildren in their lives are much less satisfied with their family lives than parents without stepchildren. This situation may be as stressful for stepchildren as it is for stepparents, and stepchildren may choose to move out of these homes as soon as possible (White & Booth, 1985) to avoid conflict.

Ransom et al. (1979) postulated that like first married families, remarried families are likely to be drawn to the attention of mental health professionals through the presentation of a symptomatic child. The concept of scapegoating reflects the notion that remarried family problems may sometimes be (and especially parental/couple problems) projected onto one child who demonstrates disturbed functioning.

Goldstein (1979) applied the concept of pseudomutuality to the remarried family, who deny any expression of conflict due to the fear that conflict expression may mean that the remarried family is dissolving. The fear of this occurring may somehow be enough for spouses to place the burden of family problems onto a child. The child may accept the

role of the symptom bearer due to his or her own fear of abandonment, anger at the loss of the biological parent and anger at sharing his or her custodial parent with the stepparent. Thus the child accepts the role of problem child and inadvertently perpetuates the family's solidarity.

A number of clinicians and researchers including Peterson and Zill (1986), Sager et al. (1983), Visher and Visher (1979), and White and Booth (1985) have all noted that adolescents have a particularly hard time in REM family. Adolescents tend to leave REM families earlier than in biological families (White & Booth, 1985). Families with adolescents tend to divorce at higher rates than other families (White & Booth, 1985). Adolescents report divided loyalties and discipline as particularly stressful problems (Lutz, 1983).

Clingempeel et al. (1984) found that stepparent-stepdaughter relationships in both stepmother and stepfather families experienced more difficulties than stepparent-stepson relations. The authors suggest a couple of reasons for these difficulties: a) it is possible girls in biological families have similar feelings, and b) remarriage may pose more of a threat to girls' non-residential fathers. In this study non-residential fathers visited sons two times more than their daughters.

Gagnong and Coleman (1993) found that the self-esteem of stepchildren was lower than that of children from nuclear families. This was only slight in terms of feelings of guilt and depression, but they did have more behavioral problems. In regards to having children with behavioral problems, REM families resembled single parent families.

Section Four: Adjustment to Remarried Family Life

The adjustment of members to the REM family depends on a variety of factors. These factors are conceptualized differently by various authors. These factors will be discussed in the following section.

Visher and Visher (1989) observe that the achievement of healthy remarried family adjustment and integration requires: a) a good couple relationship; b) warm parent-child relations; c) mutually satisfying step-relations; d) children continuing to be connected with their biological parents; and e) adults within households cooperate in regards to issues concerning the children.

The adjustment of members to the REM family form depends on a number of factors:

1. The ages of the children at remarriage affects adjustment. Younger children tend to invest in the REM family more easily than do adolescents (Katz & Stein, 1983).

2. The involvement of the non-custodial parent influences adjustment. Generally speaking if the non-custodial parent has negotiated a constructive relationship with the children then usually the children feel more secure and able to invest in the REM family (Katz & Stein, 1983).

3. The nature of the post-divorce relationship between the parent and the biological child influences REM family adjustment. If the parent was overly close with the children during the single parent phase it is likely the children and parents will have difficulty adjusting (Katz & Stein, 1983).

4. The desire of the stepparent and children to have a new relationship affects REM family adjustment. Easing into relationships over a period of time facilitates REM family

involvement (Katz & Stein, 1983).

5. The discrepancy between life cycle and life styles of the new spouses influences REM family adjustment. The greater the differences in the life cycle experiences of the new spouses, the more challenging the remarried family transition will be and it will take a greater amount of time to become a workable unit (McGoldrick & Carter, 1989; Whiteside, 1982). Life style also influences the degree to which the remarried family is able to integrate. If lifestyle issues impinge on the ability to navigate a life stage, more problems will emerge. For example if one partner greatly alters his or her needs for the sake of others in the family, then there is great potential for conflict.

Spouses who come from the same life stage may be at an advantage in that they may have similar life experiences and may be negotiating the same life cycle tasks. This can create a greater sense of empathy and understanding among partners. Those with a long and more complex history may require greater effort in negotiating the tasks involved in each life stage.

McGoldrick and Carter (1989) warn that traversing two life cycle stages simultaneously can be very stressful on the family. For example, a newly married woman may also be the mother of an adolescent and be pregnant with her first child from the new union. The life cycle of the individual and the family converging can also create additional stress on the system. Lack of experience with new role expectations can lead to further confusion. A person going through his or her second marriage and second set of children is also likely to re-experience some unresolved issues. Some persons may try and resolve or make up for the past in the new relationships. Patterns of relationships

established in earlier stages affects later stages. For example, if relationship patterns have been rigid then they will be more vulnerable to disruption or change. Furthermore, patterns of handling such issues as affection, separation, and disagreements will all come into play. Also, the degree to which children have been drawn into couple conflicts will impact on future REM adjustment.

Partners' Adjustment

Messinger et al. (1978) found that previous marital and parental experiences provided partners with more realistic expectations for remarriage and relationships with the stepchildren. When both parents had been previously married with children, partners were better able to assess realistically the advantages and disadvantages of remarriage. Also they could relate better to problems with ex-spouses, thus creating a tighter bond. Single persons entering remarried families frequently felt cheated out of having their spouses to themselves and sharing the first experience of mutually creating a home, family and friends.

Children's Adjustment to Divorce and Remarriage

There is conflicting information regarding children's adjustment to divorce and remarriage. While initially all children find remarriage stressful, factors such as age and gender, temperament, subsequent life experiences, interpersonal relationships and available resources influence their adjustment to the remarried family. In a longitudinal six year study of 180, well educated middle class white parents and children, Heatherington

(1989) found that children's adjustment to divorce and remarriage depended on the individual characteristics of the child. She found that both boys and girls who were in early adolescence (average age of 11 1/2 years) had a difficult time adjusting to the remarriage of their custodial parent. Boys who were younger when their mother first got married adjusted more easily. Sometimes early adolescent girls' behaviour deteriorated after remarriage, and frequently boys appeared disengaged. Boys' behaviour usually improved after being poor initially. The author postulated that this could have been due to the adolescent girls and mothers having developed a very close relationship during the single parent stage. In this case stepfathers may have been viewed as competitors. The closer the new partners are, the greater the conflict in the family. Allison and Furstenberg (1991) challenged Heatherington's results. They found little evidence of gender differences in adjustment to remarried family life. Vosler and Proctor (1991) found no statistically significant differences by family structure on most child functioning variables.

In a longitudinal cross-comparison study of nuclear families and remarried families, Bray and Berger (1990) found that children's reactions to remarriage changed over time. After six months, six to nine year old children in remarried families had more behaviour problems than those in nuclear families. After about two and one-half years (the children were around eight and one-half years old to eleven and one-half years old) there were no differences between the two groups. However problems re-emerged in the remarried families when the children turned 11-14 years old. These children developed problems in school performance and behavioral problems at home and school.

In an empirical review of the literature, Gagnong and Coleman (1984) found that the

remarriage of parents did not appear related to problem behaviours in children or to negative attitudes towards self and others in stepchildren. They found that there was little evidence to show that children in REM families differed from other children in terms of school grades, intelligence, personality, marriage attitudes, family relationships, social behaviour or psychosomatic behaviour. They state that few conclusions can be drawn due to the restricted number of variables used and that the body of research from which this data is drawn has methodological problems and inconsistencies.

Berden, Althaus and Verhulst (1990) contend that previous injurious life experiences may have to be surmounted in order for a child to adapt to a new family circumstance and that a greater number of negative life events over a two year period was related to behavioral and emotional problems in children. Unresolved feelings for a parent may block a child's ability to accept a new parental figure in his or her life. Children may be especially affected by changes in ordinal position, additional siblings and the loss of the fantasy of their parents re-uniting. Hayes and Hayes (1986), Martin and Martin (1992), and Walsh (1982, 1992) observe that the dissolution of the dream of their parents reuniting may be especially painful. As well, children must learn to share their parents with new partners. Mourning the loss of a live-in parent may be complicated by the denial of the loss by the remaining parent and the lack of the finality of death. The time of remarriage may force the child face the fact that there is no possible reconciliation between their parents. Furthermore, just because parents remarry it does not mean that children have accepted and moved on from being emotionally attached to the previous family.

Visher and Visher (1996) provide a helpful synopsis of issues for children at various ages. They contend that the issues of loss, loyalty, and lack of control are main issues for any stepchildren, regardless of their ages. Visher and Visher divide issues for the types of responses by age. These age groups cover the age ranges of preschool aged children, elementary school aged children and adolescents.

The first age group, preschoolers, may exhibit a wide range of responses. Children up to the age of three may become fearful and anxious in reaction to separation from their parent. They may exhibit regressive behaviour such as bed-wetting and may have a stronger need to be nurtured and cared for. They usually accept stepparents more readily than older children. Children between three to five years of age often react similarly to younger children. In addition they often have magical thinking which may lead them to believe that somehow they have been responsible for the family breakup. They require reassurance that they did not cause the family changes.

Elementary school children (six to twelve years of age) often become angry and depressed at the time of divorce and remarriage. They too may feel that they caused the divorce. They also tend to fantasize that they can help their parents reunite. Often children in this age group take sides with one or the other parent and view the other parent as being right or wrong. This behaviour may be encouraged by hostile ex-spouses. Changes in ordinal position and household organization in terms of territory can produce strong reactions in these children.

Adolescents are experiencing their own major developmental issues which have implications for how they cope with remarriage. These include: a) their individuation

from the family, b) their developing identity, and c) their emerging sexuality (Visser & Visser, 1996). In nuclear families the developmental tasks associated with the growing need of adolescents to gain autonomy and control in their lives provide special challenges. In remarried families the developmental needs of adolescents are frequently ignored, or looked upon as problematic because they conflict with the emerging need of the REM family to grow closer. Often adolescents find that changing their residence helps them develop their identity. As well, adolescents who have spent the majority of their years with one parent may wish to move in with another one so that they can learn more about this parent. Sometimes adolescents provoke changes in residence when they are not able to discuss needed changes. Emerging sexuality may cause stepsiblings to withdraw from the opposite sex. This may also be the case where adolescents reject friendly overtones from a stepparent due to sexually charged feelings.

Contact with the non-custodial parent usually enhances the adjustment of children and adolescents after divorce (Heatherington, 1993; Wallerstein & Kelly, 1980). However after remarriage, this may change. Bray and Berger (1990, 1993a) found that continuing contact with the non-custodial parent may result in fantasies that the original biological parents may re-unite. Years after the original divorce and remarriage Bray and Berger (1992) found that children may want their parents together. Bray (1996) observed that children may be more distant and have increased behavioral problems after a visit with the non-custodial parent. This may be due to loyalty conflicts. Often after remarriage non-custodial parents decrease the amount of time they spend with their children (Furstenberg, Nord, Peterson & Zill, 1983). This may result in children feeling

abandoned and may be manifest in a variety of behaviours from misbehaviour to withdrawal. Problems in adjustment may simply be a result of the child adjusting to different expectations and rules in different households (Bray & Berger, 1990; Bray & Berger, 1992, 1993a).

The Emotional Stages in Remarried Family Integration

Papernow (1984, 1993) developed an experiential model of remarried family development based on gestalt theory and family systems theory. This model has also been adapted by Visher and Visher (1989,1996). Papernow examines remarried family transitions from the interaction of individual family members' experiences within the evolving remarried family. This work is based on a qualitative study done by Papernow in 1980 which examined nine remarried families over time. This included four stepmother and five stepfather families who were either full or part time stepparents and had five to fourteen years of experience living in a remarried family. The focus of the interviews was on the challenges, struggles, triumphs and breakthroughs in their relationships.

Papernow conceptualized the remarried family experience in seven stages. These are: Fantasy, Immersed, Awareness, Mobilization, Action, Contact, and Resolution. Early stages of the REM family experiences include the Fantasy, Assimilation, and Awareness stages. At this time the family is divided along biological lines. Rules, nurturance, and family rituals are usually developed and maintained by the biological subsystems. The middle stages, Mobilization and Action, involve the initial undertaking of challenging and

restructuring previous boundaries. Step-subsystems become more cohesive. The later stages, Contact and Resolution, indicate a period of structural stability during which time the role of the stepparent becomes more clearly defined.

Papernow postulated that it was possible for REM families to become stuck in the first three stages of development. The families Papernow studied took about four to nine years to reach the stages of Contact and Resolution. Each of the stages will be discussed in turn.

Fantasy Stage

Most remarried families experience this stage. The fantasies which occur at this stage may include: mending a broken family, finding a perfect parent for the children, being unconditionally loved by the stepchildren, having a loving and nurturing stepparent, having a partner to share with, and filling the gap left by the non-custodial parent. Children often fantasize that their biological parents will reunite or believe that if they ignore their stepparent she or he will go away.

Immersed Stage

Visher and Visher (1989) called this stage pseudo-assimilation. In this stage the remarried family tries to behave like they think a happy nuclear family should behave. Often members attempt to ignore the challenges which accompany two sets of families trying to adjust to living together. The REM family members begin to doubt that things are working the way they are "supposed to" and there is a growing awareness of things

not being quite right. Often emotional outbursts occur over seemingly benign issues.

Sometimes stepparents experience unanticipated emotions such as envy, animosity, confusion, inadequacy, and resentment. Stepparents may feel like outsiders to the relationships of their partners and their biological children. Goldstein (1979) suggests that due to their experiences of failed first marriages and fear of a potential unsuccessful second marriage REM couples often experience self-imposed pressure to act as if they are part of one big happy family. Feelings of hostility or uncertainty may be denied at first. Stepchildren at this stage may express indifference or rejection towards their stepparent. Children may have ambivalent feelings about growing closer to their stepparent and away from their biological parent.

Stepparents may experience growing feelings of isolation and bewilderment and may begin to withdraw. The growing fear of the potential loss of the family may result in the biological parent becoming increasingly critical of the stepparent's behaviour. Biological parent's feelings of grief, guilt, fear of loss, and stepparent's feelings of animosity, jealousy and rejection may be more readily denied than confronted. This state of bewilderment may have repercussions throughout the entire family system.

Visher and Visher (1989) suggest that this stage may be particularly difficult for women who more readily assume the role of nurturer and may falsely anticipate that everything will fall into place if they carry out their roles "successfully". Frequently individual parents refer themselves for counselling at this time because they feel insecure and unsure of the bewildering feelings they are experiencing.

Awareness Stage

Often stepfamilies get stuck in this stage. During this stage, the remarried family structure remains relatively unchanged and members continue to interact along previously established biological divisions. Members of the family may begin to have notions of what is wrong or right with the family, how they feel about it and if they want to do anything about it. Family members begin to identify their feelings and connect their feelings to behaviours. Stepparents begin to become less self-blaming and begin to think about how things need to change. Frequently biological parents feel fearful of upsetting the status quo. According to Visher and Visher (1989) stepmothers often feel responsible for family problems, and their partners usually readily agree with this perception. Stepfathers often perceive the children as creating the problems. As time goes on, biological parents usually begin to understand that they are stuck between the demands of their new partner and their children. On one hand they desire more intimacy with their partner, yet they may also want to protect their children from the additional changes this may cause.

Previous partners may not yet have resolved their relationships, yet the new couple relationship may place pressure on previous partners to sever their ties. Communication between spouses at this stage may be awkward due to the contradicting pressures on the family structure to change, fear of change, and persevering alliances. Sometimes previous partners fear that initiating shifts in their relationships may result in unwanted changes in accessing their children.

Mobilization Stage

This state marks a significant shift in family functioning. At this stage many stepfamily members begin to be able to talk about their differences. This may include voicing opinions on interactions with previous partners, such as concerns about child rearing practices. While on the surface disagreements may appear insignificant, they reflect deeper issues regarding the changing structure of the family. It is possible that the biological parent may become more distressed at this time from increased pressure by his or her spouse to change and by his or her children to stay the same.

Action Stage

This stage signals the couple beginning to work well together in terms of acknowledging and resolving household problems. Usually it takes three to four years to reach this stage. During this time, couple boundaries become stronger, stepparent-stepchild relations are enhanced, and the remarried family develops its own unique rituals. At this point the remarried family is easily distinguished from the nuclear family.

Contact Stage

During this stage intimacy and contact increases between step-relations. How to address each other becomes an issue. For example, the use of first names may give way to titles such as mom or dad which are indicators of growing emotional closeness. Spouses feel they have a unified partnership which is accepted by the other family members and their role is compatible with the biological parent's role.

Resolution Stage

During this stage the stepfamily has established its own norms and a common family history. The family members have developed a comfortable way of interacting with each other. Issues of inclusion and exclusion continue to come up as the family encounters special occasions or life challenges such as births, graduations, marriages or deaths and feelings of grief may emerge at this point (Papernow, 1993). For the biological parent, grief may arise from their realization that parenting was interrupted by the breakup of their previous family. Non-custodial parents often feel the pain of not seeing their children as often as they would like, due to children's peer relationships gaining importance. Papernow (1993) refers to the stepparent as the "intimate outsider" at this point. As this stage evolves new life crises and challenges will be faced by the family. At crisis points the family may re-experience some of the characteristics of the earlier stages, but usually issues are worked through more easily than at earlier stages.

Summary

Remarried families take years to establish a sense of family. While remarried families are structurally different than nuclear families they can be as functional. In successful remarried families each of the family adults has mourned their losses. Also, family members recognize that their family is different than nuclear families and do not struggle to make them the same. Effective remarried families have a couple subsystem that is unified and the family establishes unique rituals. In these families, step-relations are acceptable, separate households cooperate, and children maintain a special tie with their

unified and the family establishes unique rituals. In these families, step-relations are acceptable, separate households cooperate, and children maintain a special tie with their biological parents. Also, the biological custodial parent takes a leadership role in disciplining their children and parental figures develop flexible and cooperative roles.

Remarried families typically have difficulties in dealing with change and loss, divided loyalties, unrealistic beliefs, accommodating new family members, boundary issues, role definition, life style discrepancies, dissonant life cycle phases and financial conflicts.

Stepfathers and stepmothers in REM families experience unique challenges in their relationships and roles within the family. This may be partly due to their struggle to define step-relationships, parental responsibilities and discipline issues. Struggles with socially prescribed norms and expectations also challenge stepmothers and stepfathers. Issues of loss, loyalty, and lack of control particularly affect children's relationships in REM families. REM families may sometimes be drawn to the attention of helping professionals due to the presentation of a symptomatic child.

Remarried families experience predictable challenges, struggles and breakthroughs as the family identity evolves. Family members' adjustment is further impacted by individual issues, past history, and the continuance of previous relationships. Remarried family issues and adjustment all change over time.

CHAPTER 2

THE DEVELOPMENTAL LIFE CYCLE AND REMARRIAGE

Introduction

Solomon (1973) conceptualized the normal growth of the biological family in a framework of developmental stages. Each stage challenges the family with developmental crisis which results in varying amounts of disorganization and distress. The family is conceptualized as needing to resolve specific tasks which accompany each stage, in order for the family to cope with the next stage. Each stage of family development involves a critical event which disrupts family equilibrium, a transition period, a re-establishment of equilibrium, followed by the next phase. Each stage has its own timing, tasks to be accomplished, and challenges. The inability of families to move on to and negotiate certain stages will leave them vulnerable to the stresses of future stages (Ransom et al., 1979).

Using the traditional middle class family as the norm, Carter and McGoldrick (1989) developed a six stage schema of the nuclear family life cycle that delineates the major systemic and emotional changes required to navigate each stage. This schema has similarities to other schema developed by Messinger and Walker (1979), Goldmeier (1980), and Solomon (1973). The developmental life cycle perspective provides a longitudinal framework by which to view universal and predictable natural sequences of critical events in individual and family life. Each sequence in the developmental life

cycle framework is seen as a stage or a phase.

Carter and McGoldrick (1989) conceptualize family development as being a dynamic process which incorporates first order and second order changes. First order changes refers to emotional changes which are characterized by an internal reorganization of the family system without altering the system itself. Each developmental phase can be navigated successfully by gradual first order changes. Navigation between stages of development involves second order changes which alter the family's fundamental operational rules.

Ransom et al. (1979) expanded upon the developmental life cycle conceptualization and applied it to the remarried family. Carter and McGoldrick (1989) further organized Ransom's schema into the form in which it is commonly known today.

The developmental life cycle perspective views symptoms and dysfunction in relation to normal functioning over time and views therapy as helping the family to regain its developmental momentum (Carter & McGoldrick, 1989). This framework is seen as crucial to understanding the emotional problems people experience in life. Symptoms are most likely to appear when there is an interruption of the family life cycle. Therapy is then directed at helping family members reorganize so that they can proceed developmentally. In its navigation of life cycle transitions the family is subjected to horizontal and vertical stressors. Horizontal stressors refer to developmental stressors in the current generation which predictably accompany life cycle transitions as well as unpredictable stressors such as untimely death, chronic illness and accidents. Vertical stressors includes family patterns of behaviours, myths, legacies, secrets, taboos,

expectations, and attitudes transmitted through generations primarily through the mechanism of emotional triangulation (Bowen, 1978). The family's emotional system of three to four generations becomes the operative emotional field at any given moment (Carter & McGoldrick, 1989).

Systems level stressors are also vertical stressors. These include issues related to social, cultural, political and economic factors. System level influences can include the community, work, friends, extended family, nuclear family and the individual.

Carter and McGoldrick (1989) contend that the family becomes particularly vulnerable to stress at points where vertical and horizontal stressors converge. This is seen as central to determining how well the family will manage its transitions through life. Carter and McGoldrick emphasize that it is imperative to assess current dimensions of family stress in concert with family themes, triangles and labels transmitted down through the family throughout its history.

The formation of the remarried family is a result of the dissolution of at least one family system. Thus it is helpful to understand it as arising from an elaborate developmental history. This history can include two separate, yet parallel sequences of marriage, parenthood, separation, divorce and single parenthood, followed by the phases of remarriage.

Each phase or step of becoming a REM family involves emotional processes, prerequisite attitudes, and developmental issues. Contemporary research and clinical observation suggest that there are normative issues and tasks that occur during the formation of the REM family (Bray, 1996; Bray & Berger, 1992, McGoldrick &

Carter, 1989; Whiteside, 1982). Several authors including Bumpass, Sweet and Castro-Martin (1990), Carter and McGoldrick (1989), Crosbie-Burnett (1989), Hill (1986), Ihinger-Tallman (1988), Mills (1984), Papernow (1984, 1993), Ransom (1979), and Whiteside (1982) all promote the developmental perspective as a normative lens for viewing remarried families. As the body of knowledge on the separation-divorce-remarriage process develops, patterns regarding sequences of behaviour which typically occur, emerge.

Through the process of remarriage, the family's structure, boundaries, roles, rules and functions are transformed to accommodate each new phase or step of the life cycle. Remarried family development often encompasses two or more developmental streams simultaneously, depending on whether or not REM spouses have children from their previous marriages, and the spouses' ages. This means that the REM family goes through the phases related to the age and phase of individual family members at the same time as going through the phases of the remarriage process. Like the nuclear family, REM family relationships are influenced by previous individual experiences and individual developmental phases, family experiences and family developmental phases, all of which change over time. They are also influenced by the family suprasystem.

McGoldrick and Carter (1989), Papernow (1984, 1993), and Visser and Visser (1989) all agree that the process of remarriage is an emotional process which incorporates the disintegration of the first marriage. Heatherington, Cox and Cox (1982) and Bray and Berger (1993a) found that marital and family experiences during the first marriage, separation and divorce impacted how the REM family functioned. The emotions

associated with divorce must be dealt with repeatedly prior to the system restabilizing. Failure to deal with each phase sufficiently may prevent the REM family from stabilizing. Furthermore, as previously mentioned, stress increases during transition points, leaving the family vulnerable to problems.

Peaks of Emotional Intensity During Divorce and Remarriage

McGoldrick and Carter (1989) observe that the points of peak emotional intensity during transition periods are: a) The decision to separate and divorce; b) The actual separation; c) The legal divorce; d) The remarriage of either spouse; e) Any shift in custody arrangements of the children; f) Moves of either spouse; g) Illness or death of either ex-spouses; and h) Life cycle transitions of the children. While each of these emotional peaks are found in all divorcing and remarrying families they do not necessarily occur in this order. Peaks may also occur repeatedly, for months or years. The emotions released during divorce relate to the effort of the individual to retrieve themselves from the marriage (McGoldrick & Carter, 1989). This includes the retrieval of hopes, dreams, and plans which had been previously invested in the spouse. Also each family member must deal with their feelings of hurt, anger, loss, blame, and shame.

The Decision to Separate/Divorce

Initiating divorce means that the spouses acknowledge their inability to resolve marital difficulties necessary for the relationship to continue. Ideally, this may require that

participants accept their contribution to the breakdown of the marriage (McGoldrick & Carter, 1989; Ransom et al., 1979).

Planning the dissolution of the system requires ex-partners to support viable arrangements for all members of the nuclear family. Developmentally this requires that the ex-partners work together to resolve issues regarding visitation, finances, and custody. Messinger and Walker (1979) emphasize that decisions made during this period provide a sense of continuity in terms of parenting. Usually at this time children are informed about the separation, legal issues are confronted and the preliminary negotiation of financial support and legal custody of the children will begin. As difficult as it is, this phase is facilitated by parents cooperating to make necessary arrangements, but this can only occur if they are able to put any negative feelings aside.

Separation

Separation involves the emotional process of learning to share co-parenting. Usually one of the parents assumes the major role of parenting when they have custody, while the non-custodial parent develops a secondary parenting role. Sometimes this secondary parenting role does not develop extensively due to the nature of "visitation" with the children (Messinger & Walker, 1979). Also, issues of financial support as well as beginning to deal with attachments to the previous spouse emerge. Developmental issues include mourning the loss of the intact family, restructuring marital and parent-child relationships, adapting to living apart yet staying connected, and realigning relationships with extended family (Carter & McGoldrick, 1989).

Messinger and Walker (1979) observe that in spite of preparation, the physical act of separation generates a major disruption in family life. The physical proximity in which families lived was accepted as a fixed state and undergoes a radical shift when one of the parents leave the home. In this process the family system becomes disorganized. Transactional patterns which underpin the system (Minuchin, 1974) become confused, at least temporarily. The boundary lines of responsibility and authority become fragmented. At this time it is essential that the parents both have a continued relationship with the children to ensure the children's sense of security, and being loved and cared for (Carter & McGoldrick, 1989).

Legal Divorce

The actual divorce involves working through the emotional divorce, which may take years to finally resolve. This phase involves dealing with feelings of guilt, anger, hurt and rejection. Developmental issues include: a) mourning the loss and giving up the fantasy of the intact family; b) retrieving hopes, dreams and expectations from the marriage; and c) staying connected with extended family (Carter & McGoldrick, 1989).

Separation and divorce forces the couple/parent subsystem into ex-spouse subsystems. The previous spouses may share child focused issues regarding discipline, education and financial concerns. This relationship rarely becomes totally cut off (Keshet, 1980).

According to Ahrons (1980), the process of divorce results in a complex redefinition of the relationships within the family. Once a family has established some ground rules for living separately (e.g., visitation schedules) the family works on the issue of clarifying

rules for relating between and across subsystems. The relationship between the ex-spouses will provide the foundation for how the post divorce family will function. Ex-spouses who desire to continue with their parenting responsibilities and rights have the complex challenge of discontinuing their spousal roles at the same time as redefining their parental roles.

The Post Divorce Family

After divorce the parents and children reorganize. Typically during this time there are few external supports. The new subsystem establishes new routines, rituals and structures which are different than those found in the nuclear family (McGoldrick & Carter, 1989).

Both the single custodial parent and the non-custodial parent have certain tasks to achieve in order to maintain a smooth transition (Carter & McGoldrick, 1989). The single custodial parent is required to maintain financial responsibilities, continue parental contact with the ex-spouse, and support the contact of the children with the ex-spouse. This phase involves the tasks of: a) making flexible visitation arrangements with the non-custodial parent; b) rebuilding financial resources; and c) rebuilding one's social network.

Keshet (1980) observes that the child and parent are often more intensely involved in the single parent family than they were in the nuclear family. Children become much more involved in decision making than when they were in the nuclear family. Occasionally the eldest child becomes more powerful in the system as he or she becomes relied upon for support and companionship. The child may feel alternately confused,

special, or over loaded in this new role. The single parent may try and compensate for the breakup by indulging the child.

As separation and divorce evolves the non-custodial parent-child subsystem emerges.

This new role is a drastic change for the non-custodial parent due to limited access both legally and physically. In addition, the non-custodial parent must see the child within the context of a schedule. The non-custodial parent takes a secondary parenting role to the custodial parent and perhaps may eventually take a secondary parenting role to the stepparent (Keshet, 1980).

The non-custodial single parent is required to maintain parental contact with the ex-spouse and support the custodial parent's relationship with children. Developmentally this involves the tasks of: a) finding ways to continue parenting (albeit in a diminished capacity); b) maintaining financial responsibilities to the ex-spouse and children, and c) rebuilding one's social network.

Minuchin (1974) emphasized the importance of maintaining separate subsystems for the parental and the spousal subsystems. However there is considerable overlap between these subsystems. When a marriage is in the throws of dissolution the spousal subsystem is no longer able to meet the needs of both partners, yet the couple must maintain some semblance of a parental subsystem. In some cases the spousal subsystem may become enmeshed with the parental subsystem so that the boundaries between the two are unclear (Ahrons, 1980). When these subsystems are enmeshed separating couples find it difficult to distinguish between where the couple subsystem ends and the parental system begins. Thus separation of subsystems becomes a major developmental task of the divorcing

family. Each parent requires greater clarification of his or her roles and rules for relating with the children than is usually necessary in marriage. The development of rules defining how each parent will relate to the child becomes a critical element to helping the children to stabilize their relationship with each parent (Ahrons, 1980).

In spite of the former spouses divorcing, in order to maintain an independent and satisfactory relationship with their children they must continue to relate with one another. The new rules and behaviours which this requires will likely affect all of the family members.

Peaks of Emotional Intensity During Remarried Family Formation

The remarried family formation is conceptualized as involving several discreet yet interrelated steps. These steps are similarly addressed by a number of authors, including Bray (1996), Cherlin and Furstenberg (1994), McGoldrick and Carter (1989), Ransom et al. (1979), and Whiteside (1982). The framework developed by McGoldrick and Carter will provide the foundation for the following discussion.

Step 1: Entering the New Relationship

The first step in remarried family formation is entering the new relationship. Developmentally this requires a recommitment to marriage and forming a new family at the same time as having a readiness to deal with complexity and ambiguity. Both Ransom et al. (1979) and McGoldrick and Carter (1989) state that mourning and recovery from

the loss of the first marriage is required prior to this occurring. This involves moving beyond feelings of anger, guilt, anxiety and sadness. Continued stress and adversity are factors which may complicate adjustment. McGoldrick and Carter (1989) and Ransom et al. (1979) found that some families remained emotionally stuck for years or generations if the emotional issues of divorce had not been processed. Hartin (1990) observed that many couples contemplating remarriage ignore the reality of the complexity of blending two families together and this ignorance leads to many problems in the future.

Step 2: Conceptualization and Planning of the New Marriage and Family

This step requires accepting the fears of each of the marital partners and children regarding the remarriage, and forming a remarried family. Ransom et al. (1979) contend that partners entering into remarriage do so lacking confidence in their ability to sustain a relationship and a fear of repeating the mistakes and unhappiness of the past. As well, they worry about the stepchildren accepting the new parent and the new parent's ability to fulfil a parental role. Developmental tasks which accompany this step include the following: a) coming to terms with lack of confidence and fears; b) working towards an openness in the new relationship to avoid pseudomutuality; c) planning for the maintenance of a cooperative financial and co-parenting relationship with the ex-spouse; d) helping the children process fears, loyalty conflicts and membership in at least two systems; e) planning the maintenance of the connections of the children with non-custodial parents and extended family; and f) re-organizing relationships with the extended family to incorporate the new spouse and children. This phase also requires the

acceptance of the need of time and patience for adjusting to: a) new and multiple roles; b) boundaries, in terms of time, space, membership, and authority; and c) issues around feelings, including guilt, loyalty, unresolved hurt and desire for mutuality.

Cherlin and Furstenberg (1994), Ransom et al. (1979), and Visser and Visser (1994) among others, emphasize the need for the remarried couple to create a boundary around themselves and to work together to solve problems. Thus, the couple subsystem becomes the foundation of the family. Ransom et al. (1979) state that discipline and nurturance are two areas in which the newly formed family needs to redefine roles. No longer is the status quo necessarily accepted.

Ransom et al. (1979) caution that overly close relationships between the single parent and child (as a result of mutual needs) can become problematic when the REM spouses want to strengthen their bond. The biological parent may have feelings over relinquishing some of his or her parenting role with the child, and the child may feel rejected and take this anger out on the stepparent. This may further complicate the child's acceptance of the stepparent. Katz and Stein (1983) caution that children in REM families may experience a double loss. This may include losing the special relationship they had with their parent during the single parent phase as well as the loss of special roles which they may have fulfilled during this phase such as disciplinarian, home maker, nurturer or confident. REM parents may feel guilty over investing in a new marriage and may try and compensate for this by maintaining and encouraging a more exclusive relationship with their children.

As both previous partners move towards remarriage the creation of the new remarried

couple subsystem can threaten the pattern of relating which the previous partners has developed (Keshet, 1980). Also, the single parent-child subsystem may be threatened in that the new relationship challenges its newly developed relationship and autonomy. Step-siblings may become jealous and competitive. On a positive note the new couple dyad may provide a more positive and stable experience of a happy, healthy couple relationship. If the non-custodial parent is not involved the stepparent may have an opportunity to provide adult guidance and support.

Step 3: Remarriage and Reconstitution of the Family

This step requires the further resolution of the attachment to the previous spouse and the ideal of the intact family at the same time as accepting a different model of the family with permeable boundaries. Unlike the uniform structure of the nuclear family, remarried family forms can have a variety of structures. The types of structures which evolve will depend on whether both partners have been previously married, whether both bring children from previous marriages, and whether one or both have visiting non-custodial children (Ransom et al., 1979). The dynamics and expectations for these structures will vary as will the degree to which they require permeable boundaries to function.

Tasks at this step include: a) restructuring family boundaries to include the new spouse/stepparent, b) realigning finances and relationships between subsystems, c) making room for new relationships with non-custodial parents and extended family, and d) sharing memories and histories that enhance REM family integration.

The couple subsystem is the newest subsystem in the remarried family (Keshet, 1980).

Often REM couples are fearful of repeating past mistakes. Usually REM partners will have differing views on child rearing. Children may be an unanticipated or unexpected result of the couple relationship. Sometimes, children and ex-spouses are perceived as draining energy and resources from the newly formed couple.

Step 4: The Birth of the First Child to the Remarried Family

Katz and Stein (1983) made some additions to the phases of the REM family formation. The birth of the first child to the remarried family may further solidify REM family relationships or may raise issues of belonging. Also, the new birth results in further shifts in the REM family resulting in new family roles and subsystems. This may have implications in terms of a parent's feelings and relationships with stepchildren. Previous stepchildren now have a half-sibling. Issues regarding blood versus acquired ties may emerge.

Step 5: Individuation From the Remarried Family

Individuation is conceptualized as the process by which family members redefine and modify roles with each other in order to meet the evolving needs of the individual family member (Katz & Stein, 1983). The complex interaction of REM family development and the individual life cycle development affects the process of individuation. As in nuclear families there is potential for interference or enhancement of individuation. Interference may play out in children leaving the family prematurely or becoming overly dependent on the family.

When life events are more disruptive family members require more energy to cope and therefore less energy remains to deal with the process of individuation. Children's developmental needs may be over taxed by the energy required for adjusting to divorce or remarriage. Difficulties may be especially pronounced when family dissolution or remarriage coincides with the individual child or adult having needs which conflict with the family life stage. For example, a teenager's needs to attain greater age appropriate autonomy may conflict with the remarried family's striving for increased solidarity.

Any stressful life event in the remarried family may challenge children's self-esteem and sense of loyalty. Also issues of guilt, sexuality, and competition may be intensified. Sometimes children individuate prematurely or regress during transition stages or during stressful times. Other members of the REM family also have the potential to grow or to flounder.

Step 6: Leaving Home

Offspring leaving REM homes are often departing from two households. This involves their differentiation or individuation from two households and two significant emotional systems. Leaving home may provoke a variety of different and complex feelings. The child may have different feelings about leaving the biological parent or stepparent. Step and biological parents may have different responses to the child's departure. These feelings may additionally complicate the child launching from the family.

Step 7: Dealing with Death and Loss

Death and loss will be handled differently depending on the nature and intensity of the relationships involved. The impact and integration of death or loss will be viewed from the life perspective of the mourner. Relationships may be complicated in that while major relationships may be lost, other family members related by marriage may want to continue to be involved. For example if a stepfather dies, and the children are not particularly close to him, yet their step grandparents are close to them and want to continue a relationship, all kinds of emotional and practical complications may arise. This may further complicate mourning and moving on.

Summary

The developmental life cycle framework helps the clinician and the remarried family understand the phases of remarried family life. There are anticipated stages and accompanying tasks which families can expect to traverse as they develop their family identity.

The developmental life cycle framework is very useful in depathologizing the REM family life stages. Carter and McGoldrick (1980, 1989) have advanced the thinking on the family as involving a three generational system. The family life cycle and the individual live cycle occur simultaneously. Sometimes individual life cycle needs and tasks conflict with the family's needs and tasks. The individual life cycle is rooted in the family life cycle and both are embedded in social and cultural realities.

North American society has a wide range of cultures, subcultures, diversity of life

styles and living arrangements. These factors can substantially influence and complicate the timing, tasks and interpretations of the life cycle stages. Blindly adopting the North American middle class family and its values as the norm can have negative implications for families who do not fit the norm. On the other hand, Steinglass (1987) warns that introducing too many variables into the life cycle framework would dilute its usefulness. With caution in regards to over-generalizing, the life cycle schema can be a helpful guide to those trying to understand the challenges faced by families as they navigate life transitions.

CHAPTER 3

STRUCTURAL FAMILY THERAPY

History and Introduction

In their book, Families of the Slums published in 1967, Minuchin, Montalvo, Guerney, Rosman, and Schuner presented their first comprehensive explication of structural family therapy (Aponte & VanDeusen, 1979). The therapy grew out of work with poor families. The structural approach was founded on the present reality of families, was oriented to problem solving and was extremely cognizant of the social environment in which the families existed (Aponte & VanDeusen, 1979). Over the years, others have been influential in the formation of structural family therapy as it is known today. Haley (1976) contributed to the theory and techniques in terms of its problem solving approach and strategic techniques. Auerswald (1968) contributed in terms of the ecological approach and paid special attention to the systems outside the family in which the family existed and interacted (Aponte & VanDeusen, 1979).

Structural family therapy provides the therapist with a framework for analyzing the process of family interactions (Nichols & Schwartz, 1993). The family is seen as an interdependent organism which influences and is influenced by others. Individuals are seen in the context of their family, their extended family, the community, social institutions, and the environment. Each have a reciprocal influence on one another.

The family is conceptualized as functioning in order to provide a protective and

nurturing environment in which family and individual needs can be met. The family provides opportunities for support, regulation, nurturing and socialization. The family also serves as a mediator which adapts to the larger social system (Minuchin, 1974).

Therapeutic change is viewed as occurring through the therapist's interaction with the family and restructuring the family system in an effort to transform dysfunctional transactional patterns (Minuchin, 1974) to stabilized new structures appropriate to the developmental level of each of the family members. These new structures encourage clear generational boundaries and semi-permeable boundaries (Fishman, 1990). The goal of therapy is structural change and solving problems is a by-product.

Families evolve through developmental stages, each with its own demands and challenges, and stressors. Minuchin (1974) observed that at times families struggled with maintaining the status quo, rather than changing, therefore they became stuck in unhelpful ways of interacting (Minuchin & Nichols, 1993). Care must be taken not to misdiagnose a family struggling with transitions as dysfunctional.

Structure, Subsystems and Boundaries

Structure

Structure, subsystems and boundaries are three essential components of structural family therapy. "Family structure is the invisible set of functional demands that organizes the way in which family members interact" (Minuchin, 1974, p.51). Repeated interactions contribute to transactional patterns which make up the family's structure. Family structure

reflects the rules which the family has developed over time to carry out its functions. These rules circumscribe how, when and with whom family members interact.

The family has two systems of constraint: universal rules and idiosyncratic rules. Universal rules govern family organization. This may refer to issues such as power and hierarchy in which children and parents have different levels of authority in the family. The parents must also have complimentary functions to facilitate their team functioning. Idiosyncratic constraints involve particular family members' mutual expectations. These expectations arise out of years of explicit and implicit negotiations between family members and often develop from every-day events. In this way accepted patterns of interaction evolve.

Through these systems of constraint the family system maintains itself. Preferred patterns of relating are maintained as long as possible. These patterns may vary to a certain extent within the family's threshold of tolerance. The family's ability to continue as a system is dependant on a sufficient range of patterns and the ability to mobilize them when needed. The family must continuously transform itself in ways to deal with internal and external changes at the same time as well as maintaining continuity (Minuchin, 1974).

All families have some type of hierarchy in which various members have differing degrees of authority. The hierarchical arrangements of a family are expressed by its rules which prescribe differing degrees of decision making power for various individuals and subsystems (Colopinto, 1989). Generally families with parents in leadership positions are seen as being more functional (Minuchin, 1974). Parenting tasks are best achieved when the parental dyad is balanced. This is to be distinguished from being the same or equal.

Family members have reciprocal and complimentary functions, by which members mutually accommodate one another.

Subsystems

The subsystem is the basic unit of socialization for developmental functions and various tasks. Families carry out their functions through subsystems which are often hierarchical in nature (Minuchin, 1974). Every individual, dyad or larger group is a subsystem. There may be overt or covert subsystems. Subsystem groupings may develop according to generation (parent/child), gender (female/male), function (who does what) or shared interests (intellectual, social, etc.,).

Family members can belong to more than one subsystem at a time. The functions and tasks of subsystems change through the various developmental life stages. Each subsystem has different functions in the family and makes specific demands on its members. The spousal subsystem, the parental subsystem and the sibling subsystem are seen as particularly important in the structural model (Minuchin, 1974).

Spousal Subsystem

The spousal subsystem occurs when two people come together to form a family (Minuchin, 1974). This subsystem promotes family functioning and has specific tasks. The spousal subsystem provides a buffer zone from other familial or extra familial systems. The main skills required to fulfil these tasks are mutual accommodation and complementarity (Minuchin, 1974). Within this subsystem each partner reciprocates

emotional support. The partners provide role models for their children in terms of intimate relationships.

Parental Subsystem

The birth of the first child provides the genesis of the parental subsystem. In addition to conducting the tasks of the spousal subsystem the partners must now develop functions to care for the child without losing the mutual support which characterizes the spousal subsystem. The child must have access to both parents. Yet the child must be excluded from the functions of the spousal subsystem (Minuchin, 1974).

Sometimes the parental subsystem is expanded to include an extended family member, an older sibling, or one or neither of the biological parents. The parental subsystem's function is to nurture, guide and control (Minuchin, 1974). Nurturing functions take precedence when the children are young. As the children mature, parents provide guidance and control which fits with the changing developmental needs of the child. The parental subsystem maintains generational hierarchy and has authority in the family. The parents work together as an executive subsystem to exercise their authority. Often as children grow and their needs for greater independence arise, parents' need to control and guide is challenged. This often results in a certain degree of conflict and this conflict is seen as part of the normal development of the family.

Sibling Subsystem

The sibling subsystem provides children with the context in which to experiment with

relationships (Minuchin, 1974). Through this primary relationship they develop skills which help them to interact with peers, friends, and schoolmates. As children grow older their developmental needs change. Also each child has his or her unique needs, abilities, and values. In larger families younger children's needs for nurturance, security and guidance further differentiate them from older children who strive for greater independence and interaction with the extra-familial world. Parents have the challenge of nurturing, guiding, and protecting children without impeding their growth and maturity.

Boundaries

The boundaries of a subsystem are the unseen barriers or rules which encompass subsystems and individuals and which govern their interaction. Boundaries function to demarcate and protect the autonomy of the family and its subsystems by managing hierarchy and proximity (Nichols & Schwartz, 1993). Also, boundaries serve to define the rules for subsystem membership by specifying who participates and how (Minuchin, 1974). Boundaries function to protect the differentiation of the subsystems.

The clarity of boundaries is important to examine in order to evaluate family functioning (Minuchin, 1974). The boundaries between family members or between the family system and outside systems can vary from being rigid (disengaged) to clear and to diffuse (enmeshed). According to Minuchin, enmeshment and disengagement refer to transactional styles rather than being a reflection of functional or dysfunctional families.

Rigid boundaries are restricting and impermeable and limit contact with systems outside the family subsystems, resulting in disengagement. Disengaged subsystems are

usually isolated or autonomous. There is little opportunity for warmth, mutual support, nurturance and closeness between family members. Often disengaged families do not respond to family members' needs when they need to respond. Members may feel a lack of loyalty and belonging (Minuchin, 1974). This type of boundary may also foster increased independence, mastery and growth (Nichols & Schwartz, 1993).

Clear boundaries facilitate open communication at the same time as allowing members to fulfil their subsystem functions. Clear boundaries are generally characteristic of well functioning families. The boundary must be defined in order to allow subsystem members to complete their functions without undue interference, at the same time as allowing interaction between subsystem members and others.

Diffuse boundaries are ill defined and members are over-involved (enmeshed) with each other. While there may be a greater sense of mutual support the flip side is that there is little opportunity for independence and autonomy. This lack of subsystem differentiation may stymie exploration and mastery of problems. Often family members' roles are interchangeable and generational hierarchies of authority and power are ignored. This may be fairly characteristic of a single parent family when a child is given parental responsibilities. While enmeshed families may be loving and caring, separation from the family may be seen as being disloyal. Members may be over responsible and over reactive to each other's thoughts and feelings.

Both disengaged and enmeshed patterns of transaction can be functional. Most families lie somewhere in the continuum between diffuse and rigid boundaries. Families which operate at extremes of having rigid or diffuse boundaries possibly indicate

pathology (Minuchin, 1974). For example a highly enmeshed mother and daughter with diffuse boundaries may exclude a father and/or another sibling who are in turn extremely disengaged. The child's need for greater independence as she or he matures may be hampered and may be a factor in the development of symptoms (Minuchin, 1974). The degree to which a family becomes differentiated will depend on the family's developmental stage, composition and cultural and ethnic roots.

Concepts of Power, Alignment, Triangulation, Coalitions, and Accommodation

The concepts of power, alignment, triangulation, coalitions and accommodation are important concepts in structural family therapy. The concept of power appertains to the context in which it is exercised. It refers to the influence each family member has on the outcomes of certain activities (Aponte & VanDeusen, 1981). All family members must acquiesce in order for power to be exercised. For example, parental authority within the family depends on the roles of the other family members (Aponte & VanDeusen, 1981).

Dysfunctional families often exhibit unbalanced power relationships, especially in the couple dyad or by weak executive functioning in the parental subsystem. Another example of power becoming intrusive is when an extended family member undermines the authority of the parents.

The concept of alignment refers to the method in which family members interact, advocate or resist each other's function. One form of alignment can be an alliance in which two or more members share common interests, but do not necessarily act against a third party. Alignments most often emerge as triangles or coalitions (Minuchin, 1974).

Coalitions occur when two people side against a third person (Minuchin, 1974). This usually occurs when two people join to gain power over a third. Aponte and VanDeusen (1981) distinguish among three types of coalitions which are common in underfunctioning families. Stable coalitions are rigid, fixed coalitions where two or more members consistently side with each other against another regardless of the context. Detouring coalitions are coalitions in which a member is consistently scapegoated in order to diffuse stress between other members. Triangulation occurs when a third party is drawn into a struggle between two subgroups, favouring one or the other alternately, or buffering the conflict. The third person then switches his or her support from one person to the other.

Certain alignments can be helpful to family functioning. For example, the couple/spousal alignment can help create a sense of certainty and security for the entire family. A fixed coalition of a biological mother and stepfather against a biological father can cause problems for child adjustment in the REM family. A well functioning parental subsystem aligns together to exercise authority in the family.

Accommodation refers to the ability of subsystems to negotiate the boundary between them as well as the boundary between them and the outside. Accommodation takes place as the family adjusts to change and transitions, yet struggles to maintain continuity.

Family Adaptation

Minuchin (1974) contends that all families naturally experience the stress of accommodating to changes through the process of change and continuity. Minuchin (1974) stated that:

"A family is subjected to inner pressure coming from developmental changes in its own members and subsystems and to outer pressure coming from demands to accommodate to the significant social institutions that have an impact on family members. Responding to these demands from both within and without requires a constant transformation of the position of family members in relation to one another, so they can grow while the family system maintains continuity".

(p.60)

The transitional process of adapting to changes and new situations will naturally rekindle a lack of differentiation and heightened anxiety. This characterizes all new processes and care should be taken not to mislabel it as pathological.

Examining the family in the context of the developmental life cycle changes, highlights the notion that families are continuously evolving. Rather than being labelled as maladaptive, families responding to transitions may be viewed as enduring the distress of accommodation. Pathology would then be used to refer to those families who form more rigid boundaries and transactional patterns or who avoid or oppose examination of alternative ways of relating.

On one hand the family's viability requires family members to accommodate one another according to their strengths, weaknesses and preferences. To achieve this end, transactional patterns of distance and hierarchy need to be reformed. On the other hand, existing structures may need to be challenged to adapt to new internal or external circumstances. Family resources may need to be mobilized and conflict addressed (Colopinto, 1989).

In healthy families hierarchical arrangements adjust in response to changing contexts. For example, as children grow older and new children are born into the family their position in the family will change. Their growing maturity may also result in their increased competence as they reach adolescence. Through this process of maturation and increased competence their position in the hierarchy changes. In terms of adolescents, the issue of autonomy and control become especially important to their growing differentiation and maturity. Thus, from the outside, structures which appear more fluid may simply reflect the ability of the structure to accommodate the changes.

A functional family is seen as having: a) clear boundaries between individuals and subsystems, b) structures which facilitate the growth of individuals and prevent intrusion, c) generational hierarchies, and d) rules and roles which allow flexibility and adaptability to internal and external changes as the family evolves over time (Figley & Nelson, 1990). Dysfunctional family structure occurs when a family fails to cope with impinging stressors. These stressors may be internal or external. A dysfunctional family cannot fulfil its function of nurturing the growth of its members.

According to Minuchin (1974) there are four potential sources of stress which may impact the family. These are:

- 1) The stressful contact of one family member with extra familial forces: One of the primary functions of the family is to support its membership. When an individual member experiences stress the family may accommodate to the individual's needs. Accommodation can take place within the entire family or within its subsystems.**
- 2) The stressful contact of the entire family with extra familial forces: This refers to**

social, political or environmental factors which may impact the family. For example, a family who is affected by a major economic depression will experience stress, which may in turn overload its coping abilities.

3) Stressful transition points within the family: As the family traverses its life cycle, members evolve and differentiate and subsystems shift. This will result in transitional conflicts. Thus transitions may provide the opportunity for growth, however families may also become stuck in these transitions. Changes which may be particularly problematic may be developmental in nature or in response to family composition.

4) Stress around idiosyncratic problems: Idiosyncratic problems refer to problems such as illness, permanent disabilities or developmental delays. Initially families may be able to cope with the accompanying stressors for some period of time. However, over time stressors may require the family to adapt to new circumstances. For example, a family member who experiences a major illness may require the adaptation of other family members in order for the family to function optimally. If the person recovers this may require the family system to once again make shifts in order to accommodate the person's new role.

The Process of Family Therapy

Minuchin (1974) identified three interrelated and overlapping phases in the process of structural family therapy. The therapist first joins with the family from a leadership position. Secondly, the therapist maps the family's underlying structure. And lastly, the

therapist works towards reconstructing the structure. While superficially this process seems straight forward, the multiplicity of existing family structures and unique characteristics provides many challenges.

Nichols and Schwartz (1993) observe that the structural family therapist is more than a technician and his or her interactions with the family cannot be rehearsed or preplanned. At the same time, therapy follows a distinct strategy which can be summarized in seven steps. These seven steps include: 1) joining and accommodating to the family, 2) working with interactions, 3) diagnosing or forming a working hypothesis, 4) highlighting and modifying interactions, 5) boundary making, 6) unbalancing, and 7) challenging the family's assumptions. The first three steps are considered to be the opening phase upon which restructuring takes place.

The Process of Joining and Assessment

Structural family therapy has an interpersonal focus at its core whereby therapy evolves out of the genuine human interaction between the therapist and the family. The structural family therapist develops a diagnosis or working hypothesis which evolves from his or her actively joining with the family. According to Minuchin (1974) the therapist becomes a part of the family system with herself or himself in a leadership position. The therapist joins with the family on a personal level by being responsive, genuine and attentive (Aponte & VanDeusen, 1981). Thus the process of assessment or diagnosis requires the therapist to accommodate to the family and to form a therapeutic system. After this occurs, the therapist can assess his or her experience of the family's current

interactional processes. The assessment process is continuously evolving as the therapist assimilates and accommodates to the family and the family assimilates and accommodates to the therapist. Each intervention and hypothesis builds upon the previous one. Therefore the therapist's understanding of the family evolves and becomes enriched as she or he interacts with the family. The therapist then formulates therapeutic goals and decides upon appropriate interventions. Once again, as problems are seen to result from a dysfunctional family structure, the ultimate goal is to restructure the family system through changing dysfunctional transactional patterns. Once family members change how they relate to one another, they see each other differently and subsequently their position in the family structure is modified (Minuchin, 1974).

According to Minuchin (1974) there are a number of accommodation techniques. These include maintaining the family structure, tracking the family's communication and behavioral patterns, and adopting the family's pace of communication. When maintaining the family's structure the therapist's actions are congruent with the family's transactional patterns. The therapist shows respect, acceptance and understanding of the family's transactional patterns and attempts to blend in with them. Tracking the family's communication and behavioral patterns is done by asking questions, making comments or eliciting responses. Adopting the family's pace of communication means that the therapist adopts the family's type, manner, affect and content of communication. The therapist uses words and phrases which fit with the family's style of communication. By entering the family system through accommodation the therapist begins the ongoing process of developing a diagnosis or working hypothesis regarding the family problem.

Working With Interactions

The structural family therapist assesses six major areas of family interaction. This is done through direct therapist observation within the session.

- 1) The therapist examines the family's structure, transactional patterns and available alternatives. The therapist creates opportunities for enactments in which the family spontaneously interacts in the session. Sometimes the therapist will orchestrate the session to intensify interactions. At other times the therapist will provide opportunities for the family to change its patterns of interaction (Colopinto, 1989).**
- 2) The therapist evaluates the family system's flexibility and capacity for restructuring as revealed by reorganizing alliances, coalitions and subsystems in response to change.**
- 3) The therapist examines the family's sensitivity to individual member's actions in terms of degrees of enmeshment or disengagement.**
- 4) The therapist reviews the family's life context including sources of strength, support and stress. The therapist then elicits competent behaviours.**
- 5) The therapist examines the family's developmental stage and negotiation of appropriate developmental tasks.**
- 6) The therapist explores how the symptom bearer maintains preferred transactional patterns.**

Aponte and VanDeusen (1981) emphasize the importance of finding out where in the operationalization of the structure the system fails to carry out its function. Further to this the therapist examines behaviours (actions) versus private experiences (thoughts). The therapist scratches below the meaning of the symptoms to get at what contributed to the

development of the symptoms and what needs to change.

Fishman (1988) contends that one of the major goals of the therapist is to expand the family's conceptualization of the problem and to encourage new relational patterns within the therapy sessions in order to decipher which structures currently maintain the problem.

According to Colopinto (1989) the therapist focuses on two specific areas of functioning. The first is deciding upon which set of family characteristics she or he will need to adjust. This includes the family's preferred style of communication and problem solving, degrees of distance/proximity between family members, autonomy and control, distribution of functions, conflict management, beliefs, attitude towards outsiders, hierarchical arrangements and how change is managed in the family. The second area of functioning is resistance.

Diagnosing

Often families request help with a problem focused on an individual family member with the goal of changing the individual with the problem. In some ways the family is wanting its circumstances restored to a pre-problem era (Minuchin, 1974). In other words family members would like the situation to be altered without changing their transactional patterns. However the structural family therapist views the person with the problem as a family member who is most visibly expressing a problem affecting the entire system. Thus the family becomes the target for interventions and the problems are expanded to include the family's interactions in their current context.

Structural family therapy diagnoses the problem in such a way as to include the

systemic interrelatedness of all the family members. The concepts of boundaries and subsystems as well as the structure of the entire system is conceptualized in a manner which highlights desired changes. The diagnosis helps the therapist to plan therapeutic goals and interventions.

Highlighting and Modifying Interactions

The process of the family's transactions, not the content reveals the underlying structure. Who says what to whom and how they say it reveals more than what they say. According to Nichols and Schwartz (1993) the key is to highlight and modify interactions. This modification can occur through a number of strategies. One is to intensify the therapy sessions. This may require the therapist to be more forceful but purposeful in targeting the goal. Intensity is used to block the flow of interaction. Tone, volume, choice of words and pacing may all be used to increase the intensity of statements. Knowing when to provoke and when to support helps the therapist to modify family interactions. Shaping competence is also used to modify interactions. Highlighting and shaping positive interactions helps to direct the flow of interactions. Thus functional interactions which are already present in the family are encouraged. Wherever possible the therapist tries to emphasize the positive interactions.

The therapist avoids doing things for families in session. Rather, family members are encouraged to take on desired roles. For example, in a session in which young children are misbehaving, the therapist will encourage parents to take charge of their children rather than the therapist intervening.

Boundary Making

Dysfunctional family dynamics occur when the family has overly diffuse or rigid boundaries. Structural family therapists realign boundaries to create either greater distance or proximity between family members, depending on what is required.

The therapist assists the family to attain functional levels of boundary permeability by adjusting interactional processes. Through this procedure some existing boundaries are strengthened, while others are re-adjusted. The complementarity of family interactions is highlighted. When one person identifies a problem in another family member, they are encouraged to examine in what way they contribute to the problem (Nichols & Schwartz, 1993).

Unbalancing

When creating boundaries, the therapist endeavors to realign appropriate subsystems. In unbalancing, the goal is to change the relationships of members within a subsystem. The therapist temporarily joins and supports one subsystem or individual, thus giving one side more weight. In doing this the therapist's goal is to "unstick" and realign the system. Often families get "stuck" in conflicts which keep them in a stalemate dance. The family is helped to explore relationship patterns which are different from the ones which helped them become stuck (Nichols & Schwartz, 1993). For example, a therapist may form a temporary coalition with a mother to help her confront an abusive adolescent. Alternatively, a therapist may unbalance an enmeshed system by affiliating with an adolescent to help her verbalize her problems with her mother.

Challenging the Family's Assumptions

Nichols and Schwartz (1993) observe that challenging family members' perceptions of reality helps them to achieve alternative views of reality and ultimately the way in which they relate to one another. Further to this, "facts" are partly constructed and partly historical truth. Some shared family constructions are helpful, and some are not. For example a shared construction that a child in a family is depressed or scapegoated due to his or her having a different temperament than his or her siblings is an unhelpful construction. These labels have tremendous power and those who become labelled may unwittingly fulfil the prophesy.

The structural family therapist may act as a teacher, providing the family with information and advice. Information may be imparted in an effort to reassure family members, to encourage them to behave with increased competence, or to restructure their interactions (Nichols & Schwartz, 1993).

Applying Structural Family Therapy Concepts to the REM Family

In the following section I will discuss various structural concepts as they apply to remarried families.

Remarried Families in the Social Context

Minuchin (1984) normalizes the transition of marriage-divorce-remarriage. He emphasizes that our perception of how families function or should function is the product

of historical and contextual perception. Minuchin (1974) observes that our notion of the family will continually change as society changes. Society develops extra-familial structures to adapt to new philosophies of living, social, and economic realities. Remarried families are viewed in their social context.

Remarried Family Boundaries, Hierarchy and Power

The newly remarried family is portrayed as having more permeable boundaries, more ambiguous roles, and different hierarchical arrangements from the traditional nuclear family. Minuchin (1974) hypothesises that lack of socially prescribed roles contributes to ambiguous roles and boundaries.

The "ideal" family structure for the REM family can have great variability from family to family, yet still be functional. Difficulties in REM families may arise from their feeling that they should be like first married families in order to be "normal" or "accepted". A very functional REM family may have less cohesion, more permeable boundaries, may include more than one household, and may have variability in terms of hierarchy when compared to the nuclear family. Additionally, these characteristics may be signs of family strengths rather than symptoms of pathology. Often REM families are required to be very creative and flexible in developing rules in order to meet their unique needs.

Atwood and Zebersky (1995) and Cherlin (1978) contend that the built in ambiguity of boundaries and membership in REM families does not permit simple definition. As North American culture does not have established rituals and guidelines for remarried

families, how boundaries are developed depends on a multitude of factors including life style, gender and ethnicity. Minuchin (1984) proposes that REM family rituals which celebrate the blending of families together or mourning rituals which commemorate the previous family help REM families to recognize and mark transitions, and subsequently assists the REM family's ability to navigate beyond them.

Superficially, REM families in the first phase of remarriage would most likely appear more disengaged. However inside the family some subsystems may appear more enmeshed (Atwood & Zebersky, 1995). For example, a biological mother and biological child may appear to be more enmeshed following several years of living together in a single parent household where the child achieved special status. This transactional pattern may continue into the newly formed REM family. How this arrangement fits with the entire REM family system will be evaluated over time and will likely change.

Permeable boundaries are often observed in remarried families with younger children (Visher & Visher, 1979, 1982, 1988, 1996). A common issue in REM families is the movement of children between households. Walsh (1992) observed that exit and entry between households requires adjustment before and after visits.

Messinger, Walker and Freeman (1978) found that ties which link the second marriage to the previous marriage through custody settlements, ex-spousal relations, children and finances all contribute to a more permeable boundary. They observed several problems which arose in concert with more permeable boundaries. The first problem lies in creating traditions or rituals related to time specific events. Another problem occurs with ex-partners dealing with their feelings towards each other at the same

time as allowing children to have continuing positive relationships. Non-custodial parents often feel they have very limited parenting responsibilities. In non-custodial families, children seem like guests and activities are not spontaneous.

There are many boundaries which define the parameters of the relationships between separated, divorced, or remarried families. An obvious example is that of visitation times. Initially visitation can be set up in easily recognizable rules. Whether or not the rules are respected or not can be easily ascertained. As with other psychological boundaries the significance of a schedule is more easily seen when it is violated (Emery, 1994). A visitation schedule helps to define the parents' relationship and the parent-child relationship. Often other boundary violations or lack of clarity become issues for divorced and remarried families. According to Emery (1994) a major goal of renegotiating relationships after divorce is to establish clear interpersonal boundaries, especially between former spouses.

Continuing links with the family suprasystem results in numerous types of relationships and a variety of subsystems. More than two parenting adults further complicates REM family functioning (Visher & Visher, 1988). Attending to boundaries is a very important intervention with remarried families (Visher & Visher, 1996). Creating a right mix of cohesion with flexibility is a challenge. The appropriate balance of interdependence and autonomy between households can be central to healthy REM family functioning. A newly formed REM parental system may be encouraged to strengthen its boundary by mutually deciding appropriate household rules, yet remain flexible to accommodate changes.

Often REM families experience confusion over the rights and obligations of the new stepparent. Messinger et al. (1978) found that frequently stepparents are given double messages. For example, they are expected to take charge, yet when they do so they are undermined. Often stepparents are expected to take charge when they have no previous experience of child rearing or prior to their having achieved parenting status in the family. Developing relationships between the stepparent and other family members must be mutually accommodated.

It is initially helpful for the biological parent to take the lead in terms of rule making and enforcement in the REM family (Messinger et al., 1978). In this arrangement the stepparent starts out in a more supportive parental role until the family develops a stronger sense of itself and the children begin to tolerate more intensive interaction with the stepparent.

Transactional Patterns

In a newly remarried family the structure will be more tentative as sufficient time has not lapsed in order to ingrain transactional patterns. However, each pre-existing subsystem will have a history of transactional patterns which will certainly impact on the structure of the new family form. Emery (1994) observed that REM families living together for longer periods of time may have a family structure which more closely resembles that of a nuclear family.

In nuclear families, members are conceptualized as having reciprocal and complementary functions. Within the remarried family the concept of complementarity

needs to be carefully addressed due to the fact that some family members may not have had enough history together to develop customary forms of interaction (Nichols & Schwartz, 1993).

Roles

Crosbie Burnett (1994) and Mills (1984) found there are a variety of roles stepparents can have, depending on the ages and needs of the stepchildren and the desire and the abilities of the stepparent. Young children may adjust more quickly to accept the stepparent in terms of intimacy and discipline. An adolescent may require the stepparent to be more of a confidant. Each family member may have a number of roles in a number of subsystems. There is a great deal of variability in these roles. A father may also be a husband, a son, a nephew and a stepfather.

Subsystems

In the REM family there are a number of additional important subsystems to those found in the nuclear family. These include: the stepparent-stepchild, the non-custodial parent-child, and the stepparent-biological child. Further complicating the addition of remarried family subsystems is their unique characteristics which are mutually defined and developed through the step interaction.

Atwood and Zebersky (1995) advise that the REM family couple must first define its boundaries as a couple and that boundaries around the couple subsystem and child/stepchild subsystem must be clear for optimal functioning.

Coalitions

The remarried family originates with the stepparent as an outsider to the nuclear family. The stepparent has no shared history with the biological family. Coalitions between biological parents and biological children have often been strengthened in the single parent transition. This system also includes the previous spouse who has ties with the children. From a structural perspective, a weak couple system and a very close parent child alliance and an "outsider" interfering with family functioning would signal dysfunction in a nuclear family (Minuchin, 1974). This is the starting point for most REM families (Papernow, 1984). Factors such as territory, loyalty issues, and additional siblings influence the types of subsystems which form after remarriage.

Another potential problem in terms of subsystems is that the family may divide along biological or generational lines which creates loyalty conflicts (Keshet, 1980). For example a remarried wife may feel torn over spending less quality time with her biological children in order to spend more time with her new husband. Parents may have different feelings towards the children in terms of affection, disciplining style, and privileges. This causes further complication in terms of the natural development of subsystems.

Power

Giles-Sims (1987) found that power issues between previous spouses need to be considered in REM families. Power becoming intrusive may be more of an issue in REM families, because of members of different households trying to exert power through their

relationships with their children. Biological parents have more power with their children than stepparents, especially in the beginning stages of remarriage.

Triangles in the REM Family

Minuchin and Nichols (1993) observe that triangles are extremely troublesome in REM families. Carter and McGoldrick (1989) delineate a number of typical triangles which can develop in REM families. One of these triangles is the constellation of the husband, second wife versus the previous wife, or the wife, second husband versus the ex-husband. The typical conflicts in this arrangement involve money, and may indicate that emotional divorce has not yet occurred and indicate that couple issues need to be further resolved. Another typical triangle found in REM families is between a newly immersed, pseudomutual REM couple, an ex-spouse and a child or children. In this instance the family presents the child or ex-spouse as the problem, however it becomes evident that the REM couple have not come together on how to handle problems appropriately. Once the situation is explored, often it is revealed that there is intense disagreement between the ex-spouses. Again, emotional divorce between ex-spouses is required in these situations. Another frequently found triangle is that of the newly remarried couple and each of the spouses' children. Often fights between children reflect conflicts between the REM couple or between the REM couple and their ex-partners. As the REM couple beget children a triangle consisting of the parent, natural child and stepchild may emerge. In this case the parent feels stuck in the middle. Yet again the proper negotiation of this triangle involves the cooperation of the partners. Atwood and

Zebersky (1995) advise that clear boundaries between the couple subsystem and child/stepchildren subsystem may alleviate triangulation.

Stressful Transition Points in the Family

Divorce to single parenting to remarriage can certainly be seen as major transitions. These transitions are further complicated by the rapid addition of new family members and the shifting of relationships with historically significant family members. Also, social and familial support may be denied the REM family for many years following remarriage (Pittman, 1987). When one factors in the multiple emotional and structural changes this shift requires, one recognizes this phase as being extremely stressful.

Stress around idiosyncratic problems may be especially challenging for remarried families. In response to the multiple demands placed on it, requiring many emotional and structural shifts, families may become bogged down in thinking that by orchestrating the physical arrangements of remarriage the emotional shifts will naturally follow. However, the new arrangements may require an adaptation of the "old world order" to the "new world order", which will take time.

Family Adaptation

REM family adjustment and integration may take years to achieve. Various clinicians claim that this takes different amounts of time for different families (Dahl et al., 1987; Papernow, 1984, 1993; Robinson, 1992). It is prudent to carefully examine REM family structure to see if its structure is reflecting the process of accommodation or dysfunction.

Also REM family health is an important dimension of functioning to assess (Morrison & Stollman, 1995). This includes factors such as hope, commitment and the concern of family members in regards to making the new family a success for everyone.

Challenging the Family's Assumptions

Challenging the family's assumptions through information and advice may be particularly helpful with newly remarried families who often operate under the myth that once they move in together they will function as one big, loving nuclear family (Sager et al., 1983; Visher & Visher, 1996). Education can provide members with insight and information which frees them from conforming to rigid formulations to creatively construct unique functional ways of relating and interacting.

Applying Structural Family Therapy to Remarried Families

Issues related to structure, boundaries, subsystems, family suprasystem, and alignment have particular implications for remarried family functioning. Each of these domains of family functioning may be targeted for therapeutic change. The well developed theoretical constructs of structural family therapy make it very helpful for assessing and intervening with REM families. The work of Katz and Stein (1983), Minuchin (1984), Minuchin and Nichols (1993), Nichols (1996), and Sager et al. (1983) make specific use of structural assessments and interventions with REM families. While not referring to structural family therapy specifically, Visher and Visher (1979, 1988, 1996) also target

the previously mentioned domains of remarried family functioning in their assessments and interventions.

Browning (1992) criticizes the use of structural family therapy with remarried families, primarily because of it being based on a generic model of the family. He warns that therapists using structural therapy need to be especially careful not to misdiagnose child focused problems as being the result of problems in the couple dyad. He suggests that these problems may instead result from problems between the parent-child or between the stepparent-stepchild. He also cautioned that generational hierarchical arrangements such as those found in the nuclear family may be non-functional for the REM family. He suggests that a hierarchy more considerate of the children's previous status during the single parent phase may be more appropriate.

The Combined Uses of the Life Cycle Perspective and Structural Family Therapy

The life cycle perspective and structural family therapy are complementary. Many key constructs implicitly or explicitly used in structural family therapy are relevant to the life cycle perspective (Falicov, 1988). Structural family literature frequently makes reference to the developmental life cycle (Minuchin, 1974; Minuchin & Fishman, 1981, 1988). In fact, developmental thinking underlies structural family therapy (Falicov, 1988; Fishman, 1988). The structural therapist assesses the family's transactional patterns and structure based on the family's developmental life cycle stage.

Both approaches consider the family as undergoing predictable developmental stages. Periods of transition usually involve changes in roles and rules which define family boundaries (Falicov, 1988). The life cycle perspective further enhances the structural developmental constructs by delineating the post-nuclear family stages of separation, divorce, single parent family, and remarried family stages. Each of these stages is accompanied by the reorganization of the family's old subsystems and the creation of new subsystems by changes in boundaries inside and outside the family (Falicov, 1988). Minuchin (1974) conceptualized the process of accommodation and boundary making in order for families to navigate life stages.

The dimension of hierarchy has significance in both structural family therapy and the life cycle perspective. Parents typically have executive power and responsibility for their children because of their greater life experience and maturity. As children mature, shifts in hierarchy and power take place. Patterns of enmeshment and disengagement among family members also change over time to adjust to the developmental requirements of the family. While greater enmeshment is viewed as healthy in the family with young children, this changes over time to accommodate children's need for greater independence as they mature.

The life cycle perspective is more considerate of multiple generational influences in its attention to the three generational emotional system while structural family therapy is focused on the two generational system. The life cycle perspective more fully considers changes which occur in the family during adult development and in the three generational family. In this way the life cycle perspective facilitates the assessment of the multi-

generational remarried family suprasystem.

Structural family therapy links family dysfunction in a number of ways. During periods of transition stress may generate increased anxiety in the family. Structural problems may develop or may be revealed in the form of rigid or blurred boundaries as seen in confused hierarchies. Families accommodating to stressful transitions are distinguished from those which have more permanent dysfunctional patterns.

Structural family therapy and the life cycle perspective both assess functional and dysfunctional patterns in terms of how a system's structure fits with its functional requirements in developmental and social contexts (Aponte & VanDeusen, 1981; Falicov, 1988). Age appropriate behaviours becomes one of the criteria for evaluating family members within subsystems.

In both structural family therapy and the life cycle perspective the rate at which change occurs during transitions is important for assessing dysfunction. If the transition to a new stage occurs too quickly or slowly problems may occur (Falicov, 1988). Both perspectives concur that developmental lags may occur when an enmeshed or disengaged individual does not act appropriate to their chronological age.

In terms of the theory of change both perspectives release family members from ineffective interactions and help them to restructure the family to meet new developmental or contextual requirements in a way which facilitates normal development. Therapeutic techniques and treatment plans are carefully tailored to accommodate parent-child relationships at different stages (Rosman, 1986).

Structural family therapy enhances the life cycle perspective in that it is clear in its tenants regarding therapist activities and ways of generating change. The life cycle perspective is more considerate of transgenerational family issues such as history, family legacies and taboos, all of which come into play in the REM family functioning.

Summary

Structural family therapy examines the individual, family and social context and their inter-relatedness to provide an organizing framework for understanding and treating families (Nichols & Schwartz, 1993). The therapist is attentive to family structure and interactions. The family is conceptualized in terms of structure, boundaries, subsystems, hierarchies, coalitions and alignments.

Structural family therapy is aimed at resolving the presenting problem by reorganizing dysfunctional structures which perpetuate unhelpful ways of interacting. Families experiencing normal life phase adjustments are not treated as pathological. The goal is to create an effective, functional family structure which will meet the needs of the individuals and the family, thus maximizing all family members' growth potential. The therapist works within the contemporary developmental, socioeconomic and cultural context.

The family structure is reorganized by strengthening or loosening subsystem boundaries, increasing interaction between disengaged members, or differentiating enmeshed family members. Subsystems are based on function. Each subsystem is defined and maintained by interpersonal boundaries. Healthy families have clear

boundaries which uphold individual and subsystem autonomy, yet are permeable enough to ensure mutual support and affection.

The therapist joins with the family in order to develop an understanding of its transactional patterns. The therapist observes family interaction through the process of enactment and develops a diagnosis which accounts for both the problem and its underlying structures. The diagnosis is conceptualized in terms of boundaries and subsystems.

The therapist then activates functional structures by using techniques which shift the power between and within subsystems, and which challenge and change alignments. The therapist actively challenges and alters unhelpful, inappropriate, or non-functional structures relative to the families life cycle stage.

Structural therapy and the developmental life cycle approaches are compatible and complementary. They share similar views regarding life cycle transitions and theories of change. They are complementary in that the life cycle approach is more cognizant of specific developmental issues related to various life cycle stages while the structural approach is more clear in the activities in which the therapist is to engage in order to facilitate change.

Although Minuchin didn't specifically target remarried families as he did poor, underorganized, families he has spent some time applying structural family therapy to remarried families (Minuchin & Nichols, 1993). Colopinto (1989) observes that the structural family therapy model applies to all types of families from enmeshed to disengaged and is especially helpful with underorganized families, such as the remarried

family.

CHAPTER 4

PRACTICUM DESCRIPTION

Setting

All of the families I worked with throughout this practicum were seen at the Elizabeth Hill Counselling Centre (EHCC). EHCC is primarily a training facility for undergraduate and graduate students from the Faculty of Social Work and graduate students from the Department of Psychology. EHCC is located at 321 McDermot Avenue in Winnipeg's core area. EHCC is committed to serving inner-city families and children. Services are provided at no fee to clients.

Clients

My primary objective in doing this practicum was to gain clinical experience in family therapy. I was open to working with a wide range of families, however the majority of those I saw fit the remarried family form.

The families I saw at EHCC were all on the waiting list. I completed intake interviews with nine self-referred families. Of these nine families eight were engaged in therapy after the intake interview and one family was referred for spouse abuse counselling. A second family was seen for a brief period but after I discovered they were also being seen at the Health Sciences Centre for family work, I discontinued my family work with them. I continued to see a member of this family for individual work. I also

saw a third family consisting of a single mother and two adult children living at home. In this report I discuss four of the eight families I saw, all of whom fit the REM family criteria.

I worked with most families for a period of eight to sixteen sessions over a six month period. Termination was mutually decided with the amelioration of problems or occurred with referral to more appropriate individual services, or with the completion of my practicum. During the last session I reviewed each family's progress to date, possible future challenges and made further recommendations. Termination with one family was unilaterally decided by myself after six missed sessions. Another family was discontinued from family work due to escalating violence and was more appropriately referred to other services. The mother in this family continued with her individual work and the father was referred for individual work. Until their issues of violence and safety were individually addressed family therapy was not recommended. Two adults from another family were referred for individual therapy to help them resolve issues best addressed in that context. Another family was discontinued due to summer holiday plans interfering with the continuation of therapy. They were to re-refer for therapy if they felt they required further intervention in the fall. Only one family finished all involvement with therapy with the completion of my practicum.

I videotaped most of the therapy sessions. File recordings were kept for each session, as required by EHCC protocol. File recordings for each family included an intake report, process notes on each session and a termination summary. All sessions were entered into the EHCC computer data entry system. My primary advisor monitored all the file

recordings.

Procedures

The process of therapy with each family followed a similar sequence. All of the therapy sessions lasted 60-90 minutes. I attempted to meet with most of the families on a weekly basis, however due to many families having hectic schedules, booking sessions every two weeks turned out to be more reasonable for some.

All the families were engaged through a similar process. Prior to the intake I called the referring person to obtain more detailed and updated information regarding the presenting problem and to get a sense of who was involved. I then briefly explained to them that EHCC was a training facility and I was a student therapist. I further explained that I would be supervised by my clinical advisor in all of the work which I did with them. I also explained that videotaping was part of the supervisory/learning process. I then addressed any other questions or concerns the person had. An initial intake was arranged with the relevant family members invited to attend. In some instances individuals from the family suprasystem were also invited to attend.

During the first two or three sessions I completed the intake and assessment during which time the following tasks were accomplished:

- 1) I worked with the family to gain an understanding of the problem and what they hoped to accomplish in therapy;
- 2) I explained the family's participation in the practicum, videotaping, and supervisory process. I obtained the necessary verbal and written consents. I explained my orientation

to therapy and stated that I would be using a family perspective for framing the problem and for the generation of future interventions. I stated that although they may see a problem as being the property of one individual in the family, I saw it as a result of the family interaction and therefore I would be helping them to seek family solutions. General information regarding the make-up of the family and their view on the presenting problem was garnered.

3) I developed an understanding of the family's structure which contributed to family difficulties. I also gained an understanding of the family's developmental stages and accompanying challenges.

4) I completed a genogram with the family and obtained relevant historical, developmental, cultural, and idiosyncratic information. I also got a sense of the family suprasystem.

5) I administered the FAM III.

6) I provided feedback on the evaluation to the family. I contracted to meet for a specific number of sessions (approximately four) after which time we agreed to re-evaluate the family's progress in therapy and the need/want for further intervention. I notified families as termination approached and continued to remind them periodically so that adequate follow-up or referrals could be put in place, if necessary. I informed each family that I would not be available past the end of my practicum term, September, 1996.

Throughout the therapy process I often provided reading/educational materials and accompanying homework tasks to help facilitate change in families. I only proceeded with providing reading materials if families appeared to find them useful. Readings which

targeted remarried family development, unique challenges and problems were particularly useful.

Supervision

Dr. Diane Hiebert-Murphy supervised all of my work with families. Usually I had two-three hours of supervision on a weekly basis. The supervision sessions usually followed a particular format. Initially I presented a synopsis of the families I had seen and would sometimes show a part of a taped session. As therapy evolved I would use the time to bring up specific areas of concern. Dr. Hiebert-Murphy provided direction and consultation in terms of hypothesis development, intervention planning and skill development. From our discussion I would develop a plan for future intervention with each family.

Learning Objectives

Prior to commencing my practicum I had conceptualized a number of learning objectives. These are:

- 1) To acquire greater knowledge and expertise in doing family therapy.**
- 2) To develop a working knowledge of structural family therapy.**
- 3) To use specific interventions grounded in structural family therapy.**
- 4) To gain supervised experience in family therapy with families presenting with a wide range of presenting problems.**

Evaluation

I utilized a number of instruments and procedures to evaluate different aspects of the practicum. I used the Family Assessment Measure III (FAM III) (Skinner, Steinhauer, & Santa Barbara, 1983) as the primary outcome measure. It was administered to families both pre and post therapy. I devised a Client Satisfaction Survey which I utilized during the last session with families to obtain clients' perceptions of their progress in therapy and their satisfaction with myself as their therapist and with EHCC.

FAM III

The FAM III is a self report instrument which provides quantitative indices of family weaknesses and strengths. It is based on a process model of functioning which assumes that the family's ultimate goal is to accomplish a number of basic developmental and crisis tasks. The family organizes itself to get these tasks accomplished. Skinner, Steinhauer, and Santa Barbara (1983) emphasize that the FAM III is not a substitute for sound clinical assessment, rather it compliments clinical assessment by identifying areas of potential difficulty which may warrant further investigation. It also provides quantitative reports of family strengths and weaknesses which may be used as a baseline for evaluating therapy.

The FAM III assesses seven domains of family functioning which contribute to the achievement of the ultimate goal: task accomplishment, role performance, communication, affective expression, affective involvement, control, and values and

norms.

The FAM III has three components:

- 1) The General Scale focuses on the level of family health or dysfunction as a whole system. It has fifty questions. It also has two additional sub-scales, social desirability and denial, which assess the respondent's response style.**
- 2) The Dyadic Relationship Scale focuses on the relationships between specific pairs in the family. It has forty-two questions which cover the seven domains of functioning previously mentioned.**
- 3) The Self Rating Scale assesses a person's perspective on his or her own functioning in the family. It has forty-two questions which also pertain to the seven dimensions of functioning previously mentioned.**

The three scales can be used together or separately. I chose to use only one scale with each family. I used the FAM III General Scale with three of the families, when it was clear the problems related to the entire household. I used the FAM III Dyadic Relationship Scale with two of the families when it was apparent that the presenting problem fundamentally involved only the relationship between two family members present in therapy. The Self Reporting Scale was used with one family when I primarily saw one family member for the duration of therapy.

The FAM III has internal consistency, reliability, and moderately high correlations with social desirability and defensiveness (Skinner et al., 1983). The FAM III has an overall coefficient alpha of .93 which demonstrates strong internal consistency between sub-scales (Skinner et al., 1983). The FAM III differentiates between clinical and non-

clinical families (Skinner et al., 1983). Skinner, Steinhauer, and Santa-Barbara (1984) suggest the results from the FAM III reflect the individual's assessment of family functioning at the time of reporting. The respondent's emotional state may influence the accuracy of the self report. The Dyadic Relationship Scale is expected to be especially sensitive to change in family dynamics over time. There is no data reported on test-retest reliability, construct validity, or predictive validity. Norms for response scores on each of the sub-scales is based on Canadian families. Each family member's scores are compared with the established Canadian norms when the test results are interpreted.

Morrison and Stollman (1995) support the use of Steinhauer's Process Model (1984) with remarried families to help conceptualize the problems and strengths of the REM family. It is used in addition to a psycho-social history. They use the model to examine all the basic domains of family functioning and apply these to the new couple, the stepparent, the children, the former spouse, and the extended family.

The FAM III is used with adults and adolescents and is not recommended for use with pre-adolescents. I administered it to two pre-adolescent children. One was eleven years old and another was twelve years old. Both were supposed to have superior verbal and written comprehensive skills. The eleven year old's test was not used in the evaluation as it was clear when she attempted to do it that she did not fully comprehend the meaning of the questions. The twelve year old was able to readily comprehend and answer the questions, thus her scores were kept.

I administered the FAM III to family members both at the beginning of the therapy process and at termination. Unfortunately I was unable to administer the FAM III to

some family members at termination due to their not attending the final session and difficulties in arranging alternate times to complete the test.

Client Satisfaction Survey

I utilized an open ended qualitative consumer questionnaire (see Appendix A). This was administered in the final session with families to obtain feedback about what client's found most helpful about the therapy process. It was intended to provide qualitative information on the client's satisfaction with the intervention, the helpfulness of the therapist and changes in the system which the clients believed occurred as a result of the intervention.

CHAPTER 5

THE FAMILIES

Introduction

In this chapter I will present a summary of the therapy process with four of the eight families I saw throughout my practicum.. These four families fit the criteria previously presented for defining remarried families. Psuedonyms will be used for all of the family member's first and last names.

In the following discussion I will provide relevant family history, reason for referral, and the assessment of family functioning from the life cycle and structural family therapy perspectives. I will highlight peak turning points in my work with these families. I will offer my tentative hypotheses, goals and interventions. In the evaluation section I will provide a pre-therapy and post-therapy FAM and a summary of the client satisfaction questionnaire. Common themes which emerged during treatment will be examined in Chapter 6 of this practicum report.

The K Family

The K family is a remarried family of six interrupted years of living together. The remarried couple had one biological daughter (Julie, aged 6 years). The mother (Stacey, aged 35 years) had two biological teenaged daughters (Camille, aged 18 years and Aurora, aged 16 years) from a previous marriage who at our initial meetings lived with their

paternal grandparents for two of the last six years. At our initial meeting Camille and Aurora wished to move back home with their mother and stepfather. The stepfather (Larry, aged 38 years) had a non-custodial biological son (Tim, aged 15 years) who visited every second weekend and once throughout the week. Camille and Aurora's biological father (Wilfred) and paternal grandparents remained quite involved with them throughout the entire time of the intervention, but did not attend therapy. The grandparents were invited to the initial intake, but declined. Wilfred was not invited to session due to his past history of physical and emotional abuse against Stacey, Aurora, and Camille, and his continuing emotional abuse and threatening behaviour towards Stacey.

I saw the family or its various subsystems for a total of fourteen sessions over a five month period. While I attempted to schedule the family weekly, often they were unable to attend due to conflicting schedules. Also about mid-way through therapy the family missed four sessions in a row. When this was confronted, Stacey admitted to ambivalence about attending therapy due to the strong feelings it engendered. However Stacey declared her satisfaction at therapy being re-commenced and having the opportunity to further confront and resolve issues.

The first three sessions were with Stacey and her daughters only, in spite of my inviting all the involved family members (except Wilfred) to at least the intake. As the date of the family moving in together drew nearer, Larry was seen along with Stacey, Camille and Aurora. Stacey and Larry were seen together for a number of sessions to discuss parenting/couple issues. Julie was never seen in session due to her parents

preferring her to stay in school rather than attend therapy sessions.

Stacey, Camille and Aurora immediately identified that their first goal for therapy was to sort through their past issues and develop a different kind of relationship with each other. It was the youngest of the two daughters, Aurora who initially encouraged her mother to initiate therapy for these purposes. The daughters, Camille and Aurora had been living with their paternal grandparents for the last two years after being kicked out of Stacey and Larry's home due to the daughters' abusive and out of control behaviour. The last couple of years the family had lived together left many emotional scars on all those involved. As well, the mother and daughters had unresolved issues which stemmed from their nuclear family experiences which was fraught with emotional and physical abuse on the part of Wilfred and the paternal grandparents against Stacey, Aurora, and Camille. The family also wished to plan under what conditions Camille and Aurora could move back with Stacey, Larry, and Julie.

The first few sessions with Stacey and her daughters were emotionally loaded and the participants actively engaged one another. Initially the threesome would blame each other for past transgressions and abuse in the family. At times Stacey would attempt to monopolize the therapy sessions by focussing attention on her own personal issues. After I engaged Stacey in two individual sessions in which vented her anger at the girls and processed some of her individual concerns, she was better able to tolerate the family intervention. Larry became involved in the seventh session at my insistence as the family issues shifted to Camille and Aurora's move home. Initially, these sessions were quite tense and family members were apprehensive about expressing

their ideas and feelings. After a couple of sessions with the foursome, the family members were able to interact more spontaneously and they were able to be much more expressive with one another.

Assessment of Family Functioning: Life Cycle Perspective

Developmentally the family had many challenges in terms of accommodating its various family and individual life cycle phases. The family was commencing the process of reuniting its members. This required the restructuring of family boundaries to allow for the inclusion of the stepparent, and the realignment of relationships throughout the subsystems to allow for the interweaving of several systems. This also meant shifting relationships with the family suprasystem.

The family needed to traverse life cycle stages from both the nuclear family and the remarried family. The stage from the nuclear family life cycle is that of the family with young children. The steps from the remarried family life cycle includes moving from the step of re-conceptualizing and planning the new marriage and family to the reconstitution of the family. Also impinging on the family life cycle is the stepchildren's individual life cycle of adolescence.

The family with young children included that of Stacey, Larry and their six year old daughter, Julie. This stage involves the emotional process of accepting new members (Julie) into the system. The second order changes include making adjustments in order to make space for the child, assuming parental roles and realigning relationships with the extended family (McGoldrick & Carter, 1989). In regards to meeting the needs of this

stage the family seemed to be functioning quite well. Julie's needs for a healthy, secure, and nurturing environment were being met according to the family's report.

When I first encountered this family they were in the process of conceptualizing and planning Aurora and Camille's re-entry into the family. This step requires accepting one's own fears and those of the spouse and children about forming a stepfamily. Second order change required by the family at this time was to create flexible boundaries to permit the adolescent to move in and out of the system. The couple admitted to having a lifestyle which they enjoyed because of its predictability and stability. They worried about the impact of bringing two teenagers into the home. The couple was particularly fearful that Camille and Aurora's move home would disrupt the tranquil life which Julie had. Aurora and Camille expressed their concern that after moving away from their grandparents' home things would not work out at Stacey and Larry's and they would be kicked out as they had been two years ago.

Camille and Aurora's developmental needs immediately impacted how the family came together. Aurora was a very mature adolescent and Camille was entering adulthood and was engaged to be married. As well, Camille and Aurora's efforts to individuate and become more autonomous needed to be normalized rather than pathologized. Their need for greater independence in some ways clashed with the family's need to come together. They were in the process of launching from the family at the same time as rejoining the family. How they involved themselves as members of the family became a sensitive issue. Stacey and Larry had difficulty balancing appropriate rules for Aurora and Camille at the same time as allowing them more age appropriate independence. Aurora and

Camille had also become accustomed to minimal rules and expectations at their grandparents' home. Stacey, Larry, Aurora, and Camille worried that putting rules and expectations on Aurora and Camille would result in the girls' ultimate rebellion and would put additional stress and anxiety on the family. At the same time as wanting more independence, Aurora and Camille longed for more intimate relationships with both their mother and stepfather. Camille was also trying to develop a relationship with her fiancé and her future in-laws.

In the nuclear family stage with adolescents, refocussing on mid-life and marital and career issues becomes an issue for parents (McGoldrick & Carter, 1989). Stacey felt stuck in terms of her career. She felt lost in a job which didn't fulfil her personal needs, yet could not see any alternatives. Additionally, the role of being the primary caregiver of a six year old, a sixteen year old and an eighteen year old sapped her of the energy she needed in order to address her personal issues. Larry felt satisfied with his career but also felt emotionally drained by the demands of the new family arrangement.

Vertical Stressors

Vertical stressors in this family included patterns of behaviour, myths and legacies. These stressors were explored more fully through the use of the genogram. Larry came from a family in which he was bullied by his father. He had never come to terms with these issues and harboured many hurt and angry feelings as a result. Subsequently he was especially sensitive to any criticisms or expressions of intense emotions which reminded him of his family of origin experiences. This reaction was visible in session when he

would become tearful and defensive when emotionally loaded issues were discussed. Also, in reaction to his authoritarian upbringing, he chose to raise his children in a permissive environment to counter his experiences.

Both Stacey and Larry had unresolved issues stemming from their first marriages. They both continued to be negatively attached to their former partners. Both stated that at times negative situations in the home would remind them of problems in their first marriages and would cause them a great deal of anxiety. At times this anxiety contributed to their not being able to deal with issues on their own merit. These attitudes blocked their successful navigation of the step of forming the remarried family.

Stacey, Aurora, and Camille experienced emotional and physical abuse in the nuclear family. The girls blamed their mother for not protecting them, and the mother blamed the girls for making the situation so stressful that abuse occurred. This issue was a prominent one when I first met the family.

In Stacey's family of origin, women had little power and say in their families. Stacey strove to empower herself in her lifetime and was determined that her daughters would be "strong and independent women" when they grew up. This conflicted with Camille's decision to be officially initiated into her religious sect in which women were expected to be subservient to men. This caused Stacey a great deal of turmoil and caused friction between the two women.

Further complicating the family's adjustment was the previous disastrous attempt they had at living together. All the family members harboured past hurts and anger from this time. When the family first commenced therapy there were a number of emotional

outbursts which referred to these unresolved hurts.

Systems Level Influences

This family had a unique challenge in that Camille and Aurora were of a different faith than Stacey or Larry. Camille was very active in this religion, and Aurora was still a member. Camille and Aurora's paternal grandparents were very involved in this religion which also kept their granddaughters connected to them. This had greater emotional implications given that Stacey had been ex-communicated by this religion. This aroused tremendous feelings of hurt, anger, disappointment, and resentment in Stacey.

When Stacey was ex-communicated she lost her entire social support network and connections with this community. Larry too, had been ostracized from his social network following the breakup of his first marriage. Larry and Stacey stated that neither of them had any supports outside of each other. Camille and Aurora feared increased social isolation once they moved in with Larry and Stacey. The move also meant that they would be dealing with neighbours whom they had alienated the last time they lived in the area.

Throughout the therapy process I felt it was important to continuously re-evaluate whether issues would be best dealt with at an individual level or a family level. Stacey's mental health issues, family of origin issues, issues from her previous marriage, and her negative involvement with the religious organization impacted the family's functioning. These issues also impacted her ability to move on with her life, and develop new kinds of relationships with her daughters. This naturally impacted on the functioning of the

entire family system. Of these factors, Stacey's emotional stability was of greatest immediate concern. She cyclically felt suicidal and prior to our first meeting had a suicidal attempt for which she was hospitalized. In Stacey's opinion her suicidal feelings were partly in response to the grandparents' negative influence and possibly influenced by hormonal factors. She hesitantly contracted for safety. It was important that she stabilize for her own well being and for the health of the family. As therapy progressed, Larry began to increasingly reveal unresolved individual issues related to abuse issues in his family of origin and first marriage. Also Camille and Aurora bore emotional scars from the physical and emotional abuse from the abusive relationships they had with members of their nuclear and extended family. These issues may have benefited from being addressed by individual work, rather than being discussed in a family forum, with their mother present.

Structural Assessment

When I first met the family they were divided into two separate camps: 1) Camille, Aurora, their paternal grandparents with their biological father and his new wife on the periphery of the foursome; and 2) Stacey, Larry, and their biological daughter, Julie with Larry's biological son on the periphery.

The family was attempting to deal with the multiple stressors which arose from the transitions of moving from one life cycle stage to the next. The accompanying changes required multiple shifts in structure, subsystems, and boundaries. In terms of hierarchy, Stacey had the lion's share of authority and decision making power in the family. She

made many of the important decisions regarding the family. She decided the family would come to therapy. Stacey decided when and how Camille and Aurora would move home. This position evolved from her being the "common denominator" in most of the family subsystems, making her position in the family pivotal. Larry initially deferred to Stacey in session and had limited input regarding decisions about the girls. In this way, functionally and emotionally he appeared to have the status of an outsider.

Camille and Aurora had been living with their grandparents for two years. Camille had a great deal of power in this system and had an elevated position in the family, due to the grandmother's intense emotional attachment to her. In this system, Camille could "do no wrong", while Aurora could "do no right". Aurora was emotionally ostracized in this system and only had power in the system through her relationship with Camille. It was only through Camille's support that Aurora was permitted to live at the grandparent's home. Together Camille and Aurora made up their own rules for living in the home. In this way, both girls "ran" the household and told the grandparents what to do.

The family suprasystem continued to exercise power over the K family. The grandparents continued to exercise power and control over Stacey, who was very vulnerable to their negative opinion of her. Stacey's suicide attempt prior to our involvement was a direct result of Stacey receiving a scathing letter from them. According to Stacey, Wilfred exercised negative control over her. Stacey felt he had a "hypnotic" effect on her, and she tried to deal with this by limiting her interactions with him after their divorce. Further to this, Stacey married Larry in a deliberate effort to counterbalance this influence as well as to provide her daughters with a healthy, positive,

and non-abusive male role model. Larry's previous spouse continued to have a negative influence on the family's functioning. She frequently interfered in the household and initiated disputes over visitation.

Subsystems

A number of subsystems impacted on the way the family functioned. The most significant to ensuring the continuity of the REM family is the parental subsystem. This parental subsystem was well organized to meet the family's basic needs for food, shelter and affection. The couple were very sensitive to Camille and Aurora's need for personal space and ensured that they had privacy. The fact that Larry was a stepparent in the beginning phases of family re-integration limited his input with the stepchildren in terms of guidance, nurturance and control.

In terms of establishing a parenting coalition the couple was deficient. They clearly resisted taking adequate leadership roles in establishing household rules. When this subject was broached, they stated that they preferred that rules evolve out of good will. While they had an outward laissez-faire style of parenting they had covert expectations in regards to how the girls should behave, which sent the girls mixed messages. As well the couple had strong feelings about possibly setting rules and having the girls disobey them. Aurora and Camille wanted Larry and Stacey to take a stand and set rules for the family so they would know what the expectations were for their move home. Once the couple got to a point where they were able to articulate their covert expectations, they developed a plan to follow through with them at home. Initially they made many excuses

as to why they could not follow through with the plan.

In the spousal subsystem the partners reciprocated support and affection. The partners had been very understanding of each other's struggles with their previous partners which further strengthened their bond. The couple admitted to struggling to meet their needs for sharing and intimacy.

Stacey, Camille and Aurora formed a very special subsystem within the family. Their personal histories and biological ties naturally made them close. This was problematic in that it contributed to Larry's feeling like an "outsider", which contributed to him being more disengaged.

A well established subsystem existed between the parents and their six year old biological daughter. Another strong subsystem existed between each of the parents and their respective biological children. Camille and Aurora had a strong sibling subsystem which disintegrated following the move back to Larry and Stacey's home. Aurora described this change in the following manner. She felt that when she and Camille lived at their grandparents' home that she needed Camille for "survival". Without Camille's support, Aurora would not have been permitted to live at the grandparents' home. Secretly, Aurora resented this. Once the girls moved back to Stacey and Larry's home, Aurora felt free to "be her own person" and began to be more defiant and challenging of Camille.

Boundaries

Blurred generational boundaries and fixed coalitions originated in Wilfred and

Stacey's first marriage. From the time of Camille's birth, the paternal grandmother claimed and partially raised Camille as her own daughter. Camille perceived her grandmother as being as much of a mother figure as Stacey. Wilfred loathed Camille and treated her poorly. When Aurora was born he declared her to be his "special little girl". Stacey accepted the paternal grandparents' involvement and her husband's and the grandparents' differential treatment of the children because she felt powerless to do anything else. She felt that religious and cultural scripts decreed that it was her duty to obey her husband and inlaw's wishes.

There were diffuse generational boundaries between Stacey and her daughters. They tended to relate to one another as sisters (an indication of enmeshment), and this was initially encouraged by Stacey. This was easily observed in session. She frequently deferred to her daughters and sought their approval for her feelings and decisions she made. While in theory the threesome wanted more of a mother-daughter relationship in theory, in reality this was more difficult to achieve because of ingrained patterns of relating and a certain degree of comfort with their roles. Stacey needed encouragement to actively explore her role as a mother/parent.

There was a rigid boundary between the household and the immediate community. The family knew none of its neighbours, and the couple had no friends or associates. This rigid boundary limited the family's potential for gaining support outside the home.

The family had a couple of detouring coalitions. Initially they targeted Aurora as being a problem child and later Camille became the target. When the couple first attended therapy, they appeared disproportionately concerned with Aurora and focused on

her previous problems. As therapy progressed they shifted towards Camille as having many problems which they needed to address. They frequently attempted to divert discussions regarding their functioning as a couple towards issues regarding the girls. This detouring coalition served to distract the couple from addressing their need to function more effectively as parents as well as distracting them from meeting their intimacy needs.

Both spouses continued to be negatively involved with their previous mates. Disputes continued over money and visitation. These disputes continued to challenge the family's sense of stability and unity.

Both Camille and Aurora expressed conflicted loyalties about leaving their grandparents' home. This also put them in conflict with their biological father who disapproved of the move. Stacey and Larry both expressed their mixed feelings over sharing "Julie's home" with Camille and Aurora.

When the family started therapy they were uncertain about how to allocate space and time. Larry expressed his mixed feelings in regards to Camille and Aurora infringing on his space and intimate time with Stacey. Stacey observed that on several occasions that Larry pouted when Camille and Aurora appeared to be taking up Stacey's time.

Roles

Each family member appeared to have their own needs and expectations in terms of roles. Stacey, Aurora, and Camille had the desire and expectation that their roles would become more like that of mother-daughter roles. This was quite a shift in that historically

this threesome behaved more like sisters. This type of relationship was engendered by the grandparents who treated the three females as equals during the nuclear family phase. Each of the members of the threesome had their own ideas regarding how the mother-daughter relationship should evolve.

Larry's role was the most ambiguous in the family. Neither Stacey, the girls or Larry could readily conceptualize his role in the family. He expressed a great deal of uncertainty in terms of how to relate to the girls. Additionally he expressed his concern about living with two "very female" young women as he had no previous experience in raising young women, and the girls appeared "much younger" the last time the family lived together.

Tentative Hypotheses

What may have been perceived as faulty family structure may partially be credited to the fact that the family was trying to adjust to the transition of forming a remarried family. The stepdaughters' initial scapegoated positions possibly kept the family stuck in repeating unhelpful transactions. It may also have served to distract the couple from attending to their own issues. It is possible that the growing individual needs of the teenaged daughters to individuate from the family conflicted with the growing needs of the remarried family to gain greater cohesion and closeness.. As well, it is possible that the biologically related family members struggled to retain their closeness at the same time as struggling to develop step-relationships. Past issues of emotional and physical abuse likely impacted on the family's ability to function optimally.

Goals and Interventions

Based on the assessment and tentative hypotheses, goals for this family included: a) strengthening the parental/spousal subsystems, b) disentangling the family from the negative influence of the suprasystem, c) creating clearer boundaries between Stacey and her daughters, d) encouraging Larry's involvement with Camille and Aurora and elevating his status in the family, and e) freeing Camille and Aurora from their scapegoated roles in the family. To help the family achieve a more functional structure, intervention strategies focused on resolving past issues, exploring new kinds of relationships between the family members, improving boundaries, shaping competence and challenging the family's assumptions.

Interventions with Stacey, Camille, and Aurora focused on the resolution of past experiences and their learning to forge a new kind of relationship together. Of particular importance to the threesome was the opportunity to process the abusive experiences which they had while living together in their nuclear family. The use of a three generational genogram facilitated the threesome's understanding of the transgenerational transmission of violence in general and violence against women in particular. Discussion between the threesome during this segment of therapy was quite animated and positive. The threesome began to understand how violence influenced the family and discussed how things could be changed in the future. This raised individual issues for Camellia as she became aware of the potential for abuse in her relationship with her fiancé, and we strategized how she could deal with these issues. Completing a three generational genogram stimulated the growth of the threesome's relationship and helped them to gain

a deeper understanding of one another. During this time I witnessed a significant shift in their interactions in that they became more respectful and understanding of one another's feelings and thoughts.

At the beginning of therapy, Stacey tended to relate to her daughters as peers, while her daughters longed for their mother to be more "mother like". Rebalancing this relationship was quite a challenge as it had become an ingrained pattern of relating over the years. I worked with the threesome to help them establish more mutually satisfying mother-daughter relationships. I orchestrated a structured session utilizing a flip-chart to help the threesome brainstorm what moms do and what daughters do. Discussion also focused on how the threesome was already engaging in these behaviours and how they still needed to change. They were encouraged to recognize and acknowledge positive aspects of their relationships. This intervention facilitated their ability to conceive of ways in which they wanted to develop new kinds of relationships with one another. From this emerged the girls' desire for their mother to take more of a leadership role in the family.

Initially when I met with Stacey individually, she tended to blame her daughters for the violence which had transpired during the nuclear family phase. I provided her with the opportunity to sort through her residual feelings of anger, frustration and disappointment from her first marriage. As well, I helped her to sort through issues which were presently relevant, from past issues. This strategy appeared to have a ripple affect on the family. In future sessions, Stacey was much less reactive and offensive towards her daughters. Processing the past in this manner seemed to be a essential prerequisite

to the family living together.

Part way through the sessions a shift was made to discussing Camille and Aurora's move into the home. Making the shift from working with the threesome to working with the foursome was a bit of a challenge in that I had become quite comfortable in working with the threesomes' interactions. When Larry was first included in session, I had to encourage his involvement at the same time as balancing all of the family members' contributions. This meant that I had to be quite active and directive in session. While initially Larry was hesitant to verbalize his thoughts and feelings, by the twelfth session he was quite spontaneous and forthcoming with information. Other family members clearly welcomed and supported his input. These sessions forged new patterns of interactions among the family members. In these sessions issues of rules, roles and dealing with their past living experiences were discussed. As well, each person's hopes, fears and expectations of living together were explored. Another factor which immediately impacted on the family's reunion was the fact that during the couple of years the family had lived apart Camille and Aurora gained greater maturity and willingness to change. This significantly impacted upon their ability to negotiate a new kind of relationship with Stacey, Larry and Julie.

Initially Larry and Stacey were quite vague about their expectations of Aurora, Camille and of themselves. I met separately with Stacey and Larry to help them articulate and discuss their expectations for the girls' move home. When Stacey and Larry first articulated their ideas about rules and expectations, they felt that they should be implicit

and carried out through the process of good will. This attitude partially heralded back to their own family of origin issues. For Larry it was an issue where he was constantly criticized and controlled while he was growing up in his family of origin. He wanted the girls to have a more positive experience of parents than he had and for him that meant not articulating rules, rather just simply "living peacefully". Stacey's deceased father represented a model of parenting which she honoured. Her father was "kind, gentle and attentive" to her. She wanted to be like this and perceived that if she articulated rules that she would not. Camille and Aurora required assurance, direction, certainty and boundaries to help them develop a sense of normalacy in their lives. To achieve this end the parents required substantial education and reassurance in terms of parenting teens as well as on remarried family integration. I provided the couple with relevant readings and home tasks which were aimed at strengthening their parenting abilities. After considerable work, the couple was able to see the usefulness of verbalizing family rules and expectations. In session they rehearsed the discussion of some issues which they would like to address in the home (such as curfew times) and anticipated various scenarios which would be challenging to them. They then spontaneously held a family meeting at which they presented their newly articulated rules. After some time, they were able to carry through with these rules to a modest degree in their daily living. This reflected a significant shift in the couple's functioning.

As Camille and Aurora spent more time in the family home, issues around personal space and territory became central. Stacey and Larry were very creative and thoughtful

when it came to physically establishing personal space. However, often when the girls visited, Larry became hostile and retreating rather than joining the girls and their mother at their invitation. This evolved into an issue of how Larry could become more involved with the girls in a more gradual, role-appropriate, and non-threatening way. This issue was gently confronted and I helped Larry explore new ways of relating within the family. Larry expressed his feelings of uncertainty and confusion at having the girls live in his space again and initially the only way he seemed to know how to cope with these feelings was to retreat. To strengthen the relationship between Larry and the girls the couple discussed strategies whereby Larry might become more active with Camille and Aurora. It was important to Larry that Stacey be supportive of his efforts and she was supportive. Larry felt comfortable with following the girls' cues in terms of developing closeness.

Each step-daughter had different needs and expectations of their relationship with Larry. As Aurora wanted a more father-daughter relationship with him, the dyad was given the task of finding a way in which they could engage in a mutually satisfying activity. Larry suggested that he take some time to teach Aurora how to barbecue as she had expressed an interest in this activity and this was an area of expertise for Larry. After one Sunday of barbecuing together this dyad reported that they felt the ice between them was melting and they felt less awkward and more comfortable around one another. Camille felt that she needed Larry to be more of a guide than a "father figure". She suggested that there were times when she would like to have more time with Larry just talking about her future living goals. Larry was agreeable to this plan, however by termination of therapy the dyad had "not found the time" to spend together. However

Camille reported that she was thankful for the home renovations which Larry had undertaken to make the girls feel more comfortable. Larry felt that this gesture made him feel more needed and appreciated. This mutual appreciation helped each of the step-relations feel closer to one another.

The development of parental roles became crucial for Stacey and Larry. Larry needed encouragement to share this responsibility with Stacey. His past negative experience in parenting the girls (when they had all lived together previously) impacted on his willingness to figure out how he could do this now. I facilitated the couple's discussion about how they could come together in this regard. What seemed to work for the couple was for Stacey to take on a primary parenting role and for Larry to be a support and consultant.

In order to strengthen the couple dyad we discussed the importance of reserving special couple time. When the couple initially addressed this issue they tended to minimize their own needs and to put their own needs last. This was partially due to the great deal of time and energy the family required at this time in order to become more cohesive as well as the fact that there was little time left over for the couple after the activities and demands of daily living were complete. Little ways in which they could find time together, such as an end of the day review or weekly coffee date were discussed, but rarely carried through.

Boundaries which needed to be strengthened were those around Stacey and Larry and around Larry and each one of the girls. Also the entire family required a more rigid boundary between itself and the interfering suprasystem of Camille's and Aurora's paternal

grandparents and their biological father. I strengthened some boundaries by working with specific subsystems separately. For example, several sessions were spent entirely with Stacey and Larry. Other parts of sessions were devoted to the siblings. I also encouraged interaction in session which strengthened boundaries. I often called upon Larry and Stacey to make parental/executive decisions in session, such as deciding upon seating arrangements in session or deciding the time of appointments. In turn Aurora and Camille were encouraged to provide feedback. In this way appropriate communication patterns were forged among the subsystems. In turn this promoted the development and maintenance of the new boundaries.

To help the family create a more rigid boundary around itself and from the negative influences of Camille and Aurora's paternal grandparents and biological father, family members discussed ways in which healthy interactions with these suprasystem members could be encouraged. The family decided that they would hang up on any malicious phone calls from the paternal grandparents and the biological father. The couple decided that if Stacey's former husband threatened her in the future the police would be notified. They also decided that instead of informally renegotiating any support payments with Stacey's previous partner that negotiations would occur through a lawyer.

The family made many positive strides throughout the course of therapy. Stacey and Larry were able to become more assertive as parents and began to set rules. Both daughters welcomed rules becoming explicit rather than guessing what Stacey and Larry expected of them. Larry was able to become more like an adult male/father/friend figure in Camille and Aurora's lives. Stacey and Larry made progress in making appropriate

parental decisions rather than retreating into their previous ineffectual laissez-faire stance.

As termination approached I felt the family situation had become stable enough for brief, individual therapy to take place. Stacey, Larry, Camille and Aurora were all referred for individual work. Stacey required individual work to deal with her continuing "suicidal feelings", issues dealing with her physical health problems, and her experience of physical and emotional abuse in her first marriage. Larry requested individual counselling to process his family of origin issues related to physical and emotional abuse. Camille and Aurora required the opportunity to process their past experience of physical and emotional abuse separate from each other and other family members. This was partly due to their residual feelings of not being protected by Stacey while the abuse took place as well as the abuse being perpetrated by Camille against Aurora at their father's command.

Evaluation

FAM Profiles

I administered the FAM III General Scale at pre- and post- therapy to Stacey, Larry, Camille and Aurora. The pre-therapy FAM profile (Figure 1) shows all family members scoring in the problem range with the exception of Camille who scored in the average range for Role Performance. The scores for the other family members were remarkably similar. This reflects a great deal of agreement in terms of problem definition.

The post-therapy FAM profile (Figure 2) indicated that Camille continued to perceive problems in the family in all areas except control, which was in the average range. This

Figure 1

K Family

Pre-therapy FAM III

FAM GENERAL SCALE

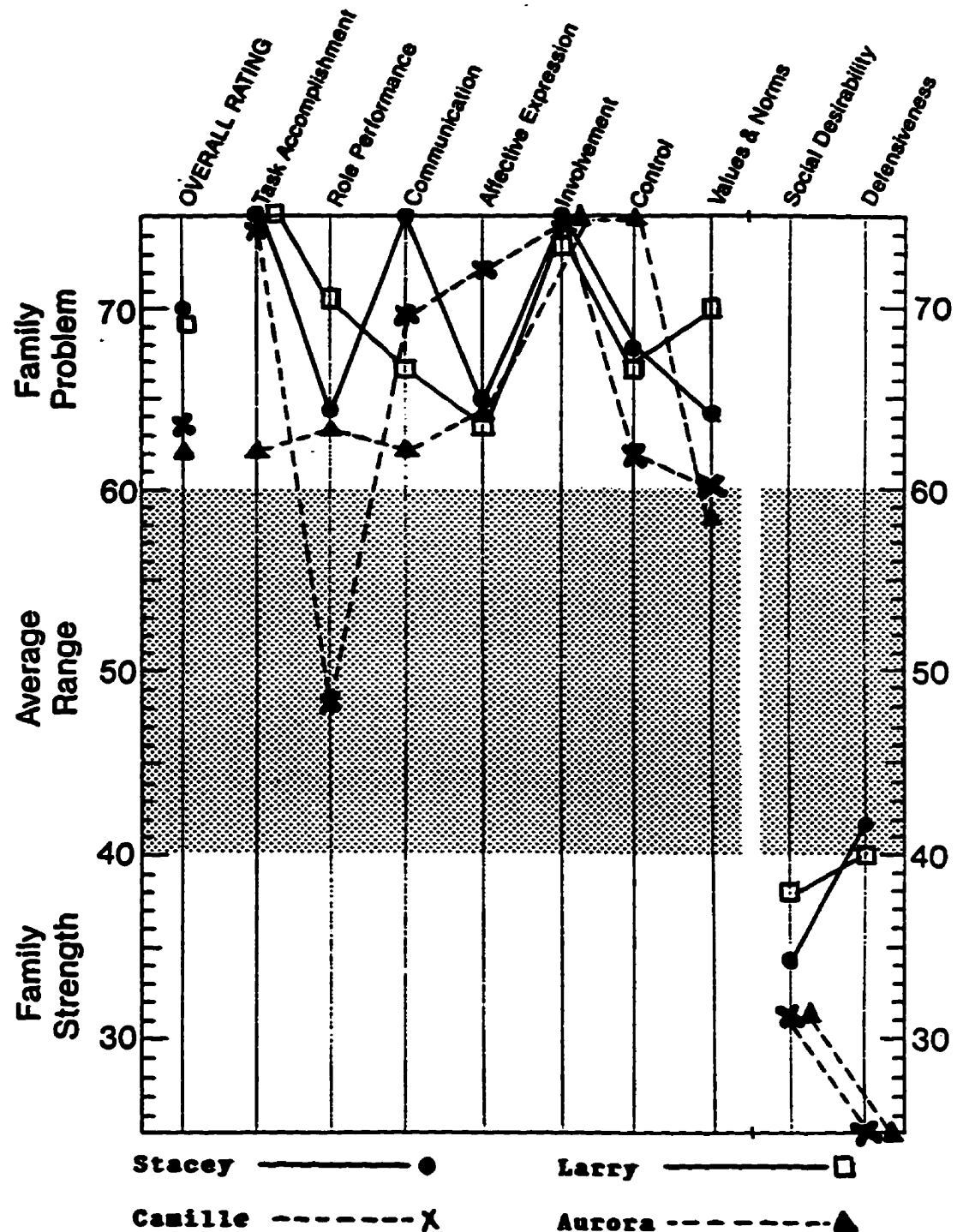
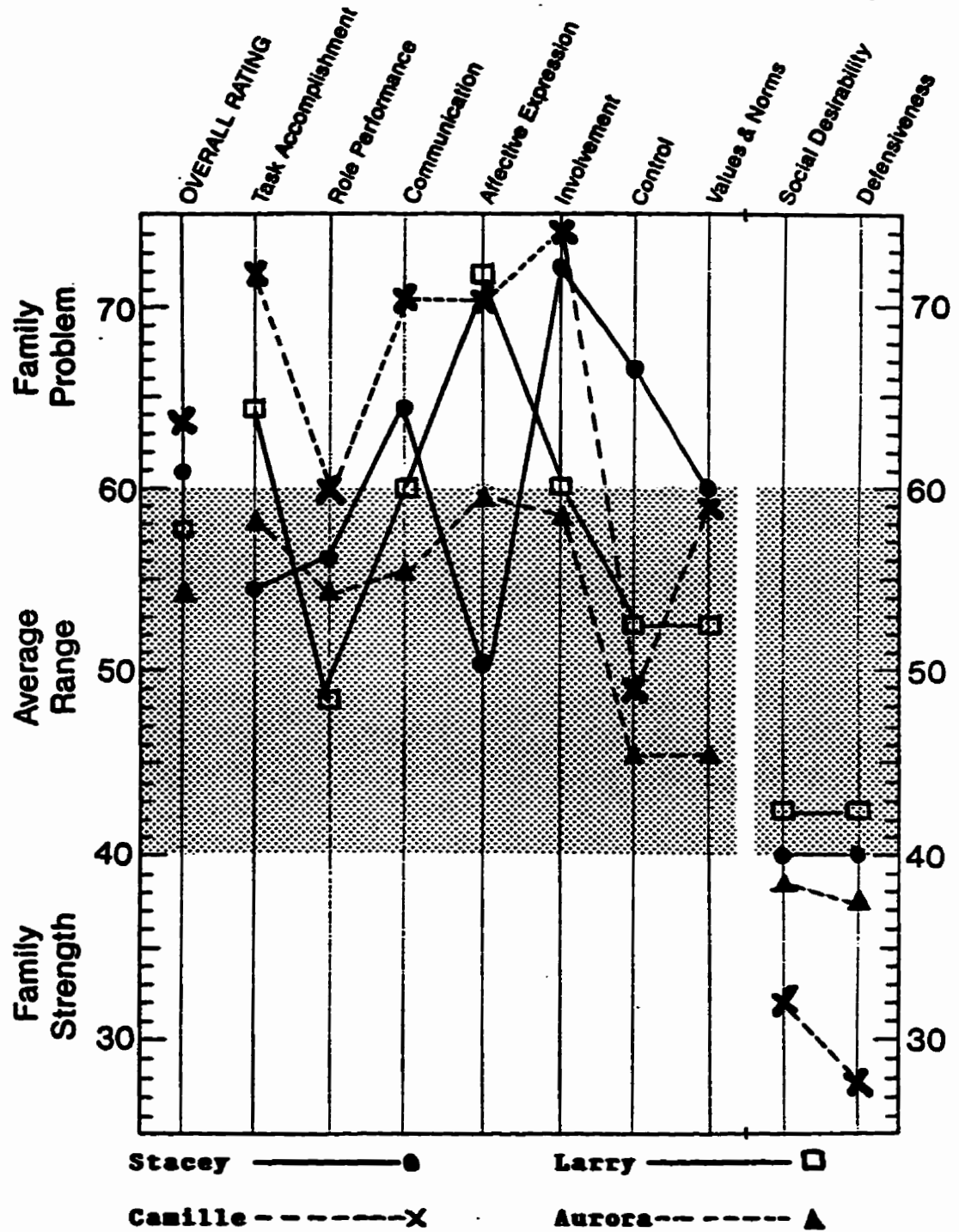


Figure 2

K Family

Post-therapy FAM III

FAM GENERAL SCALE



score in the control domain indicated that the family had enough flexibility for her to develop age appropriate independence. Her other scores in the problem area (as opposed to the other family members whose scores were either in the average range or gravitated towards the average range) possibly reflected her dissatisfaction with her role in the family and her move towards greater autonomy. It may also have resulted because the couple shifted to seeing her as "having problems" whereas initially Aurora was seen as "having problems" in the family. It is important to note that Camille completed her post therapy FAM III after a significant argument with Stacey and Larry which may have contributed to her elevated scores.

The post-therapy FAM put Stacey's scores close to the average range. Larry and Aurora mostly scored in the average range. Stacey scored high on affective involvement which may have reflected her ambivalence about her role as everyone's confidant in the family. On one hand she longed for greater involvement with Aurora and Camille yet felt entrapped in her role in the family in terms of family responsibility. She fantasized about becoming more independent from the family and achieving her personal goals at the same time as feeling she was "sacrificing" her time and energy to the family. She also scored high in the control domain which possibly reflected her feeling "trapped" and not having as much of a voice in the family as she would like.

Larry scored very high in affective expression which may have reflected his discomfort with the more intense emotional exchanges which occurred in the family between Camille and Aurora the same time as his own lack of voice in the family. It may also reflect some of the "outsider" status he experienced. Aurora's post-therapy

scores were all in the normal range. This was also reflected in her growing satisfaction with her new living arrangements as well as in her developing a positive relationship with Larry and Stacey. The change from the pre-therapy to the post-therapy FAM III scores reflected that Aurora's view of the family through this period improved and this was corroborated by clinical observations.

Client Satisfaction Survey

In terms of what changed for the family since coming to therapy Stacey reported that she felt "the family really tries to understand what is bothering each other instead of arguing over unimportant topics." She also felt the family no longer got into old arguments. Larry felt that for the first time the family was able to discuss unresolved issues. Camille and Aurora felt that Larry and Stacey had become more accepting of them and were beginning to verbalize rules. Stacey also expressed her continued reluctance to enforce rules for Camille and Aurora for fear that they would run back to their grandparents' home. These reflections were corroborated by my clinical findings. By the end of therapy the family communicated more effectively and resisted dredging up old issues. I saw increased participation by Larry in session, when initially he reluctantly attended and participated. I also observed that while initially family members tended to blame each other for problems, by the end of therapy they each began to take responsibility for their personal behaviour and were able to better problem solve. All family members agreed that the most helpful aspect of therapy was discussing concerns in a safe, supportive environment.

Colleen and David

Colleen referred herself and her partner, David for therapy. The couple was presently living apart with their respective children after an unsuccessful attempt to blend their two families together. Colleen (aged 43 years) had custody of her two children, Trevor (aged 10 years) and Tanya (aged 13 years). David (aged 48 years) lived with his three children, Peter (aged 14 years), Martin (aged 18 years), and John (aged 21 years). The couple became romantically involved when they were living as neighbours following the death of David's wife (Beatrice). At our first meeting the couple had been involved for two years.

The couple's main reason for seeking therapy was to sort through issues regarding stepparenting prior to getting married next year. In particular, roles, rules and allocation of money were identified as issues to work on. The couple agreed that the major obstacles for each of them at this time were: a) Colleen's anger towards David for not sticking up for her in the past, b) David's "inability" to discipline his children, and c) difficulty integrating their two sets of children.

I saw Colleen and David for a total of fifteen sessions over five months. Most of the time I saw the couple together, however they were each seen individually for a couple of sessions, as issues merited. The children were invited to attend an initial assessment session, but both Colleen and David refused to bring them. This was mostly due to Colleen's negative feelings towards David's children and especially towards his eldest son.

David and his first wife, Beatrice were each other's first loves and had a "solid twenty

year love-filled marriage" until Beatrice's demise. Colleen and Beatrice had been friends for many years. Beatrice developed a terminal illness and died within a year. During that time Colleen was quite involved with her care. After Beatrice's death, Colleen became David's confidant and friend. She also took care of some difficult tasks for David such as Beatrice's funeral announcement and memorial arrangements.

Colleen had been married for twenty-five years to her teenage sweetheart. However she described her marriage as developing into a marriage of convenience. Her husband contributed financially, however was often physically and emotionally absent. He had many lovers and was often away from home. During the last ten years of their marriage the couple slept in separate bedrooms.

A year subsequent to Beatrice's death, Colleen and David began to recognize their romantic feelings for one another. Colleen and her children moved into David's home with his three children shortly after the couple recognized these feelings. Colleen described this year as a "year from hell" where she subjected herself and her children to an environment of chaos and emotional abuse. During this time Colleen described herself as juggling the roles of mother, housekeeper and lover. She felt that by showing David's children her caring that they would accept and respect her. She found out that David's children just took her for granted and "walked all over" her, and her children.

David's eldest son, John, and Colleen often argued. Colleen felt that prior to her joining the family John had a special position of power within the family, which Colleen threatened. David consulted John on all the decisions he made. Colleen's son, Trevor bore the brunt of emotional and physical abuse from David's sons, whose behaviour David

left unchecked. In Colleen's opinion, David allowed his sons to run wild and indulged them. David agreed with her perception but didn't know how to change or if he should. As Colleen described it "every day was Christmas for David's sons". At the same time she felt she and her children were treated like second class citizens. Colleen tried to get David to talk with her about their family problems during this time, but David refused. David admitted to being little support to Colleen during this time and suggested she move out. After about a year, with her "self-esteem at an all time low", Colleen and her children moved out.

I first saw the couple about nine months after the family had separated. Initially therapy sessions were very low key and the couple were very polite and placating with one another. As we approached the fourth session, Colleen's anger began to erupt and sessions became quite emotionally charged. As sessions progressed the members of the couple began to genuinely express their individual feelings. Midway through therapy they began to express and process fundamental issues. By the end of therapy they were able to express and process a full range of feelings and thoughts.

Assessment of Family Functioning: Life Cycle Perspective

The couple was traversing a number of life cycle phases simultaneously. Colleen was traversing the phases of divorce and single parenthood. David was traversing the phase of the single parent family with adolescent and adult children. The couple was also revisiting the remarried family formation step of conceptualizing and planning the new marriage. Their negotiation of this step was further complicated by their previous failed

attempt at blending the families together.

Neither Colleen nor David had achieved "emotional divorce" from their previous partners. Colleen was still very much attached to her first husband. She had never proceeded with the divorce for fear of hurting his feelings. Towards the end of our sessions, when her ex-husband revealed an affair he was having with her sister, Colleen began legal proceedings for divorce. However she continued to feel responsible for her ex-husband's feelings. Colleen continued to cling to her feelings of failure, lost hopes and disappointment from the first marriage, throughout therapy.

Initially, Colleen was unable to arrange for flexible visitation with her ex-spouse due to his unwillingness to reliably follow through with visitation. Also, his affair with her sister temporarily impacted on Colleen's willingness for her ex-spouse to see the children due to her feelings of hurt and revenge. This situation worked itself out towards the end of therapy at which point the children recommenced regular contact with their father.

Colleen's navigation of the single family phase was complicated by her having responsibility for one child and one adolescent. Her youngest child continued to need ongoing support, care, and nurturing. This was further complicated by his borderline intelligence and special needs. Colleen's oldest child was entering adolescence. This child's need for increased independence strained the family. She challenged the household rules which put increased stress on Colleen's already depleted emotional resources.

David's navigation of the single family phase was complicated by the untimely death of his first wife. Brown (1989) observed that the death and serious illness of any family member leads to disruption in the family's equilibrium. The death of Beatrice had a

number of implications for the family. For the family with adolescents (such as David's) the major life cycle task is the mutual weaning of parents and children. Serious illness or death may interfere with this process. This disruption may result in adolescents not achieving age appropriate independence as seen in David's two youngest children. Another possible implication is that an adolescent may become a parent surrogate as was the case with David's eldest son. Problems in David's sons' adjustment was corroborated by Colleen and David who admitted that the youngest sons had become known as the neighbourhood bullies. The oldest son was like the matriarch of the family in that he took on many of the previous functions of his mother.

For David, Beatrice's death disrupted the delicate parental balance the partners had achieved and left a gap in family functioning. Beatrice had set the pace for the family. She set the rules for the children and ultimately decided their discipline. David's role was supplementary. He tended to go along with what Beatrice said and helped to enforce rules. While this worked well while Beatrice was alive it resulted in David's lack of parenting skills, which caused him to flounder after her death.

In summary, neither Colleen or David had processed their previous relationships, nor had they adequately reorganized their homes into single parent homes with each of them in charge of their own children prior to commencing their relationship. David's quick involvement with Colleen and his over reliance on her for guidance/advice (which he usually rejected or was unable/unwilling to follow through on) led to problems. David's reliance on his eldest son as a pseudo-partner placed Colleen and John in direct competition and inhibited John's individuation process. David realized that over-indulging

his children with gifts and liberties was a substitute for affection, yet he didn't know how else to show affection. He had difficulty conceptualizing alternative ways of parenting and nurturing.

Conceptualizing and Planning the New Marriage and Family

This step was complicated by the family having a previous failed attempt at living together, and the residual hurt and angry feelings. Also, as previously stated, both partners had not sufficiently recovered from the losses of their first marriages prior to attempting to live together.

When I first met this couple they were trying to grapple with issues of pseudomutuality. The couple's initial stance in therapy of "everything is just fine" had to be shifted in order for them to address real issues. The couple minimized their challenges in terms of reuniting the families and were very unrealistic in thinking they could simply try to live together again without major changes taking place. As therapy progressed they became more realistic in their goals and began to think about how they could creatively continue with their relationship and meet the needs of their children.

Colleen's children were very accepting of David and considered him to be their stepfather. Conversely, David's children were indifferent or rejecting of Colleen. Colleen felt that she may never be able to forgive David's children for the "year from hell" and at times admitted to hating the children. Colleen could not conceive of a way in which she could improve this relationship. The couple was uncertain about how this relationship could shift and the issue of authority in the family was questioned.

Vertical Stressors

The genogram facilitated the exploration of vertical stressors. Both family members were very much influenced by their family of origin experiences. David was the "workhorse" in his family of origin, yet had little say in how things were done. This was played out in the fact that David was expected to give up his schooling in order to work the family farm without any reward or credit. This role carried over into his first marriage, where he let his wife make most major decisions and while he was the major bread winner he took a secondary role in saying how things in the home should be done.

In her family of origin, Colleen's father had abandoned the family at an early age. This led her to feeling that she was the only one that could take care of herself and her family. She also got little or no recognition in her family for the efforts she made to improve their lives. This helper role continued into her first marriage and relationship with David. When David and Colleen started their relationship their complementary roles of helper/helpee seemed to work well. As the relationship progressed it was no longer satisfactory.

Systems Level Influences

Subsequent to the couple moving in together they lost many of their previous friends and felt ostracised in their neighbourhood because their neighbours disapproved of their union. Their immediate family (other than the children) supported their relationship.

Colleen never rebuilt her social network after her divorce. She had no emotional resources outside of David. Financially Colleen struggled to support her family on a

meagre wage and child support. David had friends from work who provided emotional support. David made a good wage and benefitted substantially through Beatrice's life insurance policy. The discrepancy in income led to some stress between the couple. Often Colleen equated David's lavish spending on his children and his meagre spending on her children with his lack of commitment to Colleen and her children.

Structural Assessment

When I first met the couple their families were physically and emotionally divided into three camps. The first camp consisted of David and his three sons at his home. The second camp consisted of Colleen and her two children at their home. The third camp was that of David and Colleen with her two children. David often would split his days between the two homes and had one over night and one day on the weekend with Colleen and her children. In many ways David was more active in their lives than their biological father. Conversely, Colleen had an "intruder" or "outsider" role with David's children. She was rarely invited to their home, nor did she invite herself or make efforts to develop any healthier kind of relationship with David's children. As well, David did little to encourage Colleen's development of a new kind of relationship with his children. He feared his efforts would result in more criticism from Colleen, as previously. He was also afraid to disrupt his children's routine and space, and the possible repercussion of disturbing the "peace" in his family.

Hierarchy and Power

Within David's home, his eldest son, John held a lot of power, much like his mother had. He basically ran the household and advised David in many matters. Martin was very much a lost child, living between his home and the streets. Peter was an obedient child at home, yet in the neighbourhood he acted like a bully. David himself felt his sons ruled his life, but felt he couldn't change. It seemed that he did not want to disturb the status quo. While David became aware of what needed to change in order to lead a more satisfying parenting life, he struggled to make the needed changes.

In Colleen's home, the parent-child relationships more closely resembled that of an expected hierarchy. However Tanya was beginning to rebel and power struggles began to emerge. Developmentally this was expected at Tanya's age, but Colleen felt overwhelmed in trying to handle her daughter. Trevor was very much his mother's emotional lightning rod in that he was extremely sensitive to her issues, and felt responsible for changes/problems in the home. Again, while I strategized with Colleen how changes could occur in the family, she was reluctant to take the needed steps to re-structure relationships.

David and Colleen had a complementary "helper-helpee" relationship. They also engaged in a familiar dance of mind reading, being disappointed that their mind's were not being accurately read by one another and then feeling disappointed. The couple began to explore their complementary roles and patterns of interacting, and began to take steps to change them.

Subsystems

The subsystems in this family were very complex as some of them evolved from half-time relationships. David had a particularly strong bond with Colleen's children. Both parents were able to meet their family's needs for food, shelter, and affection to varying degrees. While Colleen struggled to provide support, guidance and discipline for her children, I feel she was relatively successful in doing so. David lacked parental authority (as previously discussed in the Hierarchy and Power section) however he was able to meet his family's basic needs.

In isolation, Colleen and David shared many common values and interests. They had a great deal of affection for each other and enjoyed their intimate times together. However, once David's children were introduced into the equation, Colleen and her children lost their status. David would then assume his pattern of consulting and deferring to his oldest son.

The sibling subsystems were obviously divided along biological lines. There was a great deal of rivalry between the two sets of siblings. Trevor was often the target of David's children's abusive behaviour.

Family Suprasystem

David's previous partner, Beatrice, (although deceased) had tremendous influence in the family. David and his children had insufficiently processed her loss. For example, pictures of Beatrice and various memorabilia associated with her occupied prominent positions in the home during the time Colleen and her children lived

with David and his children. David also revered Beatrice as his first true love. Colleen's first husband, sister, and mother, all exerted varying amounts of influence on the family. Colleen continued to function as her ex-husband's confidant, except for a brief period following his revelation that he was dating her sister. Colleen's ex-husband used support payments as a means of control. He threatened to attempt to reduce payments if Colleen did not support his relationship with her sister. After Colleen's sister and Colleen's ex-husband became romantically involved, Colleen used visitation with the children as a means of revenge against her ex-husband. Colleen's mother coached her to accept the relationship and not to "disrupt the family" by protesting the relationship between her sister and previous partner. Whenever Colleen asserted herself and expressed her distaste for the relationship, her mother's "serious heart condition" became aggravated and Colleen would stifle her protests.

Boundaries

In David's home there were signs of rigid boundaries which resulted in the family's disengaged style of relating. Family members "cohabitated" rather than having a true sense of belonging. David often knew little about his children's whereabouts. He admitted to not having an emotionally close relationship with his two youngest sons.

Boundaries also seemed diffuse between Colleen, David, and Colleen's ex-husband. They often knew about his personal life and frequently Colleen acted as his confidant. While this relationship was temporarily curbed when Colleen's ex-husband had an affair with her sister, it returned to status quo a number of months later.

Alignment

The most problematic alignment issue influencing the family's future adjustment was the oppositional stance which Colleen took towards David's sons. This resulted in a relationship triangle. Colleen continuously put David in a position where he was to choose between his boys or herself. Often Colleen lost this battle and this only served to fuel her frustration, anger and ambivalence about the relationship.

Tentative Hypotheses

It is possible that the family's problems were connected to faulty family structure which was kept in place by various transactions. The family was struggling with completing the tasks required in order for it to move from planning the remarried family stage to actually living together. It is possible that David's eldest son's (John) scapegoated role served to detract David and Colleen from examining their couple issues. It is possible that if each parent became in charge of their respective biological children that there would be a significant improvement in each of these subsystems and that John might be disengaged from his scapegoated position. I then hypothesized that problems between the couple may emerge as they gained control of their parenting issues. I felt that the couple had to disengage themselves from their stance of pseudomutuality in order to truly confront and deal with issues.

Goals and Interventions

The goals for the couple were to: a) help them process issues from the past which

blocked family development, b) help each parent to get in charge of his or her own households, c) help the couple move beyond their roles of pseudomutuality and helper/helpee into more functional roles, d) disengage John from his role as scapegoat, and e) help the couple to begin to conceive of ways in which they could successfully have a stepfamily and begin to take steps towards same.

Initial sessions focused on how this family could reunite, at the couple's request. Factors such as family rules, role expectations, communication, interaction, discipline and financial issues were discussed. In the early sessions emotional intensity was quite low and issues were discussed on a safe, intellectual level. To facilitate discussion I used a psychoeducational approach, where the couple brainstormed and problem solved. This fit with the couple's initial low tolerance of affect, need for information and their need to develop coping skills. My matching the couple's need for low emotional intensity in the initial sessions facilitated the process of joining. It was especially important for me to be sensitive to the couple's pace as they had expressed a great deal of shame and embarrassment for reaching out for help. As the couple became more comfortable in session I began to elicit more personal thoughts and feelings. As the couple began to experience that their feelings were respected and processed in session, the more they were able to share. As sessions progressed, both David and Colleen began to express anger at each other for the failure of their live-in relationship. Considerable time was spent processing the events of the previous year in which the family had lived together. Following this, discussion shifted to family of origin issues and their first marriages. This formed the foundation for future discussions about how the family could reunite.

Special attention was paid to the roles each partner had in their family of origin and in their first marriages. They began to explore how these roles were being played out currently and how they would like to change these roles. Positive exceptions to the negative roles were elicited and built upon. For example, David's view of himself as a "workhorse" with little say and no recognition in the family was challenged on a number of levels. I encouraged Colleen to notice when David was being helpful and to provide him with recognition by complimenting him on his efforts. She was to complete this task at least one time a week and she was able to follow through with it. David was to acknowledge when she was paying him this attention to raise his awareness of being appreciated.

On another front I saw David for two individual sessions to help him articulate his thoughts and feelings and express them with his children and with Colleen. During this time I provided David with the task of articulating his wishes in his own home. At this point it was helpful for David to sort through his relationship with Beatrice to provide him with a reference point for what he needed to do as a parent. After some exploration, he revealed that Beatrice had been quite assertive and active as a parent and he admired this about her. He explored ways in which he could adopt some of Beatrice's assertive and active involvement with his sons. He was able to verbalize requests for his children to complete household chores such as cleaning up the kitchen after themselves and followed through with implementing his change in his home. While this may be perceived as a very small step, it represented a major shift in David's functioning as it was one of the first times he asserted his parental authority. He was also referred to a

parenting course to further improve his parenting skills. Another stumbling block to David's parenting his children was Colleen's criticism of his efforts to parent. Ways in which she could be supportive in a positive manner rather than a critical manner were explored. She was able to follow through with this task for a brief period of time prior to retreating to her previous critical stance. At this point it became clearer that Colleen possibly felt threatened by David's children and his developing a closer and more parent like relationship them. This possibly threatened her perceived role as "nurturer".

The couple had outgrown their original relationship pattern of Colleen being a "helper" and David being a "helpee". Staying in these roles kept them from developing more functional relationships with one another. Colleen and David needed to shift to relating to one another more as partners and as equals. Colleen struggled to disengage herself from being David's helper, while David struggled to become more self-reliant. Both made significant shifts in their behaviours. One significant indication of this shift occurred when Colleen decided that she would no longer care for David's deceased wife's burial plot not would she continue to take care of the arrangements for Beatrice's annual memorial service. With this change, David and his sons were required to take on more responsibility. David became more self-reliant and began to address his own unfinished business regarding Beatrice's death. Following this shift in the couple's interactions they began to relate to one another more as equals.

After David's initial success and shift in functioning in his home he was able to budge out of his role of placating Colleen in session to being more assertive with her. A major shift occurred in the couple relationship when David spontaneously confronted Colleen

in session about what he perceived to be her problem drinking. This had been a major issue for him, but he had previously been unable to address it. I facilitated the couple's discussion of this sensitive issue. Both were able to successfully process and deal with this concern. As sessions progressed, issues of pseudomutuality began to melt away and each person's true feelings began to emerge. Issues of anger and disappointment at each other evolved into each of the partners beginning to take responsibility for their role in the failure of their live-in relationship. They then began to be able to examine ways in which they could strengthen their relationship.

I worked with the couple to help them improve their communication skills and move out of their unhelpful pattern of trying to read one another's minds and then being disappointed when the other partner had not fulfilled their unspoken expectations. They made some progress in this regard. I actively worked with the couple's interactional sequences in session to help them to articulate and decipher messages accurately. The couple were provided with concrete tools to help them to correct their communication problems such as discussing one issue at a time and picking appropriate times to discuss issues. In this way more effective communication patterns were forged.

After issues of each parent getting in charge of their respective households was addressed, they then needed to consider in what way Colleen could become involved with David's children. Neither could initially conceive of Colleen assuming anything but a very distant role with David's children. After some discussion, I provided the couple with the task of Colleen visiting David's home for coffee while the children were present. David was to facilitate this visit by ensuring Colleen felt welcomed. During the visit

Colleen was to resist being critical of David or his children. At this first visit there were to be minimum expectations put on David's children to socialize with Colleen, and it was to be a very low stress visit. The couple were able to follow through with this task with some success. The next task was to build upon this initial success. David was to invite Colleen for movie night with his sons and himself. Colleen was uncomfortable with this task and became critical of David's efforts. Colleen and David began to recognize how much Colleen's intense negative feelings towards David's children interfered with her ability to form the kind of relationship she dreamt about having with David. Following this revelation the couple discussed if and how it was possible for them to continue with their relationship. I challenged the couple's assumptions that they must have a relationship which resembled that of a nuclear family. After some processing of these issues the couple decided that they wanted to continue dating, but put off plans for marriage indefinitely.

This couple made some positive strides throughout the course of therapy. They moved beyond their stance of pseudomutuality and were able to connect with their feelings and articulate them. Both began to make their needs and desires more explicit. This was facilitated through the process of joining and gradually increasing the emotional intensity of sessions, as the couple became more comfortable. The members of the couple were able to think abstractly about many issues and developed insight into their difficulties. They began to recognize how negative patterns of behaviour and communication contributed to problems in their relationship. Colleen's unresolved anger and frustration partially interfered with the couple's ability to move onto the next stage

of planning to live together. However, the couple were able to come up with a creative compromise in which they decided to continue to date one another, yet put off marriage plans indefinitely. The two individual sessions which I was able to offer Colleen to help her identify her own needs and process her anger just barely scratched the surface of her feelings. While Colleen was able to see that sacrificing her own needs and putting other's needs before her own often left her feeling angry and out of control, she was able to make little progress in terms of changing this pattern of behaviour during our brief time together. She was recommended for individual therapy to help her sort through her own feelings and needs.

Evaluation

FAM Profiles

I administered the FAM Dyadic Relationship Scale at pre- and post-therapy to Colleen and David. The scores between the pre-therapy FAM (Figure 3) and post-therapy FAM (Figure 4) did not change considerably. Post-therapy the couple scored almost identically in most domains except for task accomplishment, with all of David's scores in the average range. Both pre-test and post-test overall ratings were in the average range and gravitated more towards the problem range post-therapy.

Colleen's rise in the overall score possibly reflected her growing dissatisfaction with the relationship. Colleen consistently scored in the problem range for task accomplishment. This may have reflected Colleen's dissatisfaction with how basic tasks

Figure 3
 Colleen and David
 Pre-therapy FAM III Profile

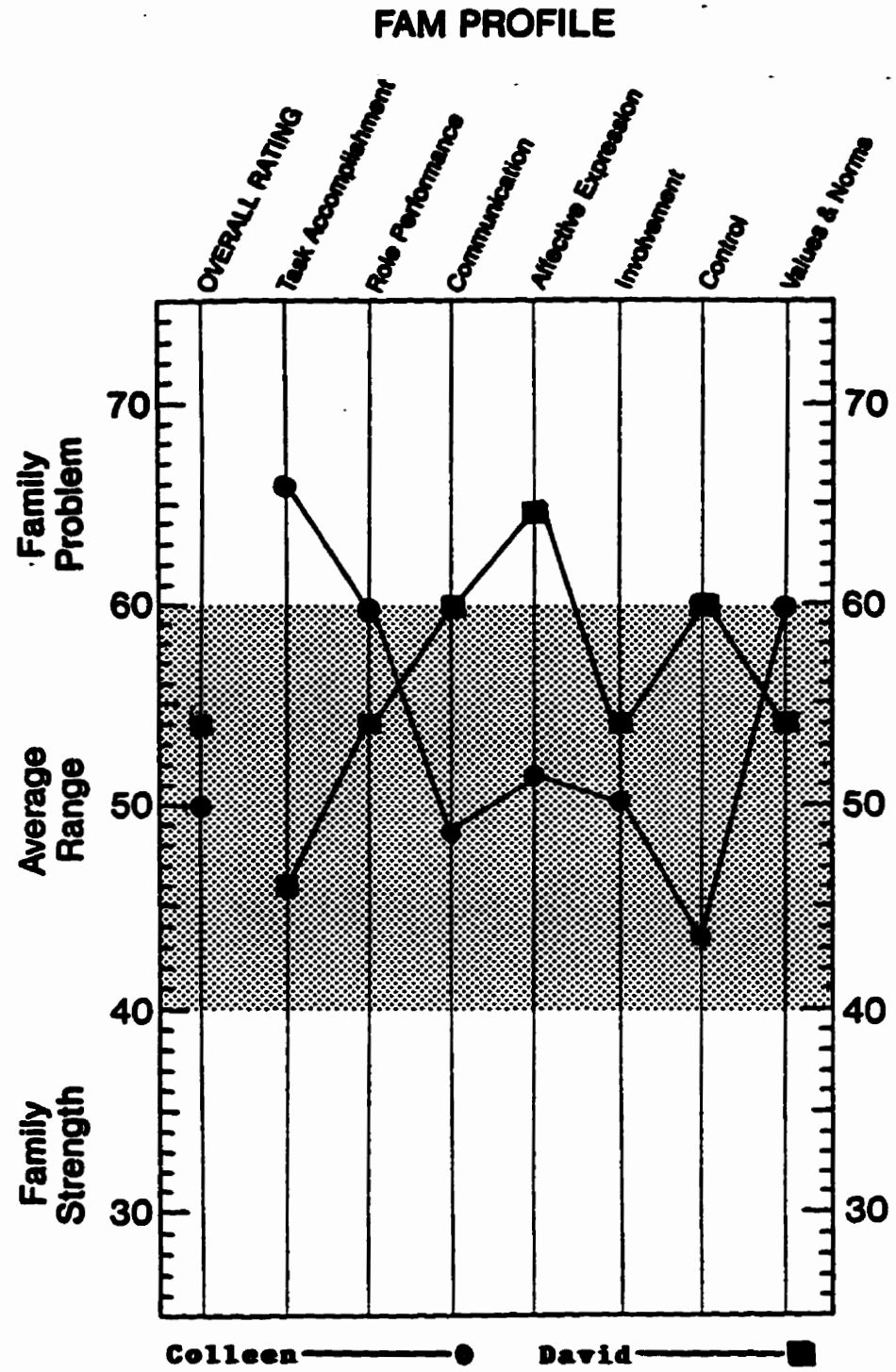
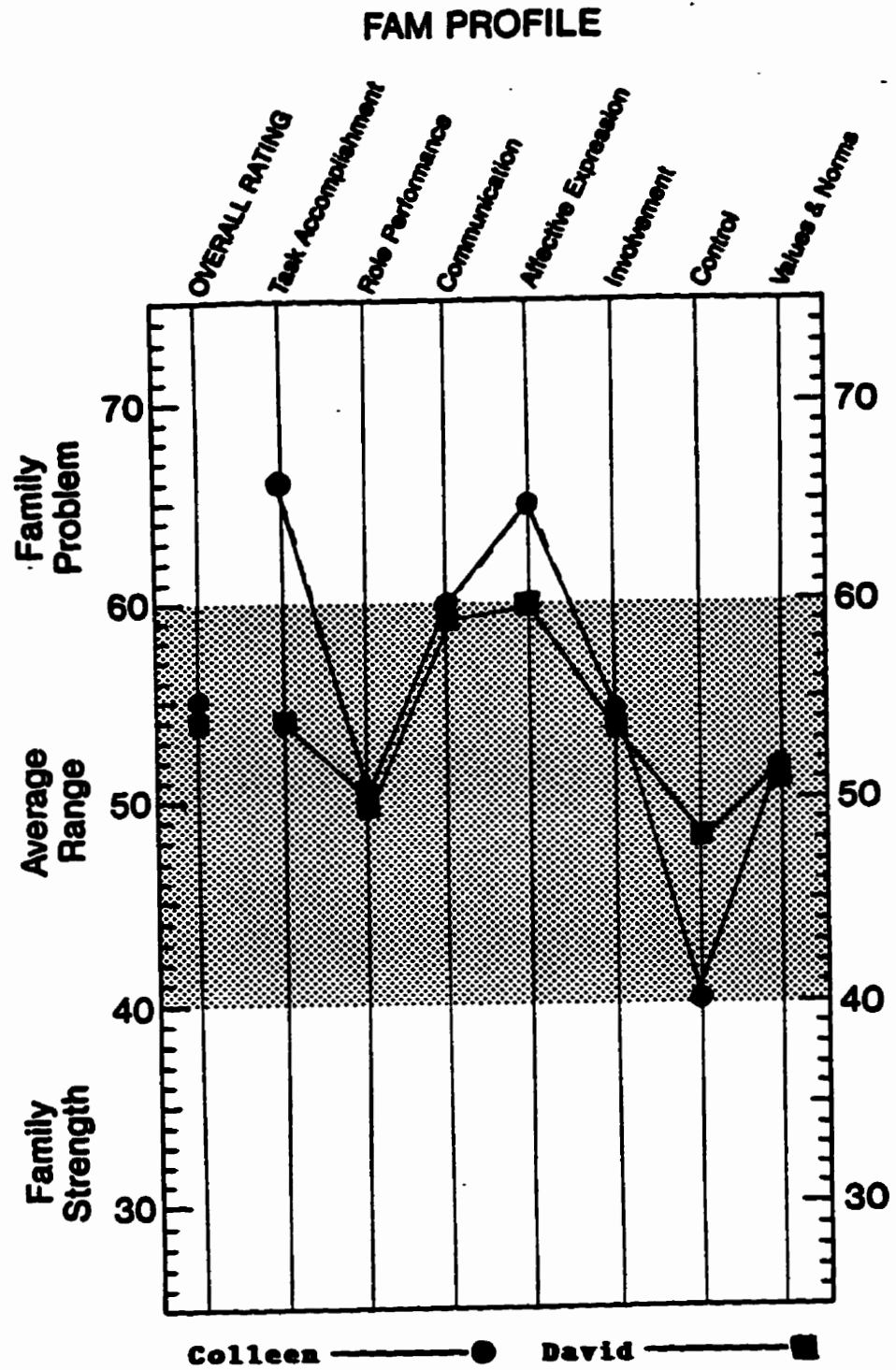


Figure 4

Colleen and David

Post-therapy FAM III Profile



were resolved and with her frustration with David's inability or reluctance to change. David was more satisfied initially in this regard and his scores were in the average range. As therapy proceeded and he became more aware of problems his score reflected his greater dissatisfaction.

In the domain of affective expression, Colleen's score was initially in the average range while at post-therapy it was in the problem range. This change may have reflected her growing discomfort with how feelings were expressed. David's score was initially in the problem range and only decreased slightly.

The couple's scores post-therapy were strongly matched in terms of role performance, communication, involvement, control, and values and norms. In terms of role performance Colleen and David had consensus in terms of how roles should be allocated, but had some problems translating this into practice. In terms of control, the couple showed great flexibility in trying to meet their complex and varying needs. They agreed on many philosophical issues, but could not translate this into reality. The couple's values were consistent with each other both explicitly and implicitly.

Client Satisfaction Survey

Both Colleen and David reported that they felt they had developed improved communication as a result of therapy, however their situation had not changed in that they were still living apart. David observed that he had gained confidence and assertiveness through his individual sessions. I observed that the couple's communication did improve

and they had made considerable improvements in terms of expressing feelings. While at the beginning of therapy they minimized problems, at the end of therapy they were very aware of problems and began to address them.

The A Family

When I first met this family the biological parents (April, aged 39 years and Toby, aged 40 years) had been separated for one and a half years and were in the process of divorce following twenty years of marriage. They had joint custody of their children (Joshua, aged 12 years and Jennifer, aged 9 years). The children spent alternate weeks at each parent's home. This custody arrangement was in place since the marital separation.

Toby had been involved with a woman, (Ariel, aged 35 years) for the last six months. She had two children (Albert, aged 12 years, and Austin, aged 13 years) from a previous marriage. Ariel and her children slept over every second weekend at Toby and his children's home. The week during which the children were at their mother's home Toby lived with Ariel and her two sons. Toby's perception of his relationship with Ariel was that it was not a "serious relationship" and he would "dump" Ariel at the "drop of a hat" if there was too much friction between Ariel and his children.

Toby made the referral requesting help for Jennifer, who he said was having difficulty accepting his relationship with Ariel and her two sons as well as having trouble accepting

her parent's separation and divorce. He also requested help with parenting.

I saw the family or its various subsystems for a total of fourteen sessions over a six month period. While I requested that Ariel attend specific sessions pertaining to her involvement in the family, she never attended due to Toby's resistance of this suggestion.

Historically, the custody arrangement between Toby and April had not run smoothly. There were many conflicts in terms of child delivery times, life style and boundary issues between the households. Toby and April alternated being civil to one another to being verbally combative. Toby harboured many hurt and angry feelings toward April because he felt she "took me to the cleaners" in the divorce settlement. April agreed that she got a very generous settlement, and felt Toby was justified in his feelings.

Assessment of Family Functioning: Life Cycle Perspective

The A family was navigating a number of life cycle stages simultaneously. The family was attempting to adjust to the transition of divorce-single parent family and semi-remarried status while only partially resolving the tasks of each of the previous stages. The life stage most relevant to the adjustment of this family at the time I saw them was that of the single parent family and that of planning the new marriage and family.

It was clear that while April and Toby had been living apart for some time, the custody arrangement was conflictual. While with Toby present, April supported the arrangement, she confided to me that she didn't know if this was in Jennifer's best interest and that she may re-negotiate the terms of the custody agreement. Jennifer alluded to her

desire to spend increased time at her mother's home, however this seemed to be more in reaction to her father spending increased time with his girlfriend. Toby was happy with the custody arrangement the way it was and wanted no change. When the discrepancy between their wishes was confronted in session, April denied wanting any changes while Jennifer expressed her ambivalence.

It also appeared that Toby and April had not adequately resolved developmental issues related to separation and divorce. This included mourning the loss of the intact family and adapting to living apart. This was evident in that April continued to interfere in Toby's life. She continued to use the children as excuses to enter his home without his permission and often plied the children for information regarding his relationship with Ariel and her children. During the initial therapy sessions the children were still greatly affected by fantasies of the family reuniting. They were also grieving the loss of their familial home, their familial lifestyle, and the sense of family they had with their extended family prior to the separation. Also complicating this transition was the fact that Joshua was in adolescence and Jennifer was in pre-adolescence. Both children wanted greater autonomy and independence at the same time as having a "voice" in the family.

The step of conceptualizing and planning the new marriage and family primarily pertained to Toby. One of the factors complicating this was Toby's "lack of planning" regarding the involvement of Ariel and her children with his family. Toby tended to downplay her significance in the family, and the children's lives and often referred to her as "the girlfriend". The fact that he minimized his involvement with Ariel at the same time as living with her on a part-time basis gave the children mixed messages. Most

importantly it undermined the children's sense of trust and predictability. He said one thing, yet did another. Ariel seemed to have quite a bit of power and control in the home, which the children recognized and resented, yet their father ignored. This contributed to the children's increased feelings of helplessness and lack of control in their environment.

Rather than simply objecting to the presence of Ariel in their dad's life, the children objected to the fact that their father basically dropped out of their lives during the weeks he lived with Ariel and her children. He also restricted the attention he paid them whenever Ariel and her children were present. In spite of resolving to follow through with suggestions to remain connected with the children during these times, Toby only did so sporadically.

Vertical Stressors

The A family's relationship with its extended family affected its quality of life, and this changed from the family's transition from the nuclear family to the single parent stage to the semi-remarried stage. The family had a very extensive and supportive extended family on the maternal side during the nuclear family phase. There were always shared weekend visits with extended family and the maternal grandparents babysat weekly. With the death of the maternal grandmother (who was the primary unifying force) and the breakup of the parents this support system disintegrated. This was mostly due to the fact that the maternal grandfather remarried shortly after his first wife's death. His new spouse chose to be less involved with the grandchildren and the couple became more involved

with the new spouse's extended family. This resulted in Jennifer and Joshua losing the context of their extended family life. This loss made the transitions more difficult for the family. Also Toby and April's break-up was the first in the three generational history of the family. April and Toby's families accepted the break-up. However, Toby and April expressed a sense of failure of "letting down" their families in this way. The accompanying reduced involvement of April's father and his new partner's involvement with the family punctuated the sense of failure which the family experienced.

Systems Level Influences

Both households were fairly well adjusted in terms of creating new links to their community, work and friends. The parents were very sensitive to the children's needs to have the two households close together so that the children could maintain important ties with friends and have easy access to school.

Both Toby and April were very involved in rebuilding their social networks. They each had already been involved in several relationships. They each began to develop their own set of friends. The children also had developed sets of friends in each of their parent's immediate neighbourhoods and each of these sets of friends were within walking distance from each of the homes.

In terms of work, Toby continued to make a good wage in the same job he had since high school. April was on social assistance and barely scraped by. This had implications for the family in that Toby resented April's "milking the system" when "she is able to work". This created a lifestyle discrepancy between the two households. Also, it had

impacted how the children were cared for, in that Toby had financial responsibility for Joshua and April had financial responsibility for Jennifer. This meant that often Jennifer went without certain items which Joshua could take for granted and created a kind of two tiered system in the family. This financial arrangement had further reaching implications in that Jennifer felt "less loved" than Joshua because she received fewer things. April would often request money from Toby to help purchase certain items for Jennifer, which she could not afford. Toby would sometimes help out, but then would turn this into an issue of April "being lazy" and not working to support the family.

Structural Assessment

There were three main households to consider in this family's structural assessment. Besides the parents' separate households consisting of themselves and the children, there was also the part-time household consisting of Toby and Ariel and their respective children.

Hierarchy

When I first encountered this family the children and parental hierarchy seemed reversed. The children seemed quite mature, adult like, and accepting of changes while the parents were rebelling and continuously bickering over the changes. In their nuclear family the parents reported they were very child focused and that whenever there was free time all activities were directed and suggested by the children. Also when Jennifer did not get her own way, she would tantrum until ultimately she would get own

way. This transactional pattern was deeply entrenched. Further complicating this was that during the single parent phase Toby was totally child focused. This pattern of behaviour continued for about one and a half years. He said all of his spare time, money and energy went into the children. When Ariel came into the picture most of Toby's spare time energy and money became directed towards her. Jennifer was the most vociferous in her displeasure at this arrangement and at her loss of personal time with her father. Joshua was also disapproving of this change.

Boundaries

Boundary maintenance was a real challenge for this family due to their custody arrangements which required boundaries to be permeable but not too diffuse. However, boundaries between April's and Toby's households were too diffuse. April frequently meddled in Toby's household affairs or offered her opinion on his new relationship. Both parents used the children as messengers or excuses for their continued involvement. On at least one occasion Ariel and April almost came to blows after April meddled in Toby's home, and the police were called. On-going tug-of-wars and arguments between the parents kept them locked in a dance which kept them very much connected to one another and potentially interfered with them getting on with their lives.

The children expressed their concern at being stuck in the middle of their parents' disputes. They were dismayed that their parents continuously insulted each other. Both parents were able to acknowledge this behaviour and made some improvements in this regard. However, whenever the situation between the parents' homes became strained or

discussions became more intense in session, Toby or April would often regress to insulting one another and would often drag the children into their tirades.

In their father's home the children had legitimate concerns regarding territory. On every weekend that Jennifer and Joshua were with their dad, Ariel and her boys would move in with them. This arrangement sometimes worked out well for Joshua, who was similar in age to the boys and usually got along well with them. However he objected to sharing his bedroom and living space with the boys for the entire weekend. Jennifer was totally left out in terms of playing with the boys and resented their encroachment on "her space". Ariel tried to discipline Toby's children prior to having a relationship with them. Toby accepted and/or encouraged this type of involvement and saw it as being normal for "the woman" to discipline the children. This attitude further contributed to problems. Instead of seeing how his reluctance to assume parental authority and his over-reliance on Ariel to discipline contributed to the children's difficulties, Toby tended to blame Jennifer or Joshua for problems. The children agreed with needing discipline at times, but felt it should come from their mom or dad, not Ariel.

Subsystems

There was much confusion between Toby and April's continued need to maintain a parental coalition at the same time as discontinuing their spousal relationship. As Minuchin (1974) observed, this can be a very difficult task for ex-spouses as often the parental and spousal subsystems are interwoven. The ex-spouses had difficulties dealing with their intense feelings of hurt, anger and disappointment at the same time as ensuring

the children continued to have a positive relationship with each parent.

The parental-child subsystems created in the nuclear family were divided along gender and temperament lines. In the nuclear family, April and Jennifer recognized that they had similar interests and temperaments and often spent appreciable time together in each other's company. Toby and Joshua had similar interests and personalities and often spent considerable time together pursuing their interests. The parents agreed that this type of division made their nuclear home life quite content for many years. Toby and April would often divide their care of the children in this manner to deal with arising issues and problems. While this division seemed to work well in the nuclear family, with the divorce this division was severely impacted. Post-divorce, each single parent had to deal with both children at one time, which strained their parental functioning. Each parent commented that disciplining or interacting with both children at the same time was a strain compared to their previous manner of interacting with and disciplining the children. They also felt overpowered in that it was "the two children against one of us". Also, the nuclear family division of household tasks had worked well. After the separation, each parent felt physically, emotionally and financially stretched in caring for their children.

Jennifer and Joshua had a very strong sibling connection. They often consulted each other regarding changes in the family. This was especially evident during the sessions in which I worked with the children to help them process the divorce. They were very aware and supportive of each other's feelings. Joshua often functioned as the sibling "spokesperson" in session, however Jennifer was the most outspoken at home. In sessions with the entire family present, Joshua often defended Jennifer from his parents' criticism

of her.

Coalitions

A coalition had developed between Toby and Ariel against April. The two women often clashed in regarding issues related to Toby's children. On a couple of occasions the two women argued and nearly came to blows, when April paid an unscheduled visit to the children. During these altercations Toby had not become involved and he saw little reason why he should deal with April in this circumstance rather than Ariel, and he supported Ariel's involvement. In this way Ariel acted on Toby's behalf, while he removed himself from conflict.

The children formed a coalition against Ariel. In many ways this was a detouring coalition in that Ariel was scapegoated for creating problems in the family when in fact problems arose from the parents not functioning well. Essentially the issue of Ariel and her children moving in with the family on a part-time basis was ultimately up to Toby to decide. The children did not see this and blamed Ariel for her involvement. Toby also minimized his control in having Ariel involved in this way and acted as if it "just happened". This also served to keep the children's anger deflected away from him and onto Ariel.

A coalition was also formed between the biological parents against Jennifer, who they agreed was the "problem". In fact, this was the original reason for the referral. Toby stated Jennifer had problems accepting his new girlfriend. April agreed with this formulation. The parents then related this to Jennifer always having problems and always

having tantrums when she did not get her way.

Tentative Hypotheses

It is possible that much of what could be perceived as dysfunctional family structure in this family may be partially credited to the fact that they were adjusting to the transition from divorce to single parent family status. Some dysfunctional roles (such as Jennifer's) in the family originated in the nuclear family stage. I hypothesized that Jennifer's role of scapegoat during the nuclear family phase served to distract the couple from dealing with their couple issues. As Jennifer matured, the family divorced and she began to outgrow this role. I hypothesized that if the divorced/remarried family situation stabilized, Jennifer's behaviour would improve. I also thought that if Jennifer felt more secure in her relationships with her father she would be more accepting of his new girlfriend.

Goals and Interventions

The goals for the family were: a) to facilitate the family's adjustment to the divorce and custody arrangements, b) to help the children process the divorce and custody arrangements, c) to help the children and Toby have a more functional relationship with Ariel, d) to help the ex-partners develop a more functional relationship, e) to disengage Jennifer from her scapegoated position, f) strengthen Toby's parenting skills, and g) to improve the boundaries between the ex-partners' households.

Initially I explored the parents' perceptions that Jennifer was the problem in the family. I then shifted the problem definition to more broadly include the entire family and multiple issues. This included the adults not sufficiently taking on parental responsibility and insensitivity to their childrens' needs for a sense of certainty and security. After sufficient exploration of these issues I shifted to problems between the spouses, communication between the households, and the children's adjustment issues.

I worked with the biological parents and biological children or various subsystems to examine and improve the family's adjustment to the divorce and custody arrangements. I saw Toby, April, Jennifer and Joshua for four sessions. These sessions initially focused on family of origin issues and I used a three generational genogram to facilitate this discussion. This helped the family to gain a sense of its history, legacies and struggles. During this time the family acknowledged for the first time that it was the only family on both sides to divorce in three generations. This was the first major revelation for the family and it set the stage for family members to begin to acknowledge the change and losses the family had endured. Seeing their parents acknowledge the change and losses gave the children permission to acknowledge their change and losses. I gave the parents the task of letting their children know that while the divorce was final they would continue to love and be involved with the children. I also gave the parents the tasks of reaffirming this message with the children throughout the week. Both parents were able to follow through with this task. Both the parents and the children acknowledged that this was helpful. The children stated that this intervention helped them to feel more secure even if they did not like the fact that their nuclear family was no longer together.

I then shifted focus to a discussion of rules and roles to facilitate the children's smooth transition between the households. I addressed the boundaries between the two homes. I built upon the family's/children's perceptions that both households were vastly different. Structured sessions were used to explore household rules, communication between the households and appropriate boundaries. The family discussed how rules and expectations were different for both households, but that rules and protocols needed to be established between the households. While issues such as chores, curfew times and allowances were different within the separate households, consistency between the households regarding visitation, phone calls, pick-up and delivery times of children were required. The parents were able to only work with each other to a limited degree prior to the discussion regressing to a "mud-slinging" contest of who wronged whom.

The parents were seen for one session without the children present to hammer out the details of the rules between the households. During this session I functioned as a mediator and facilitator in an effort to help the parents decide acceptable protocols for interactions between the two homes. Discussion focused on what was and what was not working in the transactions between the households. The parents decided that they needed firmer rules of conduct between the two household. This included: providing notification prior to parents visiting the children between their scheduled custody times and having five minute check-ins after each weekly visit in order to notify the other parent about changes and concerns. This arrangement facilitated continuity between the households and communication between the parents. Both parents were able to follow through with this fairly consistently.

I met with Toby and the children for three sessions to explore their household functioning. During these sessions, interventions sometimes focused on how the threesome could enhance their sense of belonging. I strategized with them how they could maintain special times with one another. I also helped them to negotiate appropriate rules, chores, consequences, curfews, and allowances. In these sessions I encouraged Toby to take a leadership role while providing the children with an opportunity to give input into the decision making process. Toby was encouraged to respect and encourage his children's input. I offered to see April to discuss issues related to the functioning of her household but she declined my offer.

I spent two individual sessions with Toby to strengthen his parenting skills. These sessions were highly structured. I provided him with readings on parenting and stepfamilies prior to each of these meetings. These readings and relevant issues were then discussed in session.

I strategized with Toby how he could make himself more appropriately available to Jennifer and Joshua the weeks they lived away from him, as they longed for connection during this time. I challenged him to follow through with maintaining appropriate ties during these times. I gave him the task of phoning the children one time during the week when they were in April's custody. He was able to follow through with this plan and the children commented on their satisfaction with this simple act. I also strategized with Toby how Ariel might be encouraged to develop a less threatening and more "friend-like" relationship with Jennifer and Joshua. Toby and Ariel attempted to put some of the discussed strategies into place such as Ariel having separate "special bowling nights out"

with Jennifer and Joshua. The children enjoyed this activity but according to Toby it did not seem to shift how Jennifer felt about Ariel. As well, I challenged Toby to discipline his children instead of relegating this responsibility to Ariel.

The children were seen for four sessions of sibling work to help them process the divorce and their adjustment to their single parent families. Following these sessions I would "touch base" with Toby or would include him towards the end of the sessions to discuss issues which required his input. During these sessions I utilized a children's workbook on divorce and remarriage. Each session, the children would complete certain exercises in the workbook related to specific issues of these transitions. Sometimes they would draw or talk about their feelings. Special time was taken to help the children to process and normalize their feelings. Both children commented that they enjoyed the opportunity to share their feelings with each other and with me. During the sibling work, it appeared clear to me that while the children had incurred many losses and had sad feelings about the family break-up they had begun to move away from the fantasy of their parents reuniting to accepting the divorce.

In terms of parenting and household issues, Toby was able to successfully conceptualize appropriate chores, rules, behaviours and consequences for the children and followed through with changes. I actively challenged him to parent his children both in session and outside of session. We talked about his spending special time with his children while Ariel and the boys were at his home. He was able to follow through with these tasks to a limited degree.

Part of my difficulty in working on issues concerning Ariel was Toby's refusal to

include her in therapy. Thus I had to rely on Toby's interpretation of the problem and work through him to find resolution to problems which may have been better dealt with between the two of them in session. He made some strides in re-thinking how Ariel and the children were included in the home, but continued to minimize Ariel's involvement in the home. The children's relationship with Ariel never improved and Toby broke up with Ariel prior to our last session due to their not being able to work things out.

Joshua and Jennifer needed the security of knowing their parents were there for them regardless of their temporary or permanent mate choices. They didn't get this type of support in a consistent manner. How the parents' mates interplayed with the respective households continued to be problematic. While the mates had an arbitrary or pseudo type of status in the eyes of the parents, in relationship to the children they exerted a lot of power and control, which the parents minimized. In terms of future mate selection, I encouraged both parents to consider how they wanted their mates involved with their families and to be more sensitive to their children's needs in terms of how this could be done. Toby made some positive changes in regards to keeping connected with his children during the times they were with their mother.

Toby reported in the last session that Jennifer had made remarkable strides in terms of improved behaviour at home and at school. At her school graduation ceremony she won a special award acknowledging her improvements. This improvement in her functioning may have resulted from each of the family members moving beyond their outgrown roles developed in the nuclear family phase to developing more functional relationships. This possibly freed Jennifer from her scapegoated position.

Evaluation

FAM III Profiles

As the children stated that how they viewed themselves changed considerably from their mom's and dad's places, I had them complete separate FAM III's for each home. Figure 5 refers to the children at their mother's home; Figure 6 refers to the children at their father's home. Comparisons of the two pre-therapy scores indicates that the children felt more dissatisfied at their father's home than at their mother's home. This corroborated the children's verbalizations that they felt more comfortable at their mother's home than their father's home.

Pre-therapy scores for April, Jennifer and Joshua (Figure 5) indicate partial agreement regarding the problem. All family members showed congruence in task accomplishment, role performance, communication, and these scores were all in the average range. This possibly reflected the family's ability to consistently meet basic functional needs, even under stress. Also, communication between family members appeared to be fairly strong. Only one of April's scores for the domain of control deviated slightly out of the average range into the problem range.

Pre-therapy scores for Toby, Jennifer, and Joshua (Figure 6) show quite different scores. While Toby's scores were all in the average range, the children's scores indicated problem areas. Both children's scores in the areas of affective expression and involvement were in the problem range. This may have signified their lack of a voice at their father's home. Their high scores in affective involvement matched Toby's scores in

Figure 5

A Family

Pre-therapy FAM III Profile

FAM GENERAL SCALE

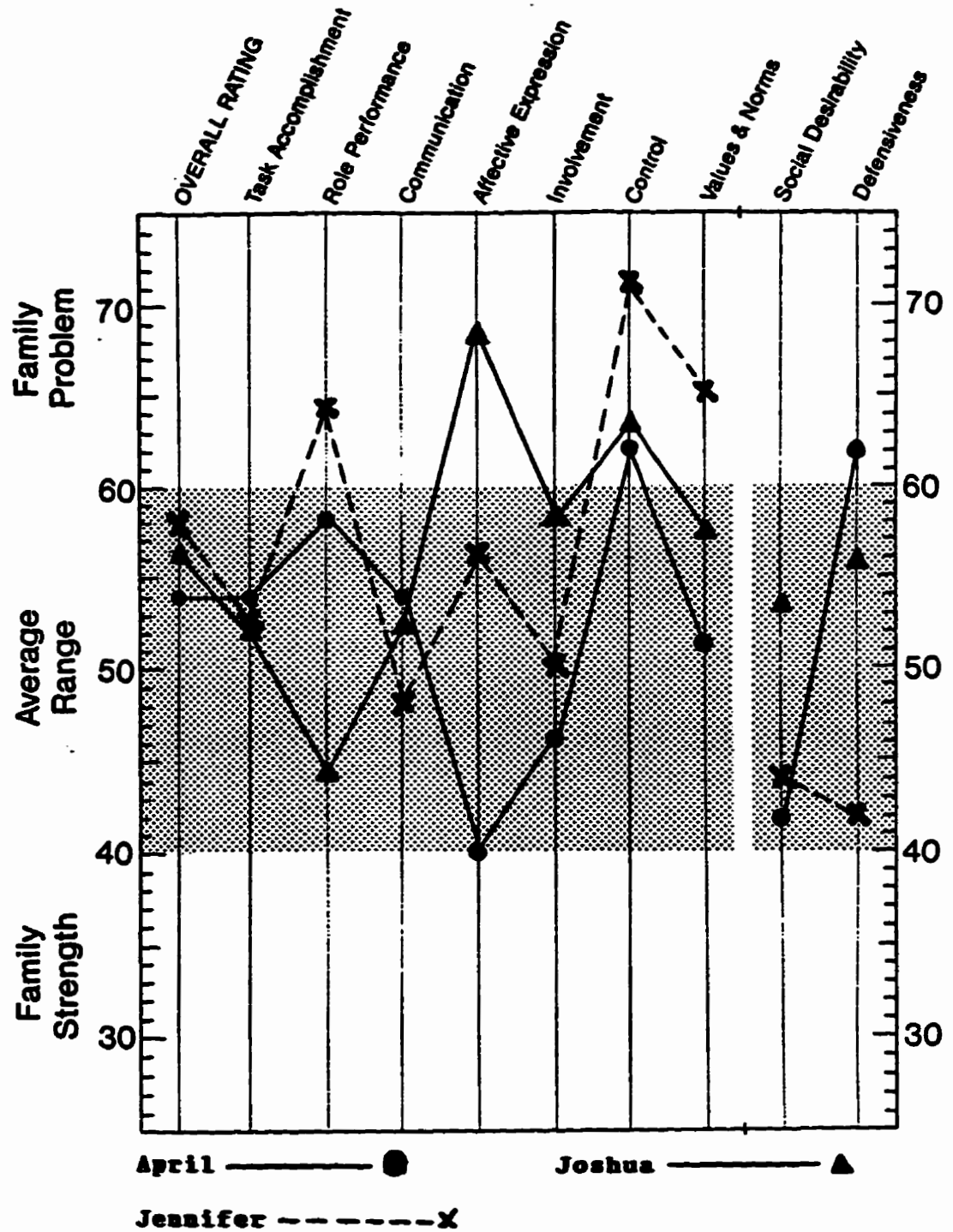
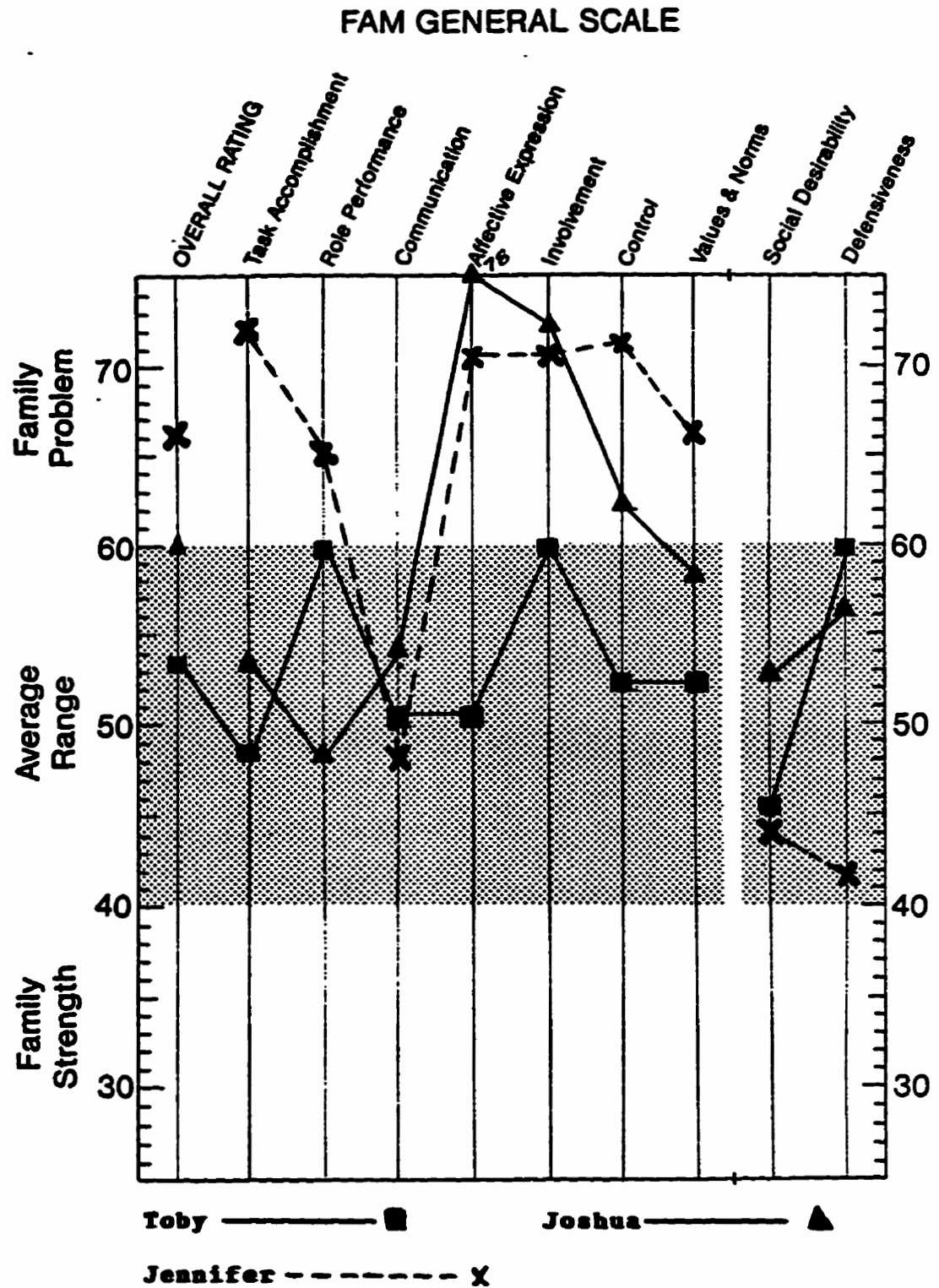


Figure 6

A Family

Pre-therapy FAM III Profile (father's home)



this domain. This may have reflected that the family was still adjusting to less involvement in the single parent home than in the nuclear family. For Joshua, the domain of control was slightly in the problem range. This may have indicted his growing need for autonomy in the family as well as his having little influence to exercise changes in the family. Also overt and covert power struggles between the parents may have affected his adjustment.

Most of Jennifer's scores at her father's home (Figure 6) were in the problem range. This possibly reflected stress in the family and possibly indicated her anxiety over family changes. Problem areas included: role performance, affective expression, involvement, control, values and norms. High scores in task accomplishment possibly reflected that minor stresses frequently precipitated a crisis and problems with how tasks were allocated. Jennifer frequently stated that she objected to how tasks were allocated in the family. Toby corroborated that she often had tantrums when she didn't want to do her chores. Her high score in role performance possibly reflected her struggle to adjust to new roles in the family as well as her role as the "problem child". It may indicate her difficulty adjusting to the new family form as well as other members in the family not adequately accommodating her needs for security, certainty and closeness. Problems in affective expression conceivably reflected her need for greater closeness with her father as well as problems in communication between herself and her family.

All of Toby's pre-therapy scores fell in the average range (Figure 6) but the scores on role performance and affective involvement were very close to the problem range. The higher score on role performance may have reflected Toby's dissatisfaction or confusion

regarding roles and his inability to adopt new roles to accommodate family changes. There was a great deal of congruence between Toby and April's scores which reflected their common perception of the problem.

Only Toby was available to complete the post-therapy FAM III (Figure 7). His scores were unchanged from pre-test to post-test. This contradicts his self-report that relations between himself and his former spouse had improved. However, his high score in regards to Social Defensiveness may indicate that his FAM III profile is artificially depressed, which suggests that his scores should have been higher at both pre-test and post-test.

Client Satisfaction Survey

Toby was the only family member available to complete this survey. I tried to arrange time for other family members to complete this form, but this did not materialize due to our conflicting schedules.

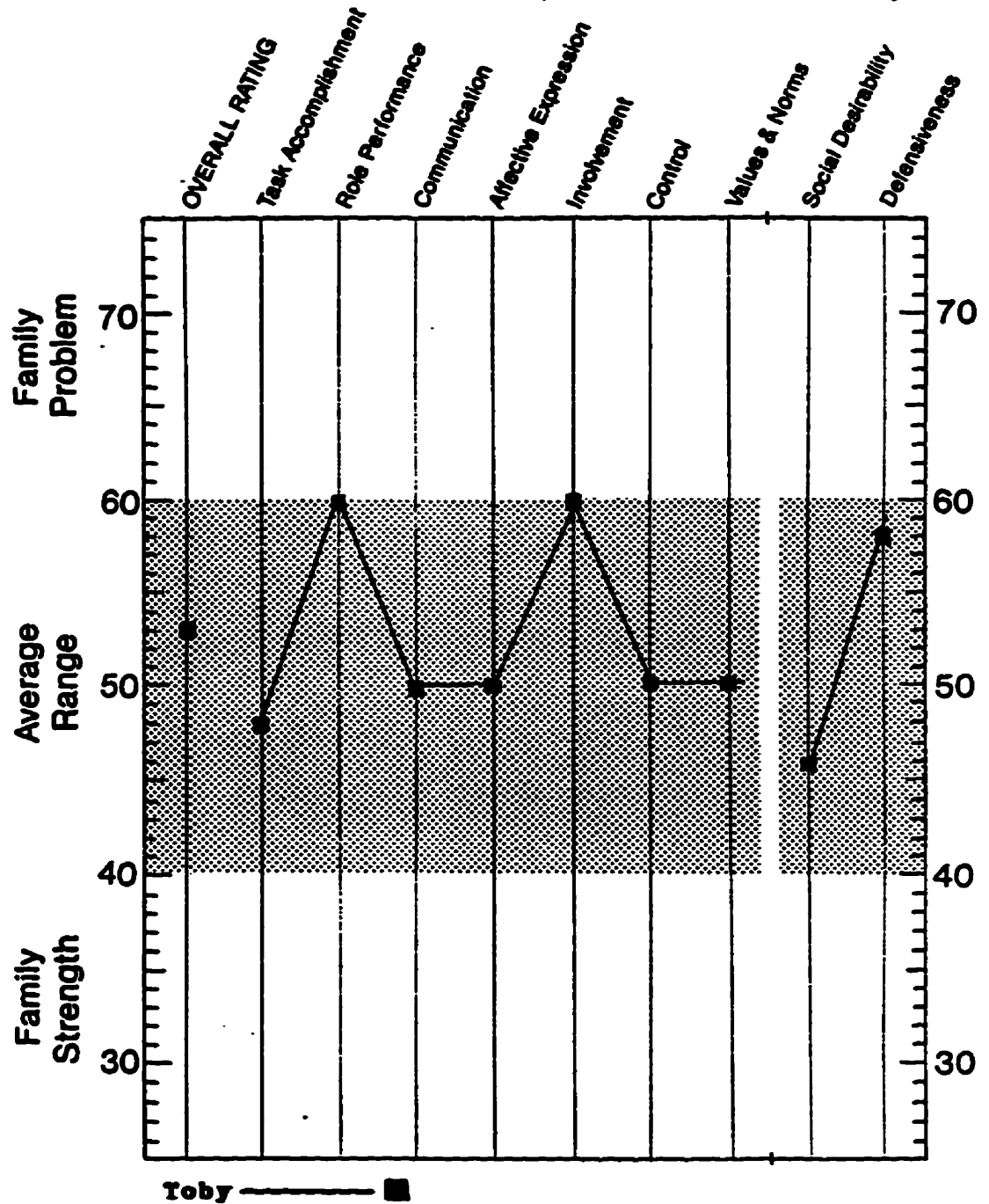
Toby observed that the children accepted the divorce. He also felt that the relationship between the children and his "girlfriend" did not change. He felt his parenting skills had improved. While they did not complete a Client Satisfaction Questionnaire, the children's comments to myself prior to the last therapy session, reflected that they agreed with Toby's perceptions. Also, post-therapy the family indicated that Jennifer was having very few "problems" and had made remarkable strides at school.

Figure 7

A Family

Post-therapy FAM III

FAM GENERAL SCALE



The Y Family

The Y family lived together for two years, but the stepfather, Giles (aged 35 years) had been involved with the family for the last five years. Prior to Giles moving into the home, Yvette (aged 34 years) had a family conference with her two children, Amanda (aged 11 years) and Pierre (aged 8 years) regarding the move. Yvette advised the children that Giles would be moving in as her "man" not as the children's "replacement father" or "stepfather".

Amanda and Pierre are the progeny of Yvette's first marriage to Dennis (aged 36 years). Yvette and Dennis were married right out of high school and separated about nine years ago, when Yvette was pregnant with Pierre. Yvette began dating Giles about seven years ago. The children had every second weekend visits with Dennis and his second wife, Felicity. The children had a very close relationship with their father and adored Felicity.

Yvette originally requested counselling for herself and Amanda. She said that Amanda had problems with aggression or "fits" towards her, and she felt this was getting worse. Yvette described the fits as being intermittent, however they usually followed some disappointment in Amanda's life, or a change in her routine. The whole family was aware of this problem and agreed that it was a problem. During the fits usually Pierre tried to intervene by "sucking up" to his mother. Giles was expected to "stay out of it". In the past when Giles tried to intervene, Yvette asked him to "back off" because she feared that he would only make the situation worse. Amanda stated that she was unaware

of what led up to the fits. Giles reported that it was his observation that he could tell when Amanda was building up to having a fit. On one occasion when Giles was alone with the children Amanda was building up towards having a fit. At the time he asked Amanda if "she really wanted to get into it?" Amanda replied "no", and the fit was averted. Giles and Yvette also had a difference of opinion regarding the "treatment" of the fits. Yvette felt that Amanda needed professional intervention, while Giles felt that Amanda just needed more disciplining. I saw the family or its various subsystems for a total of ten sessions over a five month period.

Assessment of Family Functioning:Life Cycle Perspective

This family was evolving from being a more temporary arrangement to being a more permanent arrangement. This family largely fit the life cycle phases of remarriage and reconstitution of the family. The family was well into developing its own remarried family identity with history, rituals, routines and structure unique to themselves, however they had not fully realized the needed second order changes which required a shifting of roles inside the family. The family had accepted that their family was a different model of family than the nuclear family. They had fairly permeable boundaries which permitted for connection with the maternal extended family, extended step-family, non-custodial father and wife, and the paternal extended family. The children were very well connected to their "three sets of grandparents". However inside the family there was a need for a greater sense of emotional closeness. Giles did not consider himself to be a stepparent, yet according to his own observation he was more involved in the children's lives than

their biological father. The children came to regard him as a permanent fixture in their lives. Giles and Pierre were particularly close. Their closeness was observed in session in that frequently Pierre would mimic Giles' actions or words. The two also sat very close together and frequently made eye contact. The children's perception of Giles' importance in their lives was reflected in each of their drawings of the family which included the children, Giles, and their mother, but not their biological father and his wife. However, a gap existed between what Amanda needed in terms of closeness from Giles and what he was initially willing and able to give to her. Changing this required an attitudinal shift which translated into actions. Amanda was very sensitive to Giles' opinions and criticisms of her and observed that Giles was closer to Pierre.

Another major issue which likely contributed to the family's problems resulted from the shift of roles which occurred during the family's evolution from single family life to remarried life. Amanda's special role with other family members shifted when Giles joined the family. Amanda had been very involved in all aspects of Pierre's care. She was encouraged by Yvette to be Pierre's "second mother". When Giles became involved with the family this special role was eroded as Giles grew very close to Pierre.

Vertical Stressors

The couple's past experience in their first marriages impacted the way in which they were presently involved and neither had resolved issues related to their first partners. Yvette felt that she was used financially and emotionally in her first marriage. Giles felt he was also financially exploited in his first marriage. Giles' bitterness and hurt from his

first marriage was very quick to rise when issues related to the couple's functioning were broached in session. He alluded to having "trust issues" which he would not elaborate upon. Following her divorce, Yvette made a commitment to herself to "never be used again" as she felt she had been in her first marriage. The couple made a pact "to stay together as long as things are good between us". While this declaration may have suited the couple's needs, the children's needs for security and closeness with Giles conflicted with the couple's notion of the relationship. As therapy progressed, the couple began to acknowledge this and made a bit of a shift towards acknowledging Giles' significance in the children's lives. Yvette began to accommodate this change and began to include Giles in discussions regarding the children's care. Yvette had no contact with her biological father since he cheated on her mother and subsequently divorced and married the other woman.

Legacies

Amanda's label as the "problem child" was accentuated by Yvette's claim that Amanda was depressed. She negatively compared Amanda to her own sister, who was diagnosed with depression and had a "terrible life". Yvette worried that if Amanda did not get help that she would have a similar fate.

Yvette also had many unresolved issues which stemmed from her relationship with her sister and were projected onto Amanda. She felt guilty for how she treated her sister when they were growing up and wondered how this treatment contributed to her sister's depression. Yvette saw many similarities between how she treated her sister to how

Pierre treated Amanda.

Also, Yvette's experience of men in her family of origin led to feelings of not trusting men. Her father physically and emotionally brutalized the family. Yvette's first husband was unfaithful to her. He left her when she was pregnant with Pierre. These experiences contributed to her deep rooted belief that men are not trustworthy. In turn this impacted on the family's sense of cohesion, in that Yvette expected that Giles' participation in the family would be limited and conditional. It was limited in that he did not contribute financially to the upkeep of the children. When the family first commenced therapy he had no say in any of the decisions Yvette made regarding the children. The relationship was conditional in that Yvette dictated that Giles would only be involved with the children as long as his and Yvette's relationship was "good". In the event that the couple separate or Yvette die, Yvette expected Giles to break off his contact with the children.

Lifestyle Issues

Giles came from a family who had "no use for psychological or emotional problems" and they just viewed Amanda's problems as "silliness" and "stubbornness". His mother and father criticised Amanda for attending therapy. Yvette had an opposing view. She believed that Amanda had emotional or psychiatric problems and wanted her daughter to get psychiatric help. Following a failed attempt to obtain a psychiatric diagnosis for Amanda, Yvette sought therapy at EHCC. Both Yvette's and Giles' polarized views of the problem did not help Amanda and contributed to the family's being "stuck".

Systems Level Issues

This family was somewhat supported in its extended family. Giles' parents provided practical support in terms of baby sitting the children regularly. They often dropped in to see the family and the family was usually invited over to their home for a weekly get-together. Giles "worshipped" his mother and according to her he could "do no wrong". Yvette had mixed feelings towards her step-inlaws in that she felt that they were sometimes backwards and old fashioned in their thinking. While she appreciated their practical support, sometimes she felt that they meddled in her affairs and were overly opinionated regarding how she raised her children. Although Yvette's mother lived in another city, she and Yvette spoke with each other on a weekly basis. Yvette felt she could talk to her mother about anything. The children revered their maternal grandmother and looked forward to her twice yearly visits. They also made yearly visits to her home. The children had monthly contact with their paternal grandparents. They cherished the time they spent with them, and held them in an elevated position as noted in the family's genogram. The family seemed to have a sense of belonging in their community and neighbourhood. Yvette and Giles frequently chatted with their neighbours, and had superficial but pleasant interactions with them. Yvette was actively involved with the children's school and kept regular contact with the children's teachers. Neither Yvette or Giles had close friends. Both partners were gainfully employed in jobs which they liked and contributed to the household maintenance. Each of the children had respective friends in the neighbourhood. The children were generally doing well at school, however Amanda had a teacher whom she did not like, which as discussed later on, contributed

to difficulties.

Yvette was overly protective and possibly over-controlling of Amanda. She frequently worried that Amanda would come to some harm. She only recently allowed Amanda to ride her bike to the corner of her street by herself. Amanda was not allowed to go to a neighbourhood park even when accompanied by friends for fear that something might happen to her. Yvette had to know where Amanda was at all times. Yvette's over-control of Amanda was possibly reflected in her requirement that Amanda write goals in her journal about what she hoped to gain from therapy. The words which Amanda wrote sounded much more like they came from Yvette than from Amanda.

Yvette herself was somewhat sheltered and fearful of the world. She "built up the courage" over several weeks to drive downtown by herself and attend therapy sessions. She prided herself on this "remarkable" accomplishment in that she had never driven such a great distance (15 minutes from her home) on her own.

Structural Assessment

When I first encountered this family they had fairly well established patterns of interacting. Yvette had an elevated position in the family. Both children were closer to Yvette than to Giles. However, Giles and Pierre had a strong relationship. Giles and Amanda were more distant with one another. There were signs of enmeshment between Amanda and Yvette. The children's biological father and his wife had a significant influence on the family. The children's paternal grandparents, the children's maternal

grandmother and the children's step-grandparents were also quite involved with the family. The family had a totally cut-off relationship from the Yvette's father and his wife.

Power and Hierarchy

Yvette had a lot of power in the family. This was partly because of her biological connection to the children, but also because of how she conducted her family life. She initially set the tone and pace for how Giles and the children would interact. She also maintained distance and control by regulating the finances.

Giles initially viewed himself as the children's "big brother" and not a father. I saw this as contradicting the very close relationship he had with Pierre, with whom he was very involved. Giles treated Amanda with more distance, and at times seemed in competition with her. This competitive type of relationship was observed in session when he would kid or joke with her regarding issues which were very important to her (eg., the way she did her hair). He also seemed impatient with the amount of time and attention "Amanda's problems" took, and made his viewpoint well known to the family.

Initially Giles had an outsider status in the family. This was partly because of his acquired status, his reluctance to take on more of a parenting role with the children and Yvette's initial resistance to his doing so. Also Giles "resented" that the children (especially Amanda) appeared closer to their blood relatives than to his parents who were very active with the children and expressed this while working on the genogram. Giles especially resented Amanda's overt affection towards her paternal grandparents whom she

saw only occasionally and towards her father whom she idolized.

Outgrowing Complementary Roles

When the couple first met they were involved in a complementary dance. Both wanted affection from each other, but only on certain terms which skirted trust issues. Giles joined the family as "Yvette's man", however as emotional ties strengthened this definition no longer fit the family's needs. Also Yvette began to see the significant role he had in the family. This conflicted with the original conditions of the couple's union and the family was at a crossroads of trying to figure out Giles' involvement.

In session I observed the couple's interactions whenever issues of intimacy and the children's need for greater security were broached. Giles would detour the conversation by bringing up the lack of involvement of the biological father or of the paternal grandparents and this temporarily distracted attention from couple issues. Giles also stated that he did not come to session to talk about "issues between myself and Yvette".

Everyone in the family, including Amanda, agreed that Amanda was the problem. This role kept her in a very unhealthy dance with the family. After a number of sessions it became apparent to me that while Pierre had similar problems with his temper, it was viewed as being more acceptable. Also in terms of temperament, the family saw Amanda as an exception. While the others were all "easy going and humorous" she was viewed as being "serious and a perfectionist". I was concerned with how Amanda fit into the family, if and how she was being scapegoated, or if her symptoms served a purpose for

the entire family.

Subsystems

The parental subsystem was able to care for the needs of the children in terms of guidance and control. I feel that while Giles readily nurtured and provided Pierre with affection that he did not do the same for Amanda. Also parental roles were not equal. Yvette took on more of a primary parenting role and Giles took on more of a secondary role. While this was definitely appropriate in the formative years of the remarried family, the family was striving for a sense of greater cohesion and was ready for Giles to take on more of a role than that of a "big brother". When Yvette was prepared to negotiate with Giles how he could take on more responsibility, Giles hesitated to do so.

The couple was initially satisfied with their ability to reciprocate emotional support for each other. As therapy progressed, Yvette began to question her needs for greater intimacy and security, however Giles was not prepared to examine this issue. The partners interacted with each other in a friendly and affectionate manner. However in therapy sessions they avoided emotionally loaded issues except to discuss Amanda's problem.

As is age appropriate, the siblings were beginning to grow apart and developed a healthy rivalry. This was an improvement over Amanda's role as a "second mother" to Pierre. The children's rivalry helped them to achieve their needs for increased differentiation.

There was also a gender split in the family. Giles and Pierre "had no problems with anger or in getting along with anyone". On the other hand, Amanda and her mother had problems and Amanda's problem with anger became Yvette's problem.

This family had numerous family suprasystem influences. The children felt supported in the extended family and boasted about their "three sets of grandparents". Giles' parents lended valuable practical support, while the children's grandmother and paternal grandparents provided welcomed emotional support. The children adored their stepmother and looked forward to their weekend visits every second week. They felt that their relationship with their father improved after the inclusion of their stepmother in their lives as "they did a lot more things together". Prior to the stepmother's involvement the children's biological father would often go out and leave the children with babysitters during their weekend visits.

Boundaries

This family generally had healthy boundaries between itself and outside systems. Boundaries were permeable enough to permit the children to come and go between the extended families and non-custodial parent, yet provided an adequate sense of family. However, the step-grandparents continuously tried to be over-involved in family by attempting to "counsel" Yvette on disciplining the children and on the children's needs.

Yvette and Amanda's relationship showed signs of enmeshment. Yvette and Amanda's over-involvement was reinforced during the single parent phase and led to problems now. Not only did Yvette project feelings from her relationship with her sister

but she had also counted on Amanda to be like "Pierre's second mother". This over-involvement led Yvette to label and pathologize some behaviour.

Amanda's "fits" highlighted some of the differences of opinion in terms of parenting between the couple. Giles felt she was spoiled and just needed to have more discipline. Yvette felt that she possibly had depression like her sister. In some ways coming up with a plan to deal with Amanda's behaviour served to pull the parents together.

Tentative Hypotheses

I hypothesized that Amanda's need for belonging in the family at least partially contributed to how her "fits" played out, and if the parenting and family relationships improved then Amanda's problem with her temper would improve. I also wondered to what extent Amanda's "fits" were an expression of Yvette's anxiety and Yvette's unresolved issues about her sister's depression and her feeling that she possibly contributed to it.

Goals and Interventions

The goals for the family were as follows: a) to help the adults in the family come together in terms of parenting issues, b) to help the family disengage Amanda from her "problem" role, c) to help the family develop a greater sense of togetherness, and d) to help Amanda and Giles develop a more satisfactory relationship.

I embarked on exploring the fits and improving parenting and family relationships simultaneously. First, I helped the family and Amanda deal with the "fits" and second

I explored with the family how they could gain greater cohesiveness and a greater sense of belonging. I initially focused on the "fits" as a way to join with the family and change its structure with the hopes of releasing Amanda from her "problem role". In terms of Amanda's anger, intervention focused on: deciphering the root of her anger (e.g., situational or a symptom of depression), finding ways in which the family could deal with her anger, and exploring ways in which Amanda could express her anger appropriately.

Yvette immediately responded to my reframe that Amanda's problem was also the family's problem and that solutions would have to be found at a family level. With a bit of time, Giles also came to accept this perspective. Initially I asked each family member to observe what each of their roles was during the fits. This task served the function to immediately draw the family together and detract from the problem as being solely Amanda's. At the following session I obtained a detailed description of the "fits" regarding where, how and when they occurred. Each family member was very aware of the fits. I observed that all the family members, except Amanda, were comfortable in talking about the fits. While Amanda appeared to accept that she "had a problem" she seemed embarrassed and uncomfortable with it. In Yvette's eyes the fits appeared uncontrollable and were always directed at her. Giles felt the fits were deliberate and controllable and recounted an occasion during which he helped Amanda to not have a fit.

In regards to planning how to deal with the fits, the couple agreed that when Amanda engaged in a fit that she would be given time out in her bedroom. As long as she was safe, no one was to have contact with her during the time out. During the time out period, if both Giles and Yvette were available then they were to discuss appropriate

consequences (e.g., grounding). After a half hour to a two hour period of time, Amanda was to request to speak with Giles or Yvette about what led up to her fit. Amanda would then be advised if there would be further consequences for her problem behaviour. Both parents were responsible for deciding and initiating consequences. If the parents were able to anticipate Amanda's problem behaviour then they were to approach her prior to her acting out and ask her if she "wanted to stop?" or if she "wanted to get into it?" If she wanted to stop then she could have the option of a brief time out or she could continue with the activity she was previously engaged in, depending on the circumstances. Individually, I worked with Amanda to help her recognize when the fits were coming on. She seemed to have little idea about when they were going to happen, but recognized that they usually followed a disappointment. I encouraged her to write down her feelings about her disappointment or discuss them with the mother or Giles. Amanda felt she would be able to write down her feelings as she already used a journal. I helped her to identify and express her feelings appropriately (e.g., through identifying the feeling rather than letting it build up inside). Amanda could have benefitted from more work on connecting and expressing feelings prior to the termination of therapy.

For a number of months after the family commenced therapy, Amanda's anger dissipated. However as summer approached, there were two serious incidents in which Amanda physically attacked Pierre. The seriousness of these incidents prompted me to seek further individual assessment for Amanda. During this assessment, depression was ruled out. Rather, issues of Amanda's temperament and how the family could accommodate her unique temperament and needs emerged as a central issue. Also

individual assessment revealed that for the last two years Amanda had a school teacher whom she despised and her fits often occurred when she was having difficulties at school.

While Amanda was seen by an individual therapist, I worked with Yvette and Giles to help them identify Amanda's needs, develop a healthier relationship with Amanda and sort out parenting issues. To partially achieve this end, I provided the parents with information on Amanda's changing developmental needs as she approached puberty and how the couple could best meet these needs. I also began to challenge the family's assumptions about Amanda being the problem and questioned their acceptance of Pierre's problem behaviour. I also helped them to sort through what was "normal" rebellious behaviour, when this behaviour became harmful, and what was age appropriate behaviour. I explained and supported the children's needs to maintain emotional ties with their blood relatives. I attempted to help the couple move from their unhelpful polarized stance regarding Amanda's problem to coming together to solve the problem. In spite of what each of the partner's beliefs were regarding the origin of the problem, they had to become more effective in parenting Amanda.

The family was encouraged to find ways of accepting that Amanda's temperament was unique in the family. They were given the task of recognizing her uniqueness and acknowledging her specialness. They were encouraged to be respectful of the differences at the same time as normalizing them. The couple was also encouraged to be fair and consistent in their expectations of both children, rather than being permissive with Pierre and being rigid with Amanda.

I worked individually with Yvette to help address enmeshment issues, to create a

better boundary between herself and Amanda and to resolve issues which contributed to her labelling Amanda as depressed. To achieve this end, Yvette was scheduled for several individual sessions to explore her family of origin issues. While she explored these issues I attempted to get her to differentiate her own issues and needs growing up from what Amanda needed in order to grow up. Yvette was able to do this to a modest degree. At the end of therapy she was less convinced that Amanda was depressed, but was not prepared to rule out the possibility.

I worked to create an improved boundary between mother and daughter, by emphasizing their separateness in session. I specifically would ask Amanda how she thought or felt about a certain issue rather than what she thought her mother would want her to say or think. I emphasized the importance of the dyad having and expressing different types of thoughts and feelings. I punctuated sequences in session where they were better able to differentiate. For example, I encouraged Amanda to express her opinions about her needing greater independence. Amanda expressed this by wanting a new hair style and wanting to walk to school independently. At first, both Yvette and Giles minimized the importance of these wishes. I worked with the couple to help them understand that these were small, but significant ways in which Amanda could begin to express herself, and the couple became more sensitive and respectful of Amanda's needs.

Yvette and Giles were encouraged to support ways in which Amanda could continue to develop age appropriate independence. When the family commenced therapy, Yvette was very protective of Amanda. For example, Amanda was only allowed to ride her bike to the corner of her street. Amanda felt that she should be able to at least ride her bike

to the park which was one block away, as many of her friends were able to do for the last year. After some discussion, Yvette and Amanda decided upon a compromise. Amanda could ride her bike to the park if she was accompanied by her friends. This was a huge step for Yvette to take in terms of allowing her daughter to gain independence. In Yvette's individual sessions, I helped her to process her feelings about her daughter growing up and how this impacted on her identity and role as a mother. She expressed her fear that Amanda may have to face the same difficulties that she had when she was growing up. These feelings partially blocked Yvette from helping her daughter be more independent. Processing these issues helped Yvette make better decisions regarding her encouragement of Amanda's independence.

Through the use of compliments and by accentuating positive interactions in session I strengthened my working alliance with the couple. This working alliance helped to build the foundation upon which the family would become agreeable to initiating tasks which would help them to forge new kinds of relationships with one another. I complimented the parents on their creation of a stable home environment for the children and encouraged them to build on this.

I worked with the couple for a number of sessions to help them develop a stronger parenting coalition. The parents were initially encouraged to develop a stronger coalition to help Amanda with her problem and then to help the family improve its sense of stability. In order to facilitate the creation of a stronger parenting coalition, the couple needed to realize that Giles did have an important function as a parent in the family and that he had outgrown the role of "big brother". This meant that the couple had to figure

out a way in which Giles could take a more of a partnership role with Yvette in parenting. I facilitated Giles and Yvette's discussion of how this could happen. A major shift occurred when the couple was able to acknowledge that Giles had an important role to play in the family as a stepfather and that he had outgrown his role of big brother.

The use of a three generational genogram helped the family to further develop a sense of belonging. This intervention helped the family to pull together and to gain a sense of its own history and context within its larger system. I noticed a radical improvement in the family's sense of cohesion when I conducted this intervention.

I attempted to strengthen the boundary around Giles and Amanda. Amanda longed for greater closeness to Giles but was not sure how to get it. Giles and Amanda were both provided with the task of discovering how they could spend increased quality time with each other. They decided that one way they could do this was for Giles to take Amanda to the mall one time a week. Giles was able to follow through with this task intermittently. On one occasion shortly after this task was first initiated, Amanda was greatly disappointed when Giles did not follow through with the plan to take her to the mall in order to buy her mother a mother's day gift. Giles immediately acknowledged Amanda's disappointment and tried to make an effort to improve his following through with this task in future weeks. I also encouraged Yvette to support the effort Giles and Amanda were making to form a new kind of relationship. I initially provided her with the task of complimenting Giles on his behaviour. Yvette was able to follow through with this task. Yvette's support of Giles and Amanda's efforts signalled to the step-relations that their developing a closer relationship was okay and that they were not

violating the family's covert rules of conduct by becoming closer. Yvette's show of support had a positive effect on Giles and Amanda's interactions. Giles reported that this acknowledgement made him feel better appreciated and helped him to want to follow through with his commitment to change.

Giles was coached regarding being consistent in his interactions with Amanda. While with other family members, his sarcasm or teasing was tolerated, Amanda felt alienated by it. How to communicate clearly and directly became a significant aspect of skills teaching. At first Giles was reluctant to change his interactions but was willing to try.

In an attempt to strengthen the couple dyad I worked with them for two individual sessions. I felt that their negative experiences in their previous relationships blocked their ability to take the steps they needed to take in order to consolidate their relationship. Giles was very defensive during these sessions and said he would only talk about Amanda's problem and was adamant that the couple was not there to discuss their personal couple issues. I made little headway taking this approach.

Throughout the course of therapy this family was able to make some significant shifts. The first shift was the couple's realization that Giles was more than a big brother to the children and the couple's efforts to accommodate this change. The couple also began to acknowledge and accommodate Amanda's need for age appropriate independence. The parents also began to acknowledge their differential treatment of Amanda and Pierre. Yvette began to separate her own needs from Amanda's needs. As school finished, Amanda's behaviour once again improved. Therapy was then discontinued for the summer holidays. The family did not re-contact EHCC following the holidays.

Evaluation

FAM III Profile

I administered the FAM III General Scale to Yvette, Giles, and Amanda pre-therapy, and to Yvette post-therapy. Amanda's scores were discarded due to the fact that she did not adequately comprehend many of the statements in the scale. Pre-therapy scores for Yvette and Giles (Figure 8) indicated substantial incongruence. Most of Giles' scores were 15-20 points above Yvette's scores. This possibly reflects marital discord and contradicts the couple's initial report that everything was wonderful between them. That Giles scores gravitated toward the problem zone possibly reflected his dissatisfaction with the way things were.

Giles' scores for communication and affective involvement approached the problem range. High scores in communication may reflect displaced or insufficient communication and lack of mutual understanding. This may have reflected Giles's feeling that he did not have as much say as he would like to have in the family. High scores in affective involvement may reflect insecurity in family relationships. Morrison and Stollman (1995) observed that frequently stepparents feel they make all the adjustments to the values of the biological parents and this may create feelings of resentment. This certainly may have been true for how Giles felt in the family.

Most of Yvette's scores were in the average or family strength range. Her highest score which approached the problem range, matched Giles's score in the area of role performance. This may have indicated their growing acknowledgement that their roles were no longer fitting the family's needs.

Figure 8

Y Family

Pre-therapy FAM III

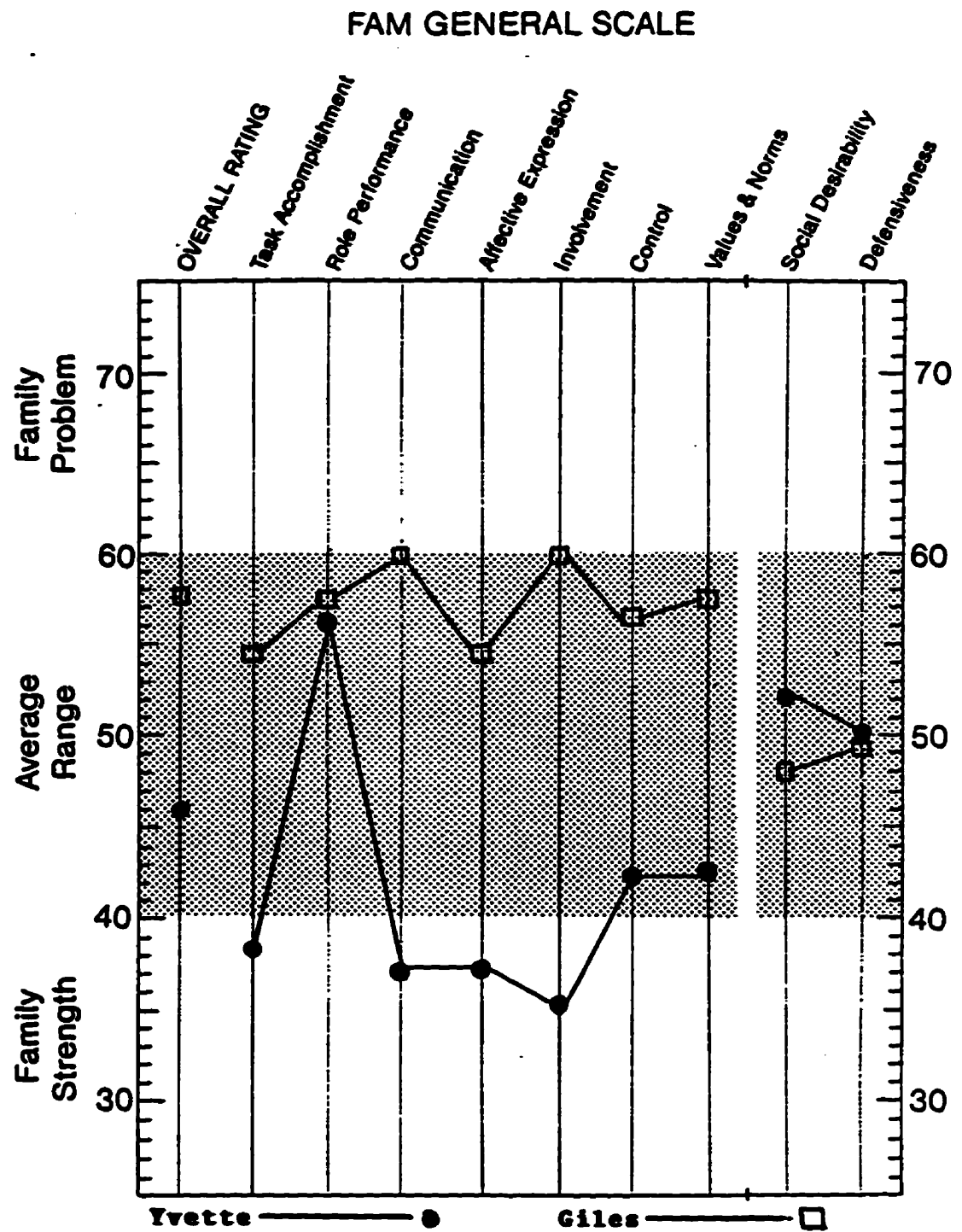


Figure 9 depicts Yvette's post-therapy score. Most of the scores fell in the family strength range, except for role performance which fell in the average range and had improved by about 10 points from pre-therapy. Her social desirability score fell at 60, indicating some distortion of the FAM Profile. Likely all the post-therapy sub-scale scores were artificially depressed. This may have indicated that Yvette minimized problems.

Client Satisfaction Survey

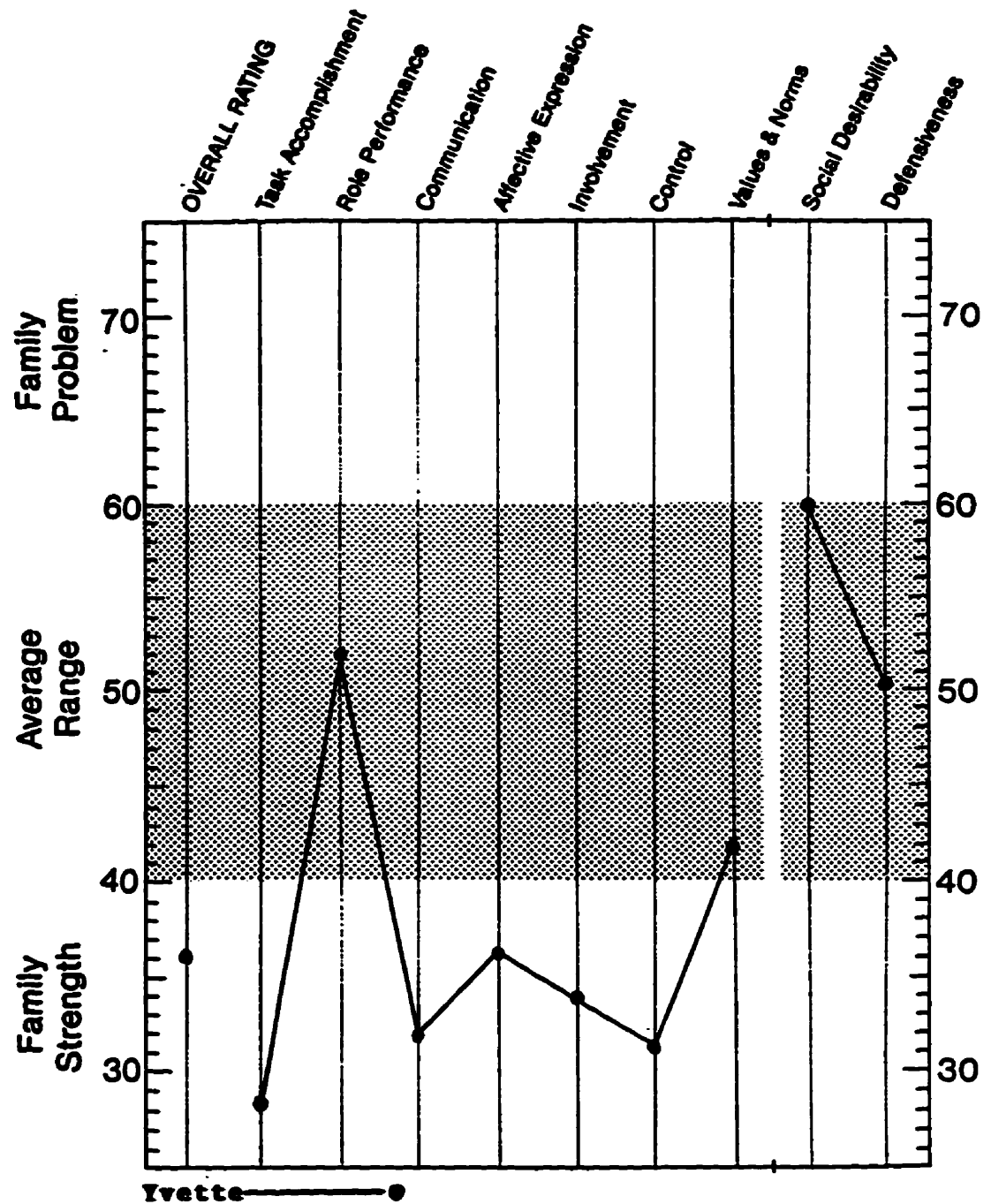
Yvette was the only available family member to complete the Client Satisfaction Questionnaire. She reported improved communication and improved interaction between Giles and Amanda. She also reported that Amanda had not had any fits for a couple of months post-therapy.

Figure 9

Y Family

Post-therapy FAM III

FAM GENERAL SCALE



CHAPTER 6

COMMON THEMES

Introduction

Through the process of working with four remarried families I was impressed with the fact that, although vastly different in many ways, they shared commonalities. I have taken the opportunity to reflect on some of these commonalities and will present a number of them in the following discussion. Specifically I will reflect on themes which relate to: a) the functioning of remarried families, b) issues relevant to the life cycle perspective and, c) issues related to structural family therapy.

Adjustment to Remarried Family Life

All the families I saw were very complex and while certain factors (such as children's age at remarriage) may have contributed to family adjustment more than others, they certainly were not the sole contributors to adjustment. I found that the complex interplay of numerous factors such as family suprasystem influences and experiences in the single parent and divorce phases contributed to families' adjustment.

The first year of remarriage is especially tumultuous (Dahl et al., 1987). Three of the four families discussed had been involved in their remarried families for under one year. In these families the partners had insufficiently processed their previous marriages. Some of these families experienced problems regarding visitation or custody arrangements. In

some of the families custodial mothers resented the limited degree to which biological fathers were involved (as was the case with Colleen's family and Yvette's family). At one point during the course of therapy Colleen tried to prohibit her previous partner from seeing their children after Colleen and he had a major fight. Some parents used the children for revenge purposes against the other parent (as was the case with Colleen). Always, the children were greatly affected by the rapid inclusion of new partners into their homes and lives. Parents tended to deny or minimize their children's need for an accommodation or adjustment period.

Grandparents also played an important role in the adjustment of the families following divorce and remarriage. In the Y family the grandparents were generally perceived as assets. In the A family, the lack of involvement of the maternal grandparents following the divorce and remarriage compounded the family's sense of loss.

I found that when the family took a longer period of time to integrate the stepparent into their lives, that some step-relations were healthier. The Y family had taken the time to include Giles in the family over a number of years. This lead to the children having greater acceptance and expectations of him.

Two of the children in the families experienced disruption in their school performance. This was true for Jennifer of the A family and Amanda of the Y family. This disruption was likely a result of multiple factors rather than begin attributable to the single factor of becoming a remarried family.

Many of the stepparents with whom I worked experienced a sense of being an "outsider". This was especially an issue for Larry, Giles, Ariel, and Colleen. Ways of

facilitating their "inclusion" in the family became a focus for some of the therapy sessions.

I found that younger children were as affected by the divorce and remarriage process as older children, however expressed themselves differently. Younger children tended to display more regressive behaviour, while older children tended to be more vociferous of their displeasures. Visher and Visher (1996) found that children of different ages responded differently to remarried family changes. Katz and Stein (1983) observed that younger children adjust to divorce and remarriage better than older children. Children in the Y family had accepted the divorce and remarriage of their parents to varying degrees, but already had four years of adjustment. The youngest child fared better than the oldest but also had a stronger relationship with his stepfather. They also had the benefit of knowing their stepfather for a couple of years prior to his moving in to the home. As well, these children remained well connected to their biological father, unlike most of the other children I encountered throughout my practicum.

The majority of the families had teenagers, which further complicated adjustment because of the teenagers growing need for autonomy conflicting with the remarried family's need for a greater sense of cohesion. I worked with the parents of teenagers to raise their awareness about these issues and to help them accommodate their teenager's growing need for autonomy. This was done in concert with creating rules which fit with the family's needs but also encouraged input from the teenagers.

Adjustment to remarried family life rests along a continuum. I think that it is rare that any child fully "recovers" from the losses of his or her nuclear family and the

closeness which he or she had with their non-custodial parent. In spite of this, many children are able to transform their hurtful experiences and develop functional relationships with their stepparents.

Losses and Change

All of the remarried families I saw were affected by loss and change that accompanied the family in its evolution from the nuclear family form to the REM form. For many of the families the changes resulted in financial burden and accompanying lifestyle changes. For some families this also meant a loss of status. The women in families were particularly affected by this change (e.g., Colleen and April) and these changes had further implications for their children. Some families also incurred the loss of community and neighbourhood support. This was the case for David and Colleen who were ostracized by their community and neighbourhood due to widespread disapproval of their relationship.

I believe that the children in the families I saw often perceived displacement by their stepparent and a subsequent loss of status in the household. This was observed in three of the four families. Often this displacement was more strongly felt due to the intense bonding and special status of the children which occurred during the single parent phase (as with Jennifer and Amanda). I was also surprised to find that parents often failed to realize the struggles their children were having in adjusting to their new roles. Sometimes stepparents felt that their spouse's affection was displaced by the children's needs. This was the case for Larry in the K family and for Colleen.

Communication

Often the families needed help in communicating effectively and deciphering each others words and actions. The therapy sessions frequently became communication training sessions. I found that the A, K, and Y families all had problems in communication. The A family and Colleen and David had particular difficulties with interpreting each other's messages.

"Lack of history" contributed to some family members not knowing how to interact with each other or what to expect from each other. In some cases this caused mild states of anxiety between step-relations because they did not know how to interpret or respond to each other. This was most obvious in the K family, where Larry frequently commented that he felt like a "fish out of water" once his stepdaughters moved back home. He felt awkward relating to them and wasn't sure how to interact with them. Interventions focused on ways in which he could gradually increase his involvement with the girls. To facilitate this change, I found that encouraging Larry to initiate activities which he and each of the girls mutually enjoyed seemed to work well. This situation was also complicated by Larry's perception that the girls were encroaching on his territory and "took away" from his "special time" with "his wife" and "his daughter".

Boundary Issues

Problems with the development and maintenance of appropriate boundaries were plentiful. Boundary problems were noted between the REM family households and outside influences (such as the ex-partner or family suprasystems), as well as within the

family system. In a few of the REM families the family suprasystem presented quite a negative influence on the family. This was particularly true of the K family, in which the paternal grandparents and ex-spouse continued to try and exercise control over the family (either by withholding child support, by threatening phone calls, or by trying to undermine the parents' authority in the home). In stark contrast, the Y family had a fairly supportive family suprasystem, which included the grandparents, and the non-custodial father and his wife.

Many of the families I dealt with had problems in boundary definition as a result of the parental-child dyad preceding the remarried couple dyad, and the effect that this had on the couple dyad and family integration. In many ways this also contributed to problems in hierarchy and subsequent role definition. Establishing appropriate hierarchy was not a simple matter of establishing generational hierarchy. Simply dictating that the adults in the family were to be in charge was usually what the families had attempted to do already and resulted in some very unhappy situations. Families had to create their own arrangements which were more considerate of the children's and their biological parent's affiliation. Often this meant that children benefitted from having some voice in regards to the running of the household at the same time as the stepparent having appropriate adult respect. This required a delicate balancing act of considering each party's feelings and needs. Often the couple worked on how the biological parent would be more in charge of the children, with the stepparent in a more consultative and supporting role (e.g., the A and K families). Addressing these issues often brought up stepparents' insecurity about their role or position in the family. Given this struggle,

family members needed to develop superior communication skills in order to disentangle practical and emotional issues.

For the K family boundary definition was quite a challenge. Once the girls moved home, Larry felt displaced in terms of the established family hierarchy. Prior to the girls moving home, he was on equal footing with Stacey in terms of parenting their six year old daughter. Once the girls moved home, they had increased influence on their mother and had greater say in the ongoing activities of the home. In this way Larry's status became closer to that of his stepdaughters and Stacey became somewhat elevated. For some families this may not have been problematic, but Larry resented his displacement in the family order. What worked for this family was for Stacey to take on primary parental responsibility at the same time as consulting with Larry and then the couple presenting their decisions at family meetings. At this point the girls also had input into decision making. This process took the development of considerable negotiation skills.

Boundary definition between the households of previously married spouses was also problematic. For example, in the Y family, permeable boundaries facilitated the children's frequent movement back and forth between the households. However, weekly contacts impinged on each household's need to establish itself as a separate entity.

Boundary problems frequently resulted from enmeshed child-parent relationships developed in the single parent phase. This was especially true of Amanda and her mother. The mother had to separate her thoughts and feelings and family of origin issues from her daughter's issues in order for them and the family to function in a more healthy manner. This was facilitated by some individual work for both the mother and daughter.

The mother and her partner then required assistance to help Amanda begin to develop more age appropriate independence.

For some children, special roles and statuses in their families was eroded with the addition of stepparents. This was the case with Jennifer and Joshua who lost their special status in the family when Ariel became involved.

Parenting Coalitions

While "parenting coalitions" may have been desirable for some families, those with sole custody often chose not to include their previous spouses in major decision making. This was the case for all of the remarried families headed by biological mothers. Also, in two of these families, biological fathers were not involved. In the K family this was partially due to Stacey prohibiting her previous partner from having contact with the children because of her and her previous partner's unresolved issues.

Power Issues

One of the most obvious examples of power playing out in these families was related to the issue of disciplining children. In most of the families the stepparent disciplined the children prior to having developed a sufficient relationship with them. Many of the step-parents experiencing problems felt that they "had a right" to discipline the children due to their perceived elevated position of authority in the family. I found that children resented being disciplined by someone who possibly showed them little caring in any other ways. The most obvious example of this was with Jennifer and Joshua of the A

family. Their "semi-stepmother" tried to discipline them from the first time she moved in with the family. In this sense she also took over some of the children's mother's previous role in the family. This caused a great deal of turmoil and concern for the children.

Unrealistic Beliefs

Most of the adults in the families clung to the notion that their families would adjust instantaneously to the remarried family and that they would experience the same type of warmth and concern for each other as in the "ideal" nuclear family. I believe some adults' desires to make up for disappointments in their first marriages contributed to the pressure they put on themselves to try to make things perfect in subsequent relationships. The most poignant example of this was Colleen and David, who in spite of their disastrous year of remarriage, anticipated that they could just step into remarriage again with perfect results. David clung to the notion that if he just got a "nice enough" and "big enough" house that they would all live happily ever after.

Financial Disputes

In some of the families, issues of support payments continued to be problematic. Often withholding child support was used as a means of controlling or influencing ex-spouses. For Colleen and David financial disputes had a different meaning. Colleen viewed that the way in which David chose to provide for this biological children over her biological children translated into how much he loved and cared for her.

Couple and Step-relationships

Three of the families I saw described themselves as having strong couple relationships. They described themselves as being mutually supportive, affectionate and respectful. From what I observed this was true. In each of these families there were varying degrees of problematic step-relationships. Good couple relationships did not translate into good step-relationships. Colleen and David's family stands out as a prime example of this. Colleen and David described themselves as having a good couple relationship. However, when the children entered into the equation, loyalty issues, outsider/insider issues, hierarchy issues and financial issues were all magnified. David had problems "choosing" Colleen over his children. Colleen was not "accepted" by David's children. Problems between the step-relations certainly contributed to the way in which Colleen and David were able to function and led them to choose their "semi-remarried" lifestyle.

Stepfather Families

The majority of the families with whom I worked were stepfather families, which is consistent with the statistical findings. All of the families discussed had a combination of younger children and adolescents in the home. Only one couple had a biological child in addition to stepchildren. Colleen's children considered David their stepfather and as having a more significant part in their lives than their biological father. I found that the common problem areas of these families included feeling uncomfortable with showing affection, expressing negative feelings and disagreements over disciplining.

In all of the families the stepfather played a significant role in filling a void left by the non-custodial father. In three of the families, stepchildren reported that the stepfather was more supportive and loving of them than their biological father (this also didn't stop them from loving their biological fathers). In two of these families the biological mothers reported that they chose to become involved with their new partners based on qualities they possessed which the biological father did not have, as well as on the stepfather's ability to provide emotional and financial support to the mother.

Stepmother Families

There were two stepmothers among the families, Colleen and Ariel. Both were resisted by their stepchildren. Increased stress and friction in stepmother relationships was possibly a result of the stepmother being rapidly included into the family and being expected to fully parent the children, with little support. Stepmothers felt the pressure to nurture, counsel, and discipline, and the father promoted them in this role. The mothers felt that this was their natural responsibility and they thought that they would gain the children's affection as a result. Colleen was particularly bitter that David's children did not reciprocate her efforts with love and affection. Also, both stepmothers were always compared to the biological mothers which possibly indicated that each of the families had not processed previous losses. These stepmother profiles fit with the literature which states that the role of the stepmother often leads to a double bind in that she is expected to nurture the family, yet will never nurture as well as the biological mother (Salwen, 1990).

Child-focused Problems

Hurtin (1990) observed that the variation on child behaviour problems in remarried families is numerous. The problems that some stepparents have accepting a stepchild is as well known as problems of the stepchild accepting stepparents. As observed by Ransom et al. (1979) REM families are likely to be drawn to the attention of mental health professionals through the presentation of child focused problems. All the families with whom I worked had child-focused problems, whether it was the initial reason for referral or not. The challenge for me was to decipher if the problem was in fact a detouring of parental problems to the child, problems between the stepparent-stepchild relationship, a result of individual problems, due to other factors, or all of the above. I saw examples of each of these types of problems or combinations of problems in the families.

So called "symptomatic or problem children" were present in all of the families. In the Y family, Yvette requested help for her daughter's "fits". While Amanda did have problems which merited individual attention, this behaviour became an issue of power and control within the family. Yvette labelled the behaviour as pathological and thought that her daughter was depressed and needed psychological intervention. On the other hand, Giles and his parents labelled the behaviour as misbehaviour which they believed required discipline. This difference of opinion further impacted on Amanda's stress level and her adjustment to the other developmental changes and multi-changes she was experiencing. To resolve this impasse I challenged the parents to come together to deal with this issue. In order to do this, Yvette and Giles needed to distinguish what was in

Amanda's best interest and separate these issues from their own needs. At the same time Giles had to begin to develop a new kind of relationship with Amanda. Yvette was challenged to support this new relationship.

Colleen initially blamed David's eldest son, John for problems in the family. She often gave David the message that he must choose her or his sons. This left David as the middle person in the triangle trying to negotiate and juggle both relationships. Historically, differences arose partly from Colleen prematurely and inappropriately taking on the role of primary nurturer in David's home, after Beatrice's death. This put her in an oppositional role with John and challenged the children's loyalty to the memory of their mother. Colleen needed to disengage herself from this role, but had trouble conceiving of any other type of role to take in the family. After some exploration, Colleen and David recognized that problems existed in their relationship which were not because of David's eldest son or because of David's other children.

In the A family, Jennifer was symptomatic. She had a great deal of anxiety about the changes and uncertainty in the family. Mostly, she experienced that her father's latest involvement left little room for her. This was especially difficult for her in that during the single parent phase her father doted on her and she had tremendous power in the family. To disengage her from the scapegoat role I attempted to strengthen the family hierarchy by encouraging the parents to take appropriate parental responsibility in establishing rules and providing a sense of security and structure. At times I formed a temporary coalition with the children to help them have their concerns voiced and addressed. I also educated the parents about their children's changing needs. I

challenged their assumptions that the problem rested with the children and gave them tasks to strengthen their positions as parents in the family. I also attempted to increase their sensitivity regarding introducing new partners to their family. Some parents made positive changes, but I wondered about the permanency of them.

The Emotional Stages of Remarried Family Integration

Most of the families I saw were in the early stages of remarried family life which included the emotional stages of fantasy, immersion and awareness proposed by Papernow (1993). David and Colleen, the K family and the A family all straddled the fantasy and immersed phases. In their own ways, each of the adults in these families sought to heal their "broken" families by finding a perfect parent for their children and by having a partner with whom to share their dreams. At the same time most of the families (the Y family being the exception) expected that they would have the closeness of their idealized nuclear families. Some of the families were beginning to move into the awareness stage of feeling that things were not right but did not know how to come to terms with them. Often partners' efforts to improve the situation on their own resulted in increased stress, arguments and finger pointing, as it did with Colleen and David. Often biological parents felt stuck between their partner and their biological children. This was the case with Stacey of the K family who often found herself in role of the family "mediator". Alternately, she sometimes became the target of the family's anger, when the stress of their living together increased.

The Y family was the only family that I observed to be moving from the

mobilization to the action stage. Their four years of living together fit with Papernow's (1993) prediction that this is the approximate length of time it takes for families to evolve to this stage. After it became unstuck from its child focused problems and addressed the couple's intimacy issues, the Y family had the potential of developing a healthy remarried family.

Minimizing the Effects of Stepparents

Parents minimizing the effects of stepparents on children was baffling to me. In general it seemed that if parents had the mind set that if they were able to compartmentalize their relationship with their partners, and that if they thought their partners had a specific and limited role and function in the family, that their children would be able to adopt the same attitude. The children that I came into contact with were very much affected by the influence of their stepparents and were not able to compartmentalize feelings.

In the A family, Toby exhibited blatant denial of the effect that his part-time live-in girlfriend had on his children. He seemed to perceive that he and his children lived in a separate bubble from himself and his girlfriend and her children. He initially minimized the disruptive influence the rapid inclusion of his girlfriend and her family in his home had on his children. In the therapy process it was very important that I create a climate of trust and partnership before challenging his assumptions and perceptions. I believe that by the end of therapy he was able to have a more accurate perception of his situation and was better able to meet his children's needs. In the Y family, Yvette thought that if she

was able to say that she was having her "man" move in as her partner and not as the children's replacement father, that somehow everyone would be able to compartmentalize their feelings. As the children grew closer to Giles they began to see him as a parental figure. This shift in relationship needed to be accommodated by Yvette and Giles.

The Remarried Family Life Cycle Phase

Traversing the steps of the remarried life cycle is not a simple process. Many factors come into play when negotiating these transitions and forming a "stable remarried family". Unresolved issues stemming back to the divorce or single parent family phase were extremely influential on the remarried family's adjustment. I found that factors such as the individual developmental needs of the family members (especially of the children) impacted family functioning.

All of the families with whom I worked were impacted to lesser or greater degrees by adults in the family having unresolved issues/conflicts with previous partners. The REM family literature finds that this is often a stumbling block to REM family development (Visher & Visher, 1996). In spite of physical divorce, emotional divorce has not fully evolved. Emotional divorce can be particularly difficult for previous partners to obtain, especially if they continue to need to be involved "for the children's sake". Relationships with previous partners in some ways resemble an emotional balancing act. On one hand, partners need to have a continued relationship with one another, yet on the other hand they need to go on with their lives, as seen with Toby and April of the A family.

Toby of the A family, identified a major stumbling block to his forming new relationships as stemming from unresolved issues from his first marriage to April. Systematically sorting through these issues was very helpful for Toby. The creative use of a three generational genogram helped to facilitate this work. Through the use of this intervention, Toby was able to sort through and move beyond these issues. I observed that Toby was able to process emotionally loaded information and found resolution to some problematic issues.

Some children needed more security and nurturance than their custodial parents were able to provide them, because of the parents' needs to have more intense and intimate relationships with their new partners. These divergent needs often put extra stress on the families. This was the case with both Toby and April of the A family in which the individual needs of the parents to have more intense relationships with their mates conflicted with the needs of the family to pull together.

I found that all the families with whom I worked experienced individual and family life cycle discrepancies. Differences between partners' past experiences in terms of parenting, and challenges in accommodating the needs of adolescents and younger children come to mind as being especially problematic. In the Y family the partners' life cycle differences in experience of raising young children caused some strain on the partners. Because of his lack of experience in this regard, Giles was seen as being a less competent parent and was initially relegated to "big brother status".

David and Colleen experienced extreme difficulty in blending children with

adolescents. Colleen's children's needs for increased sense of family belonging conflicted with David's older children's needs for increased autonomy. This kept the family pulling in different directions.

The impact of instantaneous multiple new roles impacted all of the families. Often family members instantly became parents of children without the benefit of shared history. This factor certainly impacted step-relations. Children developed stepparents without any say in the matter. Colleen and David's first disastrous attempt at living together illustrates this point. Suddenly this family was thrown together into a family crucible where each family member had different expectations and roles placed on them by other family members. This caused a great deal of stress and uncertainty among family members who were previously strangers.

For some families, vertical stressors such as family of origin issues, legacies, secrets and taboos, played out in their present day life. These issues impacted individual functioning which in turn impacted the family functioning. Colleen's and Stacey's family of origin issues are examples of this. They each carried many unresolved issues from their family of origin into the new family. The influence of extended family, friends, work relations, community, and neighbourhood impacted family's adjustment. Those that had greater support in terms of these factors (such as the Y family) functioned in a healthier manner than those which had fewer supports (such as Colleen and David and the K family).

Transactional Patterns

When I first encountered these families they were all engaged in transactional patterns which did not help them to adequately meet the needs of their families. For some, the patterns evolved over a number of years, for most the patterns existed for only a few months in the remarried family, but had its genesis in the nuclear family or in the single parent system. A typical example of a transactional pattern established during the nuclear family phase influencing the remarried family adjustment, occurred in the Y family between Yvette and Amanda. During the single parent phase, this dyad had developed a stable relationship of "mother-second mother". This pattern of behaviour was challenged as individual and family developmental needs shifted.

Subsystem Work

Subsystem work formed the backbone of my therapeutic interventions. Not only did this work help to strengthen the subsystems it also provided opportunities for subsystems to adequately address issues relevant to their functioning without unnecessarily drawing in other subsystems. Most of my subsystem work was with the remarried couple. The remarried couples consisting of Larry and Stacey and Colleen and David participated in substantial couple work. The work focused on improving parental roles, improving couple relationships, improving communication, and clarifying roles and expectations.

I also did substantial sibling work in the A and K families. In the K family I worked with the daughters, Camille and Aurora, to help them begin to process issues from living at their paternal grandparents' home and helped them to recognize and articulate feelings

and ideas about moving in with Stacey and Larry. In the A family I worked with the children, Joshua and Jennifer, to help them process the divorce and custody arrangements. I occasionally temporarily aligned myself with the children to help them get a voice in the family, as often their parents did not hear or respect their concerns.

I found that all the parental subsystems needed work in terms of taking on appropriate responsibility, articulating rules, providing a sense of security, and providing a sense of continuity. Some families needed education in terms of how to parent their children. In some instances, this issue had less to do with the issues of remarriage than the issues of needing to acquire skills. Issues around preferred parenting styles became more important than parental authority. Both the K and A families benefitted from information on parenting. In many of these families the spousal subsystem was neglected. Often couple's intimacy needs were the last on the couple's list of "things" to do.

Educational Interventions

Consistent with the literature (e.g., Browning, 1994; Visher & Visher, 1996) I found that educational interventions contributed substantially to shifting families' notions about themselves. Often after readings and subsequent discussion, families would have "ah ha" moments of understanding. Insight, information and skill development strengthened the family functioning. Readings were tailor-made for each family. The A and Y families benefitted from readings on the process of divorce and remarriage and the impact this had on children. The Y family benefitted from readings on children's temperament and various styles of relating to children of different ages and needs. Also Yvette of the Y

family benefitted from readings about mother-daughter relationships and on family of origin issues. These readings helped Yvette to begin the necessary process of separating her daughter's needs from her own needs. The A and K families benefitted from readings on teens and boundaries which addressed the needs of setting appropriate rules and disciplining issues with teenagers. Colleen and David benefitted from specific readings and accompanying homework tasks which targeted improving their communication skills.

CHAPTER 7

CONCLUSION

In conclusion I have decided to reflect on the design of this practicum and on the learning it provided me. I will critique the usefulness of structural family therapy and the life cycle perspective with remarried families as well as on the usefulness of the FAM III. I will also consider the usefulness of the Client Satisfaction Questionnaire. I will reflect on some of my struggles and areas of particular concern for me as a student therapist. I will conclude with reflections on my learning as a student therapist in relation to the goals I set out for myself outlined in the Practicum Description Section.

The Structural Model

When I commenced this practicum, I had a general understanding of structural family therapy. Applying it to remarried families provided me with an opportunity to gain a working knowledge of the model. Through this process I have acquired a better understanding of structural family therapy, and its usefulness with the remarried family form in particular.

I found the structural conceptualization of the family and how family problems are maintained as a useful starting point for understanding the families with whom I worked. The concepts of structure, subsystems and boundaries were readily grasped and applied. The emphasis on clear generational boundaries and semi-permeable boundaries provided a base for developing general goals for reorganizing family structure. However it was

important for me to always be cognizant of the fact that healthy remarried family structure may have very functional hierarchies and boundaries and subsystems, yet not follow the traditional nuclear family model.

I found some of the strategies which structural family therapists utilize to be more helpful than others. The strategies of boundary making and challenging family assumptions were the most helpful. Much of my job with remarried families was to help them to outgrow patterns of functioning that were not useful and help them develop more adaptive functional patterns. In order to facilitate this change I had to help families break away from trying to fit into the nuclear family mold and to develop creative and unique family structures.

The way in which I attempted to help families restructure sometimes varied from the here and now focus of the structural approach. I found that often family members had to sufficiently process past issues in order to forge more functional relationships in the present. Without sufficient processing, many family members kept bringing up issues from the past which blocked progress and the successful navigation of transitions. In this regard I also found the structural conceptualization of the two generational family system limiting. In my experience, a three generational conceptualization of the family was more helpful. Examining three generational influences helped the family to get a sense of its history and influences and also helped to shift family focus from one family member as being identified as the problem to the entire family as contributing to the problem.

Some critics of the use of structural family therapy with remarried families such as Browning (1994), emphasize that the model was based on the model of the generic family

system. I feel that Minuchin provided sufficient guidance in his writings regarding the nature of transitions, variations on healthy hierarchical arrangements, boundaries, and dysfunction in order to make it adaptable to remarried families. The structural model facilitated my understanding of the unique structure of each of the remarried families with whom I worked. This helped to form the basis of assessment and intervention.

The structural model's usefulness is enhanced by the developmental life cycle perspective and its conceptualizations of remarried families. The life cycle perspective normalizes the transition into remarriage. Families are encouraged to develop better adaptive functional patterns of behaviour to help them cope with the new sets of demands which accompany remarried family formation. Issues such as lowered cohesion, more permeable boundaries and unique hierarchy arrangements when compared to nuclear families can be viewed as healthy if the family is still able to accommodate change and meet family member's needs.

Enduring patterns of behaviour are created by repeated transactions and determine rules by which the family functions. Rules prescribe how, when and with whom family members interact. For remarried families, enduring patterns of behaviour are likely to exist between family members with histories which pre-date the remarriage (e.g., biological parent-biological child, stepparent-former spouse). It is these enduring patterns of behaviour which are particularly challenging for the remarried family as they begin to accommodate new members. I found that for the remarried families with whom I worked this was a particularly delicate issue. It was a challenge for the newest member to find a sense of belonging within the family. As well, parents' growing attention for their new

partners often competed with the attention they paid to their children. Stepparents often felt their position with their partners was challenged by their partners' closeness to biological children.

I found that in all the families, subsystem work facilitated appropriate structural change. Specifically, couple/parental subsystem work often needed to occur at some point in the therapy process. Sometimes subsystems were the only part of the family I saw. Browning (1994) and Visher and Visher (1996) support this type of approach. They suggest that subsystems be seen prior to working with the entire family system. After subsystem issues are addressed and they are stabilized, then various other subsystems may be brought together with the eventual goal of greater family integration.

I found that often issues which generated extreme anger and frustration were best dealt with at a subsystem level. Once diffused, it seemed helpful to then address these issues at a larger unit level. Browning (1994) found that therapeutic sessions in which intense negative emotions were expressed with the entire remarried family present may only serve to drive families apart because they do not have the history which may enable them to tolerate greater emotional intensity.

Minuchin (1974) referred to creating and reinforcing appropriate hierarchies in families. In my experience, the process of reinforcing appropriate hierarchies and boundaries occurred with great caution and only after addressing multiple factors in the remarried family. As stated previously one cannot assume that remarried families will require the same boundaries as traditional first married families. This is not to say that remarried families cannot become more like traditional first married families. Rather, it

is to caution the therapist that the remarried family goes through phases of evolution which may not parallel traditional family constellations. For example, I frequently found that stepparents assumed the role of disciplining stepchildren prior to having the necessary prerequisite relationship. While in nuclear families disciplining is assumed to be the natural territory of parents, with stepparents, this is an acquired responsibility. More comfortable and functional stepparent roles resulted from challenging family's assumptions that they must function like nuclear families and providing them with the information that they can form alternate, yet functional systems which do not follow the nuclear family model.

Structural family therapy encourages parents to "take charge" of children. Prior to taking charge of children, I recommended that stepparents adopt more of a role of monitor or supervisor rather than disciplinarian with stepchildren. Once the adults in the family grasped this concept and put it into practice, they found it lead to improved relations. However in some families the challenge was for the biological parents to assume a primary parental role and not to defer to the stepparent.

Minuchin, Rosman and Baker (1978) see the problem child as a symptom bearer. In some ways the child serves to perpetuate dysfunctional family patterns of behaving. Conversely, Anderson and White (1986) and Crosbie-Burnett (1984) find that the quality of the stepparent-stepchild relationship is more critical to remarried family functioning than the couple relationship. They caution that to extrapolate from a child's behaviour to the quality of the marriage may concentrate the therapist's work on the marital dyad rather than on the stepparent-stepchild relationship. In my practicum, thorough assessment

helped to determine where the problem lay. I found that while some of the children may have had legitimate problems, how the families perceived or came together in terms of dealing with them was more of a problem than the child's "problem" itself. Often the child's problem became an exaggerated point of contention between the adults in the family. In several families the child's problem kept previously married adults engaged in a tug-of-war.

Structural family therapists may see certain coalitions, for example between mother and child, as being a sign of dysfunction and a method by which problems in the family are deflected. In working with the nuclear family, structural therapists would work towards strengthening the generational boundaries. In my experience the biological tie needed to be balanced with the developing couple tie. I often encouraged the newly remarried couple to strengthen their relationship while at the same time encouraging biological parents to maintain appropriate closeness with their children. This also contributed to children feeling more secure with their biological parents and had a positive ripple effect in their relationships with their stepparents.

Structural family therapy utilizes "enactment" and "therapeutic intensity" (Minuchin, 1974). With this intervention, families enact "dysfunctional" family transactions. The therapist intervenes by helping to create boundaries or intensifying the interaction. This is intended to change or shift family patterns of interacting and strengthen boundaries. I found that many of the families with whom I worked already had a substantial degree of intensity. In some instances I had to diffuse intensity by working with subsystems and controlling interaction to facilitate greater understanding. This approach sometimes

facilitated the creation of more appropriate boundaries. Browning (1994) cautioned that intensifying stress in remarried families may increase the family members' natural fear of dissolution and may be countertherapeutic.

I found that the process of joining with families by being responsive, genuine and attentive was a good first step to intervening. However joining without remaining emersed in family interaction was a challenge. After initially joining, I sometimes had to try to deliberately emotionally remove myself from the family emotional system in order to be effective. Sometimes becoming emersed in the family's emotional field was helpful in that it gave me a real sense of what family members experienced.

I also found myself struggling with being overly courteous. I had to remove myself from a courteous stance to one in which I was able to challenge the family's perception of problems and interactional patterns. Reviewing my interaction with families in taped sessions greatly facilitated my gaining greater flexibility in sessions in regards to the variety of roles I could take.

In some instances it was a challenge to develop a common understanding of how change could occur. This was especially true for families who were totally focused on child problems. Shifting from child focused problems to an understanding of the problem which targeted the entire family for change was sometimes "a hard sell". I found that informing families from the start that I worked from a family perspective set the stage for family intervention. I also found that the use of the genogram facilitated the shift from child focused to a family conceptualization of the problem. Browning (1994) stated that while remarried families frequently come to therapy with child focused problems, coming

to agreement on deciding what to work on is challenging. Visher and Visher (1979) suggested that difficulties in establishing a mutually agreed upon goal may be difficult to do because of the role ambiguity of the stepparent. I also found that differences in opinion between the adults in the family as to the etiology of the problem further complicated agreement on goals for therapy.

I found the process of boundary making very helpful. In session I would sometimes have clients change their seating arrangements, get people who previously would not talk in session to talk, prescribe specific tasks, and see specific dyads or subsystems together in an effort to strengthen some boundaries and loosen others. With most of the families, strengthening the couple/parental was needed. Strengthening the couple/parental dyad had a ripple effect on the entire system and facilitated positive changes in the entire system.

Sometimes I would unbalance the system by temporarily joining and supporting one side. I found this to be a very effective way of helping some family members (especially children) gain a voice on issues. While shifts did occur in session for some family members, I sometimes wondered if this translated into more long lasting functional ways of relating outside the sessions.

I found that providing information was very helpful in raising adults' awareness of their situations and in challenging their assumptions. Some readings, such as those which targeted remarried family formation, helped them to confirm what they were feeling and challenged their thinking in terms of what they needed to achieve. Through the process of reading about other families' experiences, some of their experiences were normalized.

I also hoped this type of information would help remarried families to begin to compare their experiences to other remarried family norms rather than to the nuclear family. I sometimes found that even though I provided normative information on remarried families that many clung to the idea of becoming like the "ideal" the nuclear family in terms of having the same kind of sense of belonging, caring, love and warmth that they once may have had or hoped to have had in their experience of the nuclear family. This often led to discussions around grief and loss issues. Some families continued to be stuck on the notion that if they created a home which looked like the nuclear family home that feelings would follow. It seemed whenever they began to compare their experience in terms of closeness and love to nuclear families they were disappointed.

Many families wanted me to give them advice and tell them what to do. My strategy was always to give them the tools and opportunities to make their own informed choices. I would often present them with various options, discuss potential outcomes, and then helped them to make choices.

I found that the structural family therapy framework was lacking in that it provided no direction in terms of working with families where violence and safety issues were a concern. When issues of violence emerged in one of the families, I consulted an expert in the field for guidance.

Working with remarried families requires flexibility and creativity in scheduling, dealing with complex situations, and in thinking about possibilities. Rather than thinking that remarried families had to fit a certain standard, the challenge was to help families discover what worked best for their needs. Often this involved helping them to sort

through the past, develop new ways of thinking and reacting to the present, and to plan for the future.

At times I felt frustrated with family members' inconsistency in attending sessions. Sometimes I had to depart from working with expected subsystems to working with only one family member. I had to shift my expected agenda of working with whoever it was I thought I'd be working with to facilitating the needed changes in the family with whoever showed up. This meant paying greater attention to what needed to happen on a process level rather than being wedded to content. This wasn't always easy and sometimes I stayed focused on what needed to be changed by starting the session with a few quickly jotted down memos regarding what needed to be changed, so that I could focus on process. I found that change in one part of the system did indeed facilitate change in other parts of the system.

I found that often adults' perceptions of problems and past hurts had to be processed before they were able to move on and form new types of relationships. This was not a simple process and began after some level of comfort and trust was established. What was going on inside the person's head often had to be teased out, acknowledged and worked through. Often this meant that I had to pay attention to implicit messages or even body language to get at the real meaning of interactions. Once I was able to decipher what the person really perceived, then the old replayed "tapes" about who did what wrong, could be erased and new tapes created.

Some issues had to be dealt with on an individual level before some families could move towards greater stability. For three families in particular, individual issues for one

or both of the spouses impacted and inhibited the progress of the family towards more structural stability. In these instances I continuously evaluated whether issues were best dealt with at a family or individual level.

Structural family therapy and the life cycle perspective are complementary. Where structural family therapy provides the tools for assessing the unique structures of families, the life cycle perspective provides the beginning therapist with a template of family functioning at various developmental phases and steps. It provides guidelines for family members prerequisite attitudes for the successful navigation of the phases as well as corresponding tasks of the family and its individual members.

The Life Cycle Perspective

The life cycle perspective facilitates the goals of family therapy to emerge naturally by comparing where a family is at developmentally and where it should be. Focusing on developmental issues in relation to the presenting problem helps the therapist to be anchored in a viewpoint other than that of pathology (Liddle, 1988).

The life cycle perspective provided me with a grounding in terms of which special challenges and tasks needed to be accomplished for certain life transitions. It also helped me and the families to understand the family's normative issues. I didn't use the life cycle perspective as a bible, rather as a guide. Some families' needs and tasks naturally departed from the framework due to their own idiosyncratic membership and needs. I found that cultural or religious factors were two determinants which impacted how the life cycle transitions played out.

I found that the life cycle perspective was limiting in terms of its applicability to the very complex families with whom I worked. The concepts regarding remarried families were underdeveloped. Sometimes it was a real effort to "fit" families into the perspective. I had to creatively adapt the framework to get an adequate assessment of the family. The concepts of vertical stressors and systems level stressors were quite helpful in that they assisted me to look beyond the immediate circumstances of the family. Examining these influences also helped me to get at factors in the environment which could mitigate stress and difficulties in the families, as well as look at possible areas of added stress.

Papernow's (1984, 1993) experiential model of remarried development was very helpful in expanding my understanding of REM family experiences. I found that many of the families I saw fit with at least one of the first three phases or a combination of the phases of fantasy, immersed, or awareness stages. This map of family experiences helped me and the families to understand that what families were experiencing was normal and that the evolution of a functional remarried family takes time. As with the life cycle perspective I found that families didn't neatly fit into one category or another, rather the framework had to be creatively adjusted to fit families.

Genogram

I found the genogram to be an indispensable tool. It was helpful for a number of reasons. It helped to organize complex data, and helped the family to get a more objective view of their formation and their particular history. It helped families and myself to gain a better understanding of their context in terms of history, societal, and family

suprasystem influences. This helped to open up their thinking in terms of their family identity and paved the way to creative ways of finding solutions to problems. It was also helpful for stimulating a greater sense of cohesion among family members. Often members were not familiar with certain aspects of other members' histories, perspectives, and stories and often found this fascinating. I was often amazed at how focused family members would become when they began this work. Families became intrigued with putting bits and pieces of their family puzzle together. This created a greater sense of understanding among family members and opened up the door to creating new interactions.

FAM III Measure

The FAM III was a useful tool especially for corroborating and expanding my clinical impressions of the areas of difficulty for the families I was working with. It was helpful to see how family members' scores compared with one another to obtain a better understanding of the degree of agreement or disagreement on areas of difficulty.

I was somewhat puzzled about the meaning of differences in pre- and post-therapy scores. What did it mean when scores were relatively unchanged, yet family members reported change and I observed shifts in therapy? What did it mean when a person's post-therapy result was greatly improved, when I thought there was little progress in some areas of functioning? In retrospect I think it would have been helpful to use another measure, specifically aimed at remarried family strengths and problems areas. This may have helped me not only to formulate hypotheses about the families but may have helped

me to decipher shifts in family functioning which were not picked up by the FAM III.

I also felt that I didn't get enough of an assessment of family strengths, except from my observations. How hopeful, committed and concerned were family members in regards to their remarried family? Morrison and Stollman (1995) suggest that determining strength in remarried families and their subsystems is essential to REM family assessment.

Client Satisfaction Survey

The Client Satisfaction Survey helped me to obtain a picture of families' subjective experiences of therapy, of myself as a therapist, and of the Elizabeth Hill Counselling Centre as a facility.

All of the families indicated that they either always or usually felt that they got the kind of help they needed. All the families indicated that therapy either always or usually provided ways in which they understood their problems better. Families indicated the following as having changed through the process of therapy: greater individual understanding of problems, improved family understanding of the problems, improvement in family relationships, and improved communication. Several families observed that they no longer rehashed old problems and that they now looked at problems in new ways.

In terms of what was most helpful, clients indicated the following: dealing with past issues and putting them to rest, discussing issues and feelings in a safe environment, readings and home work, and never feeling judged. All clients indicated that therapy was either helpful all of the time or helpful most of the time. All clients said they would

return to EHCC should they need services in the future. In response to the question "If you could change one thing about the therapy experience, what would it be?" most clients either answered "nothing" or "shorten the waiting time for service". I found the experience of using the Client Satisfaction Survey in the last session and discussing any further concerns families had to be an excellent way of providing closure to the therapy experience.

Conclusion

In this practicum my primary learning goal was to gain greater knowledge and expertise in doing family therapy. This objective was achieved. I feel that I have gained a working knowledge of structural family therapy, and have begun to pick from it ways of viewing the family and interventions which I feel are particularly useful for me and fit with my personal style. I gained a tremendous breadth of experience in working with families even though my experience was mostly with the remarried family form. I believe that in spite of concentrating on remarried families, that many of the challenges encountered and knowledge gained is transferable to many other family forms with many other types of problems. While I dealt with unique family situations and problems, their commonalities enabled me to have an in-depth exploration of remarried family problems.

Information from the growing body of literature on remarried families, the life cycle perspective and structural family therapy provided me with a firm foundation of understanding the families with whom I worked. Using structural family therapy interventions facilitated the change process. I feel that I have acquired a foundation in

both working with remarried families and in structural family therapy. I feel that this knowledge will serve me well as I continue to work with families.

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Appendix

ELIZABETH HILL COUNSELLING CENTRE

CLIENT SATISFACTION SURVEY

In order to help improve the services we provide at the Elizabeth Hill Counselling Centre, please answer the following questions. We are interested in your honest opinions, whether they are positive or negative.

PLEASE ANSWER ALL THE QUESTIONS. Thank you very much for the time you have taken in completing this survey.

1) What was the main reason for coming to therapy?

2) How often did you feel you got the kind of help you needed in therapy sessions?

Circle one: a) always b) usually c) sometimes d) rarely

3) Was the therapy helpful in providing ways for you to understand your problems better?

Circle one: a) always b) usually c) sometimes d) rarely

4) What has changed since you came for help?

5) What has stayed the same?

6) What was the most helpful?

7) Overall how helpful was the therapy experience?

Circle one: a) helpful all the time b) helpful most of the time c) helpful a little of the time d) not helpful at all

8) If you needed counselling in the future would you come back to Elizabeth Hill Counselling Centre? ____Yes ____No. Please explain.

9) If you could change one thing about the therapy experience, what would it be?
