STRUCTURAL FAMILY THERAPY:
AN APPLICATION WITH MILITARY REMARRIAGE FAMILIES

BY

Paul A. Rosebush

A Practicum Report
Submitted to the Faculty of Graduate Studies
in Partial Fulfillment of the Requirements
for the Degree of

MASTER OF SOCIAL WORK

Faculty of Social Work
University of Manitoba
Winnipeg, Manitoba

ISBN 0-315-98975-0

Name Paul A. Rosebush

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- Finance 0508
- History 0509
- Labor 0510
- Theory 0511

Folklore 0358
Geography 0366
Gerontology 0351
History
- General 0578
- Ancient 0579
- Medieval 0581
- Modern 0582
- Black 0328
- African 0331
- Asia, Australia and Oceania 0332
- Canadian 0334
- European 0335
- Latin American 0336
- Middle Eastern 0333
- United States 0337

History of Science 0585
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Social Work 0452
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- Cell 0379
- Ecology 0329
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- Genetics 0369
- Limnology 0793
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- Human Development 0758
- Immunology 0982
- Medicine and Surgery 0564
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- Nursing 0569
- Nutrition 0570
- Obstetrics and Gynecology 0380
- Occupational Health and Therapy 0354
- Ophthalmology 0381
- Pathology 0571
- Pharmacology 0419
- Pharmacy 0572
- Physical Therapy 0382
- Public Health 0573
- Radiology 0574
- Recreation 0575
- Speech Pathology 0460
- Toxicology 0383

Home Economics 0386

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- General 0485
- Agricultural 0749
- Analytical 0486
- Biochemistry 0487
- Inorganic 0488
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- Organic 0490
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- Physical 0494
- Polymer 0495
- Radiation 0754

Mathematics 0405
Physics
- General 0605
- Acoustics 0986
- Astronomy and Astrophysics 0606
- Atmospheric Science 0608
- Atomic 0748
- Electronics and Electricity 0607
- Elementary Particles and High Energy 0798
- Fluid and Plasma 0759
- Molecular 0609
- Nuclear 0610
- Optics 0752
- Radiation 0756
- Solid State 0611

Statistics 0463

Applied Sciences
Applied Mechanics 0346
Computer Science 0984
Engineering
- General 0537
- Aerospace 0538
- Agricultural 0539
- Automotive 0540
- Biomedical 0541
- Chemical 0542
- Civil 0543
- Electronics and Electrical 0544
- Heat and Thermodynamics 0348
- Hydraulic 0545
- Industrial 0546
- Marine 0547
- Materials Science 0794
- Mechanical 0548
- Metallurgy 0743
- Mining 0551
- Nuclear 0552
- Packaging 0549
- Petroleum 0765
- Sanitary and Municipal 0554
- System Science 0790

Geotechnology 0428
Operations Research 0796
Plastics Technology 0795
Textile Technology 0994

PSYCHOLOGY
General 0621
Behavioral 0384
Clinical 0622
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Experimental 0623
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Physiological 0989
Psychobiology 0349
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TABLE OF CONTENTS

Chapter VIII

Appendices

ABSTRACT

This report examines the convergence of theoretical and clinical thinking on the phenomenon of remarriage and the dynamic effects of military life on families. This information is used to provide a rationale for intervention with military remarriage families.

The primary focus of the practicum was to use Structural Family Therapy with young blended families. Altogether five military families were treated using this method of which four were comprised of various permutations of stepfamilies. One family was not reconstituted but the father had been absent for lengthy periods of naval duty over the course of many years. As a consequence, this family too was experiencing problems related to reconstitution.

All families contracted to participate in eight sessions of family therapy. Therapy took place at 17 Wing Winnipeg at the Air Command Social Work Office located in the Wing Hospital. Referrals for the practicum were provided by military social workers. The five families presented with problems ranging from child focused, ex-spouses, weak parental and marital subsystems, to over-distance and family functioning. In all cases a child was labelled as the identified problem.

With each family system therapy sought to reframe the presenting problem into a larger family context, promote the development of an effective family system by altering subsystems and provide a new transactional context where family members could develop new patterns of interaction. Specific structural intervention techniques that were used by the student include enactments, unbalancing, focus, intensity, boundary manipulation, crisis-induction and complimentarity.

From a clinical standpoint, four of the five families felt there was growth in the family and that they had resolved what they entered into therapy for. In all cases the presenting problems were successfully reframed, communication in the family generally improved and a clearer family structure emerged. Despite this, only two of the families can be considered to have done well with family therapy.

There was also an evaluative component built into the practicum. Client families were pre and post-tested with FACES II (Family Adaptation and Cohesion Scales) and the Brief FAM (Family Assessment Measure) both of which are standardized inventories for family functioning. One family was also assessed regularly with a single-system design where the dependent variable was family functioning as measured by the Family APGAR (Adaptation, Partnership, Growth, Affection, Resolve). Findings from all the

inventories were uniform and suggested varied responses to therapy for families involved in the project. A client satisfaction scale was also employed in the practicum. The highest scores were found to be in the area of therapist performance. The lowest scores were found in the degree of family change.

A key component to the entire practicum was the weekly supervision that the student received and the use of video-taped session feedback for use in skill development.

In summary, the practicum was beneficial to the student as a conceptual and practical learning experience in the areas of Structural Family Therapy, remarriage, military families and in the use of standardized empirical measures in a therapy setting. It is furthermore the first piece of research linking remarriage and military issues and the first case study of military families examined from a family therapy perspective in Canada.

ACKNOWLEDGEMENTS

This practicum report could not have been completed without the support and love of my wife, Julia and my children. This report is dedicated to them.

This report would not have come to fruition without the guidance of others. I am indebted to Professor Ranjan Roy who took me under his wing and made my graduate work meaningful. I am grateful to Dr. Harvy Frankel for his willingness to meet with me and offer insightful direction. I am also grateful to Major Gushue and the Canadian Forces for providing me with the resources and support to complete my Master's training. Finally, I offer my gratitude to Mrs. Kathy Williams for her abiding support and her superior ability in fashioning this report into a professional document.

INTRODUCTION

This practicum report represents the convergence of theoretical and clinical thinking on two issues that have consumed my attention for some time, namely the phenomenon of remarriage and the dynamic effects of military life on families. Originally this practicum was designed to assist me to develop family therapy skills with remarriage families experiencing adjustment problems. It grew to encompass both remarriage and military families through my work as a military social work officer at CFB Winnipeg and after receiving direction from my advisor, Professor R. Roy. I also came to understand through this experience that remarriage families and military families share many characteristics regarding lifestyle and lifecycle.

In total, five military families were part of my practicum of which four families were comprised of various permutations of stepfamilies. All families contracted to participate in eight sessions of family therapy. The clinical model used to guide the practicum was structural family therapy. In an effort to add some rigor to the therapy process, several standardized empirical measures were used to examine the families in therapy prior to and

following therapy. A key component of the practicum was the weekly supervision that I received from my advisor, Professor R. Roy who scrupulously examined videos of my therapy sessions and helped shape my thinking and practice of family therapy. It would not be an understatement to suggest that Professor Roy had the onerous task of pushing me to develop the executive skills that are necessary to be an effective family therapist. I am confident that I now have the clinical and practical background to be of use to families in a therapy setting. The empirical findings will support this.

The practicum report opens with a historical look at the phenomenon of remarriage and further explores institutional forces in our society that have cast aspersion on remarriage and stepfamily life. Chapter II of this report examines developmental and systemic issues that are unique to remarriage and helps explain where problems are likely to arise for stepfamilies. Chapter III provides a discussion of military families. This chapter dymystefies military family life and endorses a family focused approach to intervention with military families. Chapter IV explores the literature on intervention with stepfamilies and provides a detailed description of structural family therapy, the model of therapy used in the practicum. Chapter V provides a discussion on practicum design and Chapter VI attends to methodolgy. Clinical illustrations

are provided in Chapter VII. Chapter VIII provides the conclusions reached pertaining to the practicum experience.

The questions that I used to guide my research follow.

Research Questions and Educational Objectives

1. Are remarried families treated differently by society?
2. What developmental and systemic factors influence stepfamilies?
3. How do stepfather, stepmother and complex stepfamilies differ in terms of family functioning?
4. Do military families experience a different lifestyle and life cycle from the general population?
5. What kind of intervention would military families experiencing difficulties benefit from?
6. What are the characteristics of structural family therapy that would make it a useful model of intervention for remarriage and military families?
7. Would the practicum experience be helpful for the study population?
8. Would the practicum experience develop conceptual and executive family therapy skills in the student?

My educational objectives for the practicum centred on two issues. First, I wanted to develop a high level of competence in the use of family therapy methods. Secondly, I wanted to develop a deeper and richer

understanding of the issues which challenge military and remarriage families.

Profile of Remarriage In Canada

Remarriages have been occurring frequently and more and more people are becoming part of a remarried family. As a percentage of all marriages in Canada in 1986, 22 percent of them involved the remarriage of at least one spouse (Statistics Canada, 1991). Based on statistical modelling, 76 percent of divorced men and 44 percent of divorced women will remarry (Statistics Canada, 1991). According to Statistics Canada (1991), these numbers increase for the widowed and divorced population under 35 years of age. The number of divorces grew substantially from approximately 30,000 in 1971 to approximately 78,000 in 1986 primarily due to changes in legislation to the Divorce Act of 1968 and 1985. Similarly remarriages increased almost proportionally from 22,000 in 1971 to 38,000 in 1986 (Statistics Canada, 1991, p. 68). Exact statistics on the number of children in blended families are unavailable, but Statistics Canada (1991) is of the opinion that their numbers are also on the rise. The research of Glick and Lin (1986) and Visher & Visher (1988) reveals that one in five children were stepchildren in the U.S.A. in the 1980's. It is also important to consider that remarriages fail at a

rate of two to one over first marriages (Cherlin, 1978, 1981, 1992).

In Canada one-fifth of all marriages in 1985 were remarriages whereas only 10 percent of all marriages in 1971 involved a remarriage (Statistics Canada, 1989). For the years 1987 and 1988 the remarriage rate increased substantially to one-third of all marriages where at least one spouse had a previous marital status (Statistics Canada, 1989). This profound growth could be directly related to two conditions. First, there were fewer first marriages taking place due to changes in the marriage market. Second, liberalized changes to the Divorce Act in 1968 and 1985 added a large number of younger people to the marriage pool (Statistics Canada, 1993).

We truly live in a society where sequential marital relationships occur frequently. In fact, as Landis (1950) prophetically observed, we live in a culture where "sequential polygamy is more common in our society than polygamy in some societies of polygamous cultural norms" (p. 628).

CHAPTER I

REMARRIAGE: HISTORICAL AND SOCIAL CONTEXT

Remarriage is a phenomenon that has been part of mankind's social fabric for centuries. Despite this, the ongoing practice of remarriage has been misconstrued as a developing institution by social scientists who are not familiar with its historical context (Nett, 1988). First marriages on the other hand have received the moral sanction and support of society. Marriage at its most basic level is a legal and social contract that creates families, regulates human development and provides the basic structure for a society to operate (Songer & Dupaquier, 1981). Marriages are so central to the structure and organization of a society that numerous social institutions have developed to reinforce its practice.

Marriage in the past was a life-long proposition. This can be primarily attributed to the short life span of past populations. However, in the case that one spouse died, there were social mechanisms to ensure that families were not destroyed. One such mechanism was remarriage and due to the family's crucial role in society, remarriage after the death of a spouse was generally supported by the local community (Wall, Robin & Laslett, 1983; Gottlieb,

1993; Rawson, 1991). Research has demonstrated how the incidence of remarriage has been linked historically to mortality and fertility rates (Sanger et al, 1981). Informally, when mortality rates increase and fertility rates decrease, remarriage can serve to moderate such patterns by contributing more people to the "marriage market" (Songer et al, 1981, p. 4). The practice of remarriage can justly be considered as a functional social adaptation to societal threats, whether as in the past with epidemics that could wipe out entire communities or with today's high divorce rates.

There are many instances of remarriage that can be traced with solid evidence from ancient Rome through to the present. In 16th century England and France, and 17th and 18th century America, it was not uncommon to find up to 30 percent of marriages as being remarriages (Pasley & Tallman, 1987; Songer et al, 1981). Other European cultures that were agriculturally based also supported remarriage as this practice helped their society to remain stable (Palli, 1981; Gottlieb, 1993). In ancient Rome, divorce and remarriage were common. In fact, it was not unusual to find serial marriages with a large percentage of the ancient Roman population (Rawson, 1981).

Prior to the 19th century, remarriage was tolerated for a number of reasons. As discussed above, remarriage counterbalanced mortality and marginally

influenced fertility rates. Remarriage further met economic factors by providing a source of labour to households. This was of paramount importance to agriculturally based communities. Remarriage further provided a means for the succession of property where law or custom required a property holder to have a husband (Songer et al, 1981; Gottlieb, 1993). Despite this, in areas where there was a rich supply of servant labour, remarriage was not as common (Schmidtbaur, 1983).

Several themes emerge in research findings on remarriage that bear scrutiny. It is clear that, in both Europe and America, remarriage rates for widowers were considerably greater than remarriage rates for widows (Songer et al, 1981). Women also tended to outlive their husbands by a rate of "two to one" and the longer one lived increased his/her probability of remarriage (Pasley et al, 1987, p. 4). Remarriage following the death of a spouse was also more common than remarriage following divorce. Despite its context, remarriage has been considered a male dominated phenomenon supported by the community, law courts and religious institutions (Pasley et al, 1987; Corsini, 1981).

Into the 20th century in America widowers and widows were remarrying more than people of divorced status (Pasley et al, 1987). However, by 1980, nine-tenths of all remarriages involved people with a divorced status (Pasley et al, 1987). Research completed by Cherlin (1981) shows

that in the United States in 1900, 3 percent of women remarrying were of divorced status. This figure grew to 9 percent in 1930 and to 28 percent in 1978. As a proportion of all marriages in the 20th century, remarriage following divorce was gaining prominence. The figures for remarriage following divorce in Canada are not as dramatic as those reported in the United States. In 1928, only 1.0 percent of the marriages were registered for men and women with a divorced status. In 1958, the statistics for men increased to 3.7 percent and for women 3.8 percent. In 1978, men remarrying with a divorced status increased to 14.9 percent of all men marrying while at the same time, 13.4 percent of women marrying had a previous divorced status. In 1988, 21 percent of men who were marrying had a previous marital status while 20.3 percent of women who were marrying also held a previously divorced status. These figures reflect the only increase in a specific population who were marrying throughout the century. As an example, the marriage of those with a single status decreased from a high of 94.2 percent for males and 96.0 percent of women in 1938 to a low of 76.2 percent for men and 76.7 percent for women in 1988. The marriage of widows and widowers likewise decreased from a high of 8.6 percent (men) and 6.0 percent (women) in 1928 to a low of 2.8 percent (men) and 2.9 percent (women) in 1983 (Statistics Canada, 1992).

It becomes apparent upon close examination that remarriage is not a developing institution. It is a marital alternative that has been prevalent for centuries. The difference between remarriage today as opposed to the past is context. Today, remarriage invariably follows divorce as opposed to death. Life-spans are now longer and free of the social restrictions that previously frowned on divorce, people are looking for more satisfying relationships in remarriage. The family pattern as we have known in the West has undergone dramatic change in the last 25 years. While the phenomenon of remarriage is not new, today's number of remarriages is staggering affecting at least half of the children under 18 and as high as one-third of the adult population (Visher & Visher, Glick & Lin, Statistics Canada, 1989).

Remarriage: Religious Perspective

The institution of religion like all other social organizations that pass down culture, values and mores from generation to generation has been slow to adapt to the phenomenon of remarriage. Aries (1981) states that "Western attitudes to sexuality and marriage were formed during the middle ages" but that societal attitudes are slowly changing as the practice of remarriage increases (p. 27). Aries (1981) informs us that "until the eighth century, the church's doctrine and moral teachings were unfavourable to

remarriage" (p. 28). Early church leaders including St. Augustine regarded marriage as "a remedy for concupiscence and fornication" (Aries, 1981 p.28). In light of this, remarriages were viewed as a way of managing sexual relations in a socially acceptable manner. However, while the church espoused its doctrine, Aries (1981) further informs that people did not necessarily follow it blindly. Community standards and public opinion were regarded to be more influential than ecclesiastical law. Thus, neither church nor state could regulate marriage which remained very much a "private act" which was established either by reputation or negotiation (Aries, 1981, p.29). Religious involvement in marriage was primarily limited to church blessings for fertility if used at all during this period.

Aries (1981) indicates that this laissez faire approach to marriage started to change some time between the 9th and 10th century during what is referred to as the Carolingian renaissance. The church, during this period, made marriage a sacrament and began to take a closer interest in their lay community. However, "traces of the former disapproval of remarriage remained in the liturgy" (Aries, 1981, p.29). This was reflected in the church's refusal to bless the remarriage of widows despite its proclivity to approve and bless the remarriage of widowers. Into the 12th century, the lobbying of the aristocracy and the evolving concerns by the church for the welfare of its

people helped influence the church to soften its position on remarriage (Aries, 1981).

Aries (1981) challenges us to look beyond mere demographics and to view remarriage in the context of the spirit of the times. For example, during the Victorian period in America remarriage was viewed by conservatives as "nothing less than registered concubinage" (Pasley et al, 1987, p. 9). We are furthermore reminded of the Catholic church's long-standing refusal to sanction remarriage. On the other hand, various protestant churches have offered varying degrees of support for remarriage while civil law has made it possible for all to legally remarry (Pasley, et al, 1987).

Evolution of Contemporary View of Remarried Families

The contemporary view of the way families should structure themselves appears to be the result of the family form that evolved during the late 1940s and 1950s. This family form has come to be referred to as a "traditional" or "nuclear" family. Demographers and sociologists, however, view the family that developed during this period as an abberation from pre World War II patterns of family life as well as post 1960 family life patterns (Cherlin, 1981; 1992).

To begin, the late 1940s and 1950s saw marriage and fertility rates rise at an unprecedented pace.

Accompanying this trend were social, political and media forces that trumpeted the renaissance of family values, a theme that continues to receive considerable attention to this day. Their origin, Cherlin (1981) suggests, may be rooted in the despair of the great economic depression of the 1930s and in the horrendous residual personal and social effects of World War II. The demographic patterns show that during the late 1940s and 1950s, unusually large numbers of people were marrying at younger ages and having more children while during the same period observing a steep decline in the divorce rate (Cherlin, 1981, 1992). The widespread unemployment of the 1930s forced many young people into adult roles where they had to acquire jobs to help support their families. Males generally sought employment outside of the home while females were given increased responsibility for the maintenance of households and younger children. The role of the patriarch during this period also generally declined in proportion to his employment status. These factors, Cherlin (1981) notes, helped prepare young people to assume family responsibilities sooner. Further, the economic boom which occurred in the 1950s, combined with the introduction of government backed mortgage programs (e.g. CMHA) assured young families of sufficient resources to provide for large families in independent households. In many ways Cherlin (1981) suggests that the drive to establish secure families

was a psychological response to their early experiences with economic depression and war. The print media and politicians further reinforced male headed families, a preference for gender divided roles and the prominence of the nuclear family as a socially desirable family form (Cherlin 1981, 1992).

It is my view that the changes in technology also influenced the development of the society wide perception of family norms. Here I am making reference to the introduction of television and its attendant family centred programs. The force of television in shaping opinion and attitudes cannot be minimized. Programs such as "Ozzie and Harriet" and "Leave It To Beaver," among others, offered its generations of viewers and following generations a snapshot of family life which may have helped institutionalize the nuclear family as the norm for family life in western society.

The 1960s and 1970s saw a return to characteristic demographic patterns. For instance, the divorce rate began to rise, average age at marriage rose and birth rates declined (Cherlin 1981, 1992). The forces shaping these developments are credited to a variety of trends. To begin, social attitudes began to shift which helped to make divorce more acceptable than it had been. Further, the introduction of no fault divorce laws helped to make divorce a more attractive option for discontented marital partners

(Cherlin, 1981). An increasing demand for labour, particularly in the service sector, also opened up opportunities for married and single women to drop the constraints of role expectations and seek through their employment, esteem and more importantly independence. No longer economically dependent on a husband, a woman could leave an unhappy marriage more easily. This was probably a good thing because Cherlin (1981) makes a value based observation that with baby boomers coming of age in the 1960s and 1970s, competition for jobs increased and a man's ability to adequately provide for his family decreased. Therefore, Cherlin (1981, 1992) found that baby boomers started to wait longer before getting married and waited even longer to start families. Modern contraceptive methods also provided women with alternatives to marriage and childbirth, and subsequently freed them to pursue careers and independent lifestyles. The women's movement, feminism and the steady march of women into professions have dramatically influenced women's choices regarding marriage. Women and society have benefitted by the gains that women have accrued as a result of their advocacy for social change. As such, women have justifiably become less tolerant of ill treatment and abuse at the hands of men and from a patriarchial society. Consequently, women are leaving marital relationships for reasons that were not

widely supported prior to the introduction of the women's movement.

The 1980s witnessed a slight decline from the peak reached for remarriage in the 1960s in the United States (Glick, & Lin, 1986). Still, the largest percentage of people remarrying in the 1980s were of divorced status and in their 20s (Glick et al, 1986). Statistics from the early 1980s show that men remarried at a higher rate than females, 84 percent to 77 percent (Glick, et al, 1986). Overall, while a decline in remarriage rates has surfaced, Glick (1986) was of the opinion that they still remained stable. Society's present perception of traditional family life is grounded on anomalous circumstances that quickly eroded into the 1960s. The traditional nuclear family with one breadwinner, two parents and several children remains a myth.

Lack of Institutional Support

North American life has not been configured for remarriage and the North American culture, it has been argued, lends no institutional support to it (Cherlin, 1978). Consequently, 40 percent of remarriages as opposed to 33 percent of first marriages ended for people in the 25 - 35 age range according to U.S. census reports in 1976 (Cherlin, 1978).

Despite this, remarriage after widowhood appears to be more enduring with lower divorce rates reported (Cherlin, 1978). Studies have even been completed suggesting that remarried people are generally less satisfied and less happy than people in first marriages (Cherlin, 1978). Furthermore, women in these studies reported greater dissatisfaction than men (Cherlin, 1978). Citing research completed by McCarthy (1977), Cherlin (1981) reports findings of cross cultural differences between blacks and whites in remarriage. Blacks showed greater stability in remarriage than first marriages with the opposite results for white respondents. Cherlin (1978) suggests that despite overwhelming references to problems in remarriage, clinicians have reported that remarriages can work well. Characteristics such as increased financial stability, a clearer understanding of personal needs, presumably better developed communication skills, plus obvious knowledge of the intracies of marriage make remarried people better candidates for a successful marriage according to mental health practitioners.

One may wonder why remarriages have a harder time succeeding than first marriages. One argument that has received considerable scrutiny is that there are no accepted social rules to shape remarriage interpersonal relationships. Other arguments suggest that complex kinship organizations and social roles that are not clearly defined also contribute to remarriage problems. In first marriages

this is not always the case. Kinships relations are well laid down and social roles are reinforced and supported by the family. Furthermore, society at least in North America, has woven first marriages into its fabric. An example of this is that in first marriages there often is a large "blow out" church wedding. In second marriage, there is a quiet gathering of several people with a Justice of the Peace. Further examples of this, can be found in our language, law and customs.

Language

The language of our culture is deficient in its interpretation of remarriage. No terminology has successfully evolved to move remarriage past myth and folklore. Many authors have suggested that the lack of appropriate terminology and symbols has hindered widespread role acceptance of step-relationships throughout society. Consequences of deficient symbols can be clearly found at the family level. For instance, "Stepparent" is a term that was originally used for "a person who replaced a dead parent, not a person who was an additional parent" as is the case with 90 percent of remarriages today (Cherlin, 1978 p. 643). The title "mom" or "dad" for a stepparent is generally inappropriate because of the probable existence of a biological parent who already holds that title. Language, it can be seen, has the potential to blur roles as well as

relationships. For instance, the notion of "step" implies an incomplete relationship and many families do not know how to include a new non-biological partner into their definition of family. For example, we often hear "he's my mother's husband" or "they are my wife's children." As well, family members of the person who married into a relationship that already included children would face the same dilemmas over kinship terms. I recall hearing a grandfather speaking about his grandchildren and when informed of the new step-grandchildren responded that they did not count because they were not related by blood. It would seem that consanguineous relations entitle its members to an exclusive bond or privileges which are initially absent in remarriage.

"Step" is said to have derived from the old English term "steop" which is the Teutonic root for "orphan" (Burchardt, 1990 p. 241; Einstein & Albert, 1986). Burchardt (1990) informs that the term orphan has become synonymous with themes of neglect and misery. Further, relationship terms such as "stepdame" and later stepmother are "loaded with negative meaning" (Burchardt, 1990 p.241). The Italian term for stepmother, "matrigna" is translated to mean "nature was cruel to him," him meaning children. (Burchardt, 1990 pp 241-242).

It is apparent that the language which reflects step-relationships are loaded with negative connotations

which include among others poverty and death (Burchardt, 1990). Moreover, the folklore and myths that have been passed down involving step-relationships have profoundly influenced the way society responds to remarriage relationships. Still popular fairy tales such as Snow White, Cinderella, Hansel and Gretal and the Juniper Tree tell of evil and cruel women who made the lives of their step-children miserable. While the stepmother has long been regarded as wicked, stepfathers recently have been developing a reputation for abuse in contemporary literature (Visher Visher, 1988; Burchardt, 1990). Proper terms have yet to evolve for the people affected by remarriage. For example, what will a spouse of the non-custodial parent be called and what about grandparents, uncles, aunts, and cousins who are not related by bloodline to stepchildren (Cherlin, 1978). When one considers all the possible newly configured relationships in a remarriage family and the lack of appropriate kinship terms, then one can begin to appreciate the confusion that is apparent in remarriage families.

Law

Law as an institution that guides behaviour has been poorly developed for the vagrancies of remarriage. The law easily details responsibilities of husbands and wives to each other and their dependents in first marriages (Cherlin,

1978). Remarriage, however, poses several problems for the law. Step-relationships are not clearly defined in legal terms and the attendant norms of responsibility, both financial and social, have varied from family to family. If a natural parent died, the stepparent would have no legal jurisdiction to maintain a parental role for the child, despite the possibility of lengthy involvement with the child (Cherlin, 1978; Einstein & Albert, 1986). Social boundaries of the home in many instances are blurred as joint custody decisions see children spending equal amounts of time at each natural parent's home. Whose family, one may question, is ultimately accountable for the child. It is not an understatement to suggest that financial and emotional accountability has the potential to suffer when passed back and forth between divorced parents.

The law regulates who can get married and prohibits close blood relations from marrying but has not adequately covered marriage for children who are related to each other as step-brother and step-sister. Cherlin (1978) informs that marriage and a sexual relationship between a stepparent and child is not prohibited by law in the United States providing the child is of legal age. Marriage under these circumstances is also not prohibited in Canada. In fact, Canada's "Marriage Act" states that only consonquineous and adopted relationships are prohibited by law from marrying (Statutes Canada). The recent events

surrounding film actor and director Woody Allen provides an excellent example of this. Without incest taboos reinforced through legal prohibitions, some critics have suggested that children will have difficulty forming appropriate affectionate relations with stepparents for fear of sexual exploitation (Cherlin, 1978; Albert & Einstein, 1986; Visher & Visher, 1988; Wallerstein & Blakeslee, 1989). Fine (1989) also informs that stepparents do not have the same legal rights as do natural parents and are frequently discriminated against in terms of custody and visitation following marital breakdown. He further informs that the law is ambiguous with respect to the responsibility of stepparents to their families.

The law also discriminates against remarriage through its taxation regulations. For instance, in Canada, any child maintenance payments that a mother receives from an ex-spouse must be considered as income in the new family. Tax laws such as these cited have the power to dissuade people from remarriage as an unfair financial penalty is incurred through remarriage (Zweibel, 1994).

Customs

Customs are collective practices passed down from generation to generation and prescribe ways of acting in response to differing circumstances. In certain instances, as is the case with politics in the British tradition,

customs come to hold the force of law. First marriages, according to Cherlin (1978; Wallerstein & Blakeslee 1989) provide a wonderful environment for the transmission of customs. With the presence of clearly defined roles, first marriage couples conceivably have a bountiful supply of relations to offer advice and support on everything from parenting to marital conflict. No such customs have yet evolved to support remarriage. Remarriage tends to see its members problem solve without a baseline, leaving essentially a hit and miss approach to daily living. Discipline, for example, varies among remarriage families. The role of the stepparent varies in remarriages. The roles that children assume in their new families vary. Practices of relating to ex-spouses and ex-in-laws again differ from family to family. The lack of widely sanctioned customs organizing human behaviour in remarriage significantly contributes to many of the difficulties found in remarriage (Wallerstein & Blakeslee, 1989; Berman, 1986; Ahrons & Rodgers, 1987; Peek, Bell, Waldren & Sorell, 1988).

Religion

Religion as an institution that guides behaviour has been particularly slow in responding to the changes in society that have occurred over the last 30 years. For instance, divorce has become a common place phenomenon affecting up to one in three marriages in Canada (Stats

Canada, 1991). However, Churches in general still regard the first marriage as blessed while remarriage is either politely tolerated in some circles or openly despised in others. MacKenzie (1992) notes that in the Old Testament, divorce was not considered as harshly or rigidly as in the New Testament, for example, "What God hath joined, let no man put asunder." The implications of religious interpretations of this nature have stalled religious bodies from providing support to its divorced and remarried membership. Viewpoints on remarriage in the Catholic Church have varied. Some segments of the Catholic Church absolutely regard first marriages to be indissolvable while other segments deem remarriage to be illicit but forgivable (Brunsman, 1985). Annulments have been the Catholic church's way of dissolving marriages with the good graces of the church and without penalty. For example, up to 4,000 annulments are granted annually by the Roman Catholic Church in Canada (MacKenzie, 1992). The implications for remarriage through the institution of religion is clear. Without sanctioning it, religion and the church paint a picture of remarriage as an unacceptable immoral act.

If a church refuses to sanction remarriage, then people in a remarried relationship lose another potential pillar of support. According to MacKenzie (1992), the Pentecostal Assembly of Canada will not allow its ministers to officiate the marriage of a divorced person and the

Anglican Church of Canada requires its applicants for remarriage to be screened by a commission of clergy. The Roman Catholic Church, as indicated, generally regards the marriage of a divorced person invalid if no annulment has been obtained and in many instances will not let these people partake in the Sacrament of Communion (Brunsman, 1985).

Religion, one may conclude, has not adequately kept pace with the changes in society and has in many ways negatively associated remarriage with divorce. It is interesting to observe that organized religion has seen a steady decline in membership over the last quarter century. Perhaps it has been its inability to respond to the changes in society, including the increased rates of divorce and remarriage, that have contributed to this trend. Regardless, remarriage has suffered some humiliating blows by the institution of religion that steadfastly considers the family a sacred trust. The London Times, in an article published in 1978 titled "Relaxation on remarriage of divorcees urged," questioned the Anglican Church's position on marriage as a lifelong commitment. Apparently, so are many others.

Summary

Like it or not, remarriage has been a part of our culture for thousands of years. However, it has never been a highly regarded family form and has suffered discrimination at the hand of various social institutions that persists to this day. One may reasonably conclude that, yes, society treats remarried families differently from first marriage families.

CHAPTER 2

DEVELOPMENTAL AND SYSTEMIC CONTEXT

Developmental Issues

The milieu of a remarried family is very different from that of a nuclear family. These differences have implications in terms of how a remarried family is perceived and for methods of clinical social work intervention with this population. A developmental family life-cycle model can assist one to look at the differences in a structured manner. Hunter and Schuman (1980) wrote of remarriage as a natural part of modern life where we find the meaning of family has changed to include people moving in and out of the family system at different points. Further, the authors regard families as being in a state of chronic change where the process of reconstitution is ongoing. Messinger and Walker (1981) saw remarriage in life cycle terms where the process begins at pre-separation and moves eventually to remarriage. Carter & McGoldrick (1989) and Schulman (1981) also conceived remarriage as a stage related process that begins with pre-divorce. Each stage leading to remarriage is seen to have tasks that require completion prior to moving to the next stage. Structural change throughout the process highlights the transition from one stage to the next. Garfield (1980) conceived the transition to

remarriage to be complicated by a lack of appropriate models and guidelines. Westoff (1975) wrote of first marriages being a training ground for a second marriage and Roblin (1971) wrote of remarriage as "the American way of marriage".

It would appear that a family life cycle model that at one time consisted of four predictable stages namely the establishment of a family through marriage, expansion of the family through the introduction of children, contraction of the family through the departure of children, and stabilization of the marital dyad following the departure of children, has changed (Wald 1981). Wald's (1981) four stage model was a contraction of Duvall's (1962) eight stage family life cycle model which further sub-divided family transition points into different stages based on age and needs of children. Wald (1981) and Carter & McGoldrick (1980; 1989) have added three more stages to the family life cycle for remarried families that are absent in nuclear families. They are: (1) dissolution of the first marriage through death or divorce (2) contraction into a single parent structure, and (3) expansion into a remarried two-parent, two-generation family. Each of these stages place a variety of stressors on families that must be addressed to assist successful stepfamily integration.

Sager et al (1983) suggest that many people now live out their life cycle "over the course of two or more

marriages" (p. 38). Not only are original life cycles disrupted, but new ones are added through remarriage. The family life cycle may also conflict with marital and individual cycles. For example, Sager et al (1983) wrote of individual, marital and family life cycles as separate entities. All of a sudden, in remarriage there are "multiple tracks" (Sager et al 1983, p. 45). Some of the life cycles will be connected to old systems at the same time as a new system attempts to establish its own life cycle.

Breunlin et al (1992) discuss first and second order changes that occur in a family life cycle. First-order change, according to the authors, is "gradual, quantitative, and continuous" and works within established rules of a system (p. 166). Thus, first-order change can be seen to be the predictable stages that constitute normal family development with the requirement for stability (maintenance of the system) and change (orderly expansion and contraction of the family system). Second-order change, on the other hand, is seen as family life cycle transitions that are "qualitative, abrupt, and discontinuous" and upsets the rules of a family system (Breulin et al, 1992 p. 166). In the context of a remarried family, one can see that first-order changes will occur as anticipated but that a plethora of second-order changes are superimposed on the former predictable changes. With respect to family life

cycle in a remarriage context, Carter and McGoldrick (1980) observe:

> It is our experience that this is one of the most difficult transitions for families to negotiate. This is because of the wish for premature closure to end the ambiguity and pain, and because of the likelihood that the previous stage (mourning a death or working out the emotional complexities of a divorce) has been inadequately dealt with, and will in any case, be emotionally reactivated. (p. 266).

Considerable therapeutic effort must be directed toward educating families about the built-in complexities of the process, so that they can work toward establishing a viable open system that will permit restoration of the developmental process for their life cycle phases.

Visher and Visher (1988) are of the opinion that the old family life cycle model is inadequate to describe the circumstances of remarriage as it is based on the nuclear family. It can only contribute to a diminuishion of family esteem for parents and children in remarried families. Visher and Visher (1988) call on therapists working with this population to understand the differences and complexities of a remarried family's life cycle.

Knowledge of the complexities and the "multiple tracks" of a remarried family's life cycle is helpful for social workers as it provides a theoretical framework to understand the experience. Moreover, an expanded family life cycle model can assist a social worker to generate

reasoned hypothesis about problematic behaviour in a remarried family and plan intervention accordingly.

Systemic Implications

Sager et al (1980) suggests that it is helpful to use a systems perspective to understand remarried families. Turner (1988) characterizes a system as reflecting:

1. interaction and interdependency between systems and a high degree of organization within each system;
2. change in one part of the system will effect other parts of the system.

Kent (1980) describes problems in remarriage as originating from boundary confusion. She suggests that it is difficult for a remarried family to organize its boundaries without a shared history and in the presence of competing interests. Dahl, Cowgill and Asmundsson (1987) report that remarriage stressors develop from "overlapping boundaries" and "multiple family roles and relationships" (p. 40). Wolf (1982) used systems theory to describe remarried families. Wolf (1982) viewed remarried relationships as "interpersonal and interactive, with change in any one part of the system affecting all parts of the system" (p. 15). As remarried families do not have the luxury of developing relationships over time, problems may arise in system roles and system boundaries. Consequently,

consolidation of the remarried family can be painfully slow. Dahl et al (1987) and Berman (1986) confirm this when they suggest that it can take upwards to five years for a remarried family to adjust to their circumstances. Halpern (1982) also described conflict in a remarried family as rooted in system problems. For instance, ambiguous boundaries, unclear roles and divided loyalties challenge the consolidation of a remarried family.

Wald (1981) observed a family system as being made up of four distinct subsystems. This includes the marital subsystem, the parent-child subsystem, sibling subsystem, and the extended family subsystem. She found that remarriage altered and added new systems to a family. Hobart (1988), in his exploration of remarriage as a family system, observed a remarriage to possess seven key relationship triangles that included varying combinations of former family members, present family members and extended family members. Carter and McGoldrick (1980; 1989) conceptualized remarried families as comprised of six possible relationship triangles. For example, the spouse, second spouse and ex-spouse constitutes one possible variation. Another triangle is between the remarried couple, ex-spouse and prior marriage children. Other variations include the remarried couple and prior marriage children; the remarried couple and prior marriage children on both sides; parent, biological children and stepchildren;

and the remarried couple plus their parents on either side (Carter & McGoldrick, 1989). Hobart (1988) also elaborated on the presence of boundary confusion and the high degree of marginality that members of a remarriage family system experience. Consequently, it is not uncommon to find a high level of ambivalence and inadequate bonding within remarriage families. Hobart (1988) moreover calls our attention to the difficulty that may be generated by linking up competing subsystems within the larger remarried system. Clingempeel and Brand (1985) also suggested that the more structurally complex a remarried family is increases the probability for another marital breakdown. Discussing the multitude of relationships in a remarriage family, Crosbie-Burnett (1984) says the only relationship that does not have a "raison d'etre are those between stepparent and stepchild" (p. 462). Robinson (1991) contributed a complete book which considered remarriage in systemic terms.

Viewing a remarried family in systemic terms has several advantages for social workers. First, it can help a social worker to conceptualize a family with respect to internal organization and external sources of influence. Second, a systemic model can guide social workers away from focusing on one family member as the identified problem. This theme is important as Ransom, Schlesinger & Derdyn (1974) have observed that remarried couples typically single out a child as the problem in the home as opposed to couple

or family adjustment issues. Finally a systemic approach can help social workers to develop hypotheses about remarried family problems and to plan interventions accordingly.

Predictable Problems

Remarriage is fraught with what appears to be an endless list of problems that nuclear families by-pass mainly due to process. Adjustment and expectations are at the root of the problem. To begin, remarried families come together after an experience of loss, for example death or divorce, and quite often carry the negative effects of that loss into their new marriage and household. A spouse may not have resolved feelings over the first marriage and children may fantasize about the reconciliation of their biological parents. After the demise of a first marriage, new independent household roles are established and mom and children (if mom has custody) begin to develop exclusive relationships that transcend usual parent child boundaries. Because of the parent's new single status, the parent may begin to get emotional needs met through the children, while the children develop roles and patterns of behaviour that may not be quite age appropriate (for instance new responsibilities such as caring for younger children or preparing meals at a younger age). This new "single parent" family works through adjustment after adjustment settling

into their new niche. When life begins to normalize, all this progress can be derailed by a parent's involvement with a new adult partner. When a parent decides to marry a new partner, any equilibrium in the family that has been achieved may once again face enormous disruption.

Combining families is difficult as it joins people together who do not share a common history. While first marriages usually give the adults time to develop their own relationship and gradually develop their family, a remarried family creates instantaneous demands on its members for which they are often not prepared. Apart from the normal logistics involving who gets what, what space one will occupy and who will spend time with whom various other considerations for structure, authority, discipline and economics will prevail. It has been widely reported that remarriages fail at a higher rate than first marriages but considering the adjustments that are required by so many people it is remarkable that any remarriages endure at all. External sources of pressure also affect adjustment in remarriage. Ex-spouses and other former relations may act as a persistent source of stress in many cases acting to prevent the consolidation of the new family. Social institutions frown on remarriage which also contributes to the lack of esteem found in remarriage families. Certainly, endless confusion and conflict from internal and external stressors may lead to difficult adjustments for both adults

and children in a remarriage situation. Children may particularly be in a state of conflict as they most likely had no choice in the decision for their parents to separate or in the decision for a parent to remarry.

Myths and Expectations

It is apparent that a remarried family's non-traditional developmental family life cycle and non-traditional systemic organization sets up such a family for disturbances, if not failure, through attempts to create a family along traditional lines. In this sense the "mythology" of family life as expressed by Kent (1988), Jacobson (1979) and Visher and Visher (1988) is inappropriate for the remarried family and contributes to unrealistic expectations for members of a remarried family. Einstein and Albert (1986) proposed that the following myths create discouragement in stepfamilies:

1. Stepfamilies should work just like nuclear families;
2. Stepparents are cruel and insensitive;
3. A stepfamily is created instantly;
4. All stepfamily members should and will love one another;
5. Stepfamilies formed after a death have fewer problems than those formed after divorce;

6. Part-time stepfamilies have it easier than full-time stepfamilies (p. 14).

Einsten and Albert (1986) further lament the harmful impact of the "instant love" and "wicked stepmother" myths. Church (1994) adds that evil stepmother myths are common to many cultures and even date back to the 13th century B.C. Myths of this nature were discovered in Egyptian, Indian, Greek, Japanese and Icelandic cultures. It becomes clear that one cannot consider a remarried family along normative family guidelines as therapists risk being seduced by the mythology as described above.

The decision to enter into a remarriage has been investigated and it appears that people who remarry do so to meet emotional needs (Roberts and Price, 1987; Garfield, 1980). The paradox, however, is that in attempting to get their emotional needs met, adults in a remarriage relationship enter into a stressful emotional environment. However, unless they have cohabited, a couple involved in a remarriage relationship cannot appreciate the challenges that they will experience until they marry. It is at the marriage transition point that the gap between fantasy and reality become evident. As an example, the following vignette is offered. A man approached a social worker at an agency where I was employed and requested assistance to help him find ways to modify the behaviour of his pre-adolescent son. The circumstances surrounding his request centred on a

recent remarriage where both he and his new wife formed a family, and each spouse brought two children into the relationship. The father and his son had built up a relationship and household routine where the boy had not been required to complete a lot of household tasks on his own. The boy's new stepmother was finding it very stressful in the home as she felt the boy was not performing up to standards that she had set for her own children. Consequently, friction developed between the stepmother and stepson as well as between the couple. Conflict arose as the stepmother tried to convince her husband that something was wrong with the child and that the husband had to do something about it.

Remarriage Configurations

To only discuss one type of remarriage relationship would produce an erroneous picture of the phenomenon as remarriage patterns vary greatly. Considering remarriage patterns to run along a continuum from simple to complex can be conceptually useful. For example, the continuum can range from one remarried partner with no children to both partners having a remarriage status that includes custody of children from both sides. While the phenomenon of being in a remarriage has many similarities, demographic variables plus the nature of sub-system relationships as well as the type of links outside the

remarried family system effects the organization and consolidation of the family (Hobart, 1988; Duberman, 1975). Therefore, the restructuring of a family can take many forms and challenge each family permutation with issues peculiar to each pattern.

Outside of the micro-environment of the remarried family are other people who may have impact on the growth and development of the remarried family system. Ex-spouses, non-custodial children, and in and ex-laws may all present obstacles that impede satisfactory remarriage blending. From my earlier practice as a social worker, for example, I recall a grandmother who would not let her daughter's second husband take a leadership role in the new family, even after five years of marriage. The grandmother consistently took a grandchild out of the family home whenever the new spouse tried to fulfill a parental role. In another case, I recall the presence of an ex-spouse who is reported to have harassed the newly remarried couple by undermining their relationship by providing misinformation to the children of the former union. In another situation, I recall where a potential new spouse and widower, despite deep love for each other, resisted marriage because the children would not let another woman into their home. Egan et al (1979) wrote of the influence that ex-spouses continue to have in remarried families. Ahrons and Perlmutter (1982) described the relationship between ex-spouses as an important subsystem in

remarriage. Clearly, the reconstitution of a family places enormous demands on all people within the remarried family as well as those who are part of the remarried family network. Further, it has been observed that different patterns of remarriage will produce unique "consequences for component relationships in remarriage" (Hobart, 1988, p. 660).

Stepfather Families

Stepfather families are characterized by the addition of a male into a family system that is made up of a mother and children. Depending on circumstance, the stepfather may or may not have children or custody of children and according to Wallerstein & Blakeslee (1989) probably do not. Esses and Rachlis (1981) inform that stepfathers often face problems "around his rights and roles in disciplining the children" (p. 125). Esses and Rachlis (1981) further suggest that stepfathers who undertake an authoritarian position too quickly in a remarriage without first establishing a positive relationship with stepchildren will most likely create problems for the couple subsystem and the stepparent-stepchild subsystem. This is a topic that has been reinforced by Berman (1986) and Wallerstein and Blakeslee (1989). Visher and Visher (1988) note that the professional literature indicates the following trends. First, it appears that stepfather stepfamilies are regarded

as more harmonious than stepmother or complex stepfamilies. Second, boys often react positively to stepfathers and boys who maintain regular contact with their biological father tend "to form good relationships with their stepfather" (p. 20). If the stepfather has no children of his own, the probability of forming positive bonds with stepchildren is enhanced. Amato (1987) suggested that stepfathers do not measure up to natural fathers in intact families in terms of emotional support and fair discipline. However, Amato (1987) is of the opinion that the longer a stepfather is part of a reconstituted family, the more involved he tends to be in family members' lives. Clingempeel et al (1984) observed that girls responded less favourably to stepfathers than did boys in a number of areas, for example, communication. Clingempeel et al (1984) also strongly concluded that stepfather behaviour did not appear to vary according to sex of a child. However, Wallerstein & Blakeslee (1989) found that girls tend to accept a stepfather as a parental figure more frequently than boys do. A 1975 study assessed the impact of having a stepfather on children. The results indicated that "no substantial differences appeared between individuals who had stepfathers and those who had been raised by both natural parents" (Wilson et al 1975 p. 526). Duberman (1975) suggests that a stepfather has it easier than a stepmother primarily because of his socially sanctioned time spent away from home.

Duberman further states that if there is any resentment or hostility directed toward a stepfather from the stepchildren it is "because the child has lost some attention he or she had before the mother remarrried" (p. 106).

Stepmother Families

Stepmother families are characterized by the addition of a female into a family system that is made up of a father and his children. The stepmother, depending on circumstances, may or may not have her own children or custody of her children. Hobart (1988) studied the effects of prior marriage children on remarriage adjustment and found "that the presence of children would affect marital adjustment of remarried women more strongly than remarried men" p. 381). Hobart (1988) also found the most difficult subsystem relationship in a remarried family to be the one between stepmothers and her spouses children. Duberman (1973) reported that stepmothers often will not be as successful as stepfathers in developing positive relationships with stepchildren. However, stepmothers under 40 appear to have a better chance of forming a positive relationship with stepchildren than women over 40 (Duberman 1973). Duberman (1973) also reported that stepmothers had more favourable relations with children under 13. Visher and Visher (1988) indicate that stepmother families report higher levels of stress than other stepfamily

configurations. Citing the research of Jacobson (1987), Visher and Visher (1988) observe that stepmothers and stepchildren report higher levels of stress than do stepfather families. Visher and Visher (1988) hypothesize that:

> disturbances in mother/child bonds, particularly mother/daughter bonding, are more upsetting to children than disturbances in the father/child bonds during and after divorce. (p. 20).

Schulman (1972) and Duberman (1975) found that stepmothers suffer from "negative mythology" and a negative reputation more so than men. Duberman (1975) also suggests that in some cases children may project their anger toward stepmothers for the break-up of their parents' relationship. Pasley and Ihinger-Tallman (1987) state that "The stepmother family is characterized by the most problematic relationships" and that often stepmother-stepdaughter relationships are steeped in conflict (p. 311). Wallerstein & Blakeslee (1989) report that although many children have stepmothers, very few ever live with one or ever grow close to one. Due to this, there tends to be fewer loyalty conflicts and Wallerstein & Blakeslee (1989) see the stepmother's role in the lives of her spouse's children as limited. The authors also suggest that there are fewer expectations for stepmothers by stepchildren. Stepchildren reported to Wallerstein & Blakeslee (1989) that they see

the stepmother as only important in the sense that they can provide a happy life for their father.

Complex Stepfamilies

The complex stepfamily is characterized by a man with children marrying a woman with children. All family members may or may not reside in the same household. The assumption made when discussing stepfamilies would be that the more structurally complex a family is, as Clingempeel & Brand (1985) suggested, the more at risk it is of experiencing breakdown. However, Visher and Visher (1988) noted that on the basis of clinical observations, stepmother families were reported to experience more stress than did complex stepfamilies. Researchers, on the other hand, point to a complex remarriage arrangement as the greatest predictor for divorce in a remarriage (Messinger et al, 1978; Becker et al, 1977; Cherlin, 1978; McCarthy, 1978; White & Booth, 1985; Visher & Visher, 1988). In a complex remarried family not only do children have to learn how to respond to a new parent figure, they must also develop a relationship with step-siblings. Duberman (1975) indicates that children from both sides of the relationship rate each other more favourably if they reside in the same household as opposed to those who live apart. Duberman (1975) further suggests that a common child born to the remarried couple helped improve sibling relations. The research of Ganong et

al (1988), however, found the addition of common children to a remarriage to be a neutral factor. Sager et al (1983) observe that in a complex remarried family:

> The child has involuntarily became part of an extremely complicated family suprasystem. He has incomplete knowledge of its structure and function (p. 232).

Adults and children alike bring with them unique histories and needs into a remarried family. Consolidation will not occur according to Sager et al (1983) unless all family members' needs are acknowledged. Age of children appears to be the one common factor which influences step-parent/step-child relationships. Wallerstein & Blakeslee (1989) report that younger children (under nine) are 90 percent more likely to develop a positive loving relationship with a step-parent. However, 90 percent of children whose parent remarries after they are nine are unlikely to develop an enduring positive relationship with a step-parent (Wallerstein & Blakeslee, 1989).

Intervention Considerations

There are four themes that are consistent in the literature on remarried families. The first is that a remarried family has to be understood in the right context. For instance, they often begin after tumultuous and catastrophic changes that abruptly alter remarried family

members lives forever, often in the process producing strong emotional reactions. Second, remarriage has not enjoyed institutional support and consequently community based support is often non existent. Third, a remarried family must be understood in developmental terms which are sensitive to individual, marital and family cycles which are often in conflict. Fourth, a remarried family needs to be understood as part of a system whose adaptation is effected by its own internal organization and by its links to a multitude of other systems. Despite one's own preference in using a particular therapeutic model, counselling that ignores the unique circumstances of a stepfamily will be ineffective according to the literature on remarried families.

CHAPTER III

MILITARY FAMILIES IN CONTEXT

The Military Institution

The military institution has seen dramatic changes in its composition and with its purpose since the end of WW II. Historically the military was once a noble preserve for the single soldier (McCubbin, Dahl & Hunter, 1976; Bowen, 1984; Bowen, 1985; Hunter & Nice, 1976; Popoff, Truscott & Hysert, 1986). Military philosophy and policy was, therefore, typically organized around the single, typically male soldier (McCubbin, Dahl & Hunter, 1976). The military axiom "if the military wanted you to have a wife, it would have issued you one" was heard frequently and is still the subject of military humour. Consequently, families of military members were considered secondary and not a highly regarded feature of the military system (McCubbin et al, 1976). Consideration for the military family was often limited to meeting tangible needs such as with the provision of housing, shopping, and recreation facilities.

The contemporary military has evolved into an institution that has a clear majority of married members (Bowen, 1984; Bowen, 1985). This is clearly the case in Canada (Director Personnel Information Services, 1993).

Bowen (1985), observing the American military, suggests that family dynamics in the military have mirrored wider family trends in the civilian sector. For example, "contemporary trends in marriage, divorce, single parenthood, dual-career patterns, and voluntary childlessness are all reflected in military families" (p. 459). In Canada this list can be expanded to include open homosexual service members who are no longer perceived as unable to serve due to sexual orientation.

The Military Family

The current breakdown of military family life in Canada is reflected in Table 1. Table 1 clearly shows how a majority of Canadian "soldiers" are married. This figure of 42,050 is approximately double the figure for single soldiers who number 21,182. Of note, the table also includes figures for widowed, separated, divorced, commonlaw, and dual military career families. This table in reflecting commonlaw status, has progressed from statistics of a decade ago that did not include this family configuration in its data collection. Therefore, there is evidence to suggest that the military, in attempting to define the characteristics of its membership, is striving to adapt its policies to reflect changes in society (Canadian Forces Personnel Newsletter 6/87; Popoff, Truscott & Hysert,

TABLE I
CANADIAN FORCES
EFFECTIVE STRENGTH - MARITAL/DEPENDANT STATUS

	OFFICERS				NON COMMISSIONED MEMBERS				
MARITAL STATUS	WITH DEPS	%	WITHOUT DEPS	%	WITH DEPS	%	WITHOUT DEPS	%	TOTAL
Married	7,652	18.1	2,643	6.3	24,050	56.9	7,705	18.2	42,050
Intra-Service	473	7.3	524	8.1	3,253	50.5	2,217	34.4	6,467
Common law (C)	93	3.0	374	11.9	1,033	33.0	1,946	62.2	3,446
Common law (M)	9	2.5	33	9.1	127	34.9	247	67.9	416
Single	44	0.2	5,043	23.1	667	3.1	15,429	70.8	21,183
Divorced	115	6.3	169	9.3	665	36.5	876	48.1	1,825
Separated	107	4.6	127	5.5	1,018	43.9	1,055	45.5	2,307
Widowed	8	9.3	3	3.5	56	65.1	22	25.6	89
SUMMARY	8,501	10.9	8,916	11.4	30,869	39.5	29,497	37.7	77,783

DPIS MARCH 1993

1986; Popoff & Truscott, 1986; Truscott & Flemming, 1986). The Associate Minister of National Defence for Canada reinforced this theme during a 1990 conference on Social Change and National Defence when she stated:

> Members of the CF, as well as their spouses and children, are also integral members of Canadian society. Since that society is undergoing rapid changes, DND and the Canadian Forces must keep pace, wherever possible if they are to remain effective (CF Personnel Newsletter 2/90 p. 3).

With the homosexual and commonlaw issues, the CF in the last few years has lifted career restrictions on homosexuals (CF Personnel Newsletter, 6/92), and has extended benefits to commonlaw military families (Canadian Forces Administrative Order 19-41).

Common Problems Experienced By Military Families

Bowen (1985) declares that like their civilian counterparts, military families also share everyday problems with finances, roles, responsibilities and weak support links. However, unlike their civilian counterparts, military families must also cope with a multitude of conditions that have come to define life in the military. These conditions include frequent geographic mobility, family adjustment to separation and parental absence, and reunion and family reintegration issues (McCubbin, Dahl &

Hunter, 1976). Bowen (1985) includes "social and cultural isolation" (p. 459) as well as a high potential for injury as further critical sources of stress for military families. Long (1986) adds to the list of stressors by observing the rigid hierarchical structure of the military, the anti-military backlash in the civilian sector and the not so subtle push to conform that is imposed by military families upon each other. Schlesinger (1977) identified other issues which impacted on the Canadian military family. For instance, frequent mobility, lack of adequate housing facilities, father absences, conflicting career and family life cycles and an intransigent hierarchy contributed to many problems for military families. Jensen, Lewis & Xenakis (1986) reviewed the literature on military families in areas of context, risk and prevention. They summarized that there are risk factors associated with military life which may contribute to individual and family dysfunction. They include "father-husband absence, combat and war stress, geographic mobility, the authoritarian military structure, and cross-cultural family constellations" (p. 227). Lagrone (1978) spoke of the coalition between the military and service member as problematic for families and further suggested that scapegoating of a family member by the serviceman often occurs as they are powerless and prohibited from resolving conflict at work. Frances & Gale (1973) spoke of stresses that were peculiar to military life which

may contribute to individual and family problems. They particularly focused on family separations, frequent moves, life in a rigid hierarchical society and military life as akin to living in a "fishbowl" (p. 173). Rosebush (1993) commented on how a military lifestyle can produce stress in the family. Rosebush (1993) observed that:

> military families experience frequent life-cycle transitions that distinguish them from the general population. For instance, they are required to be moved frequently to different posts around their country or to serve at foreign locations. Invariably a military member will be required to leave their family for lengthy time periods to meet service obligations. These types of changes often occur without the normal institutional supports of family, community and church and makes change in the family stressful. Factor in the risk of job related injury and a military family can have difficulty achieving any type of balance in lifestyle, family continuity or family composition (p. 32, 34).

Empirical Findings

It is clear that military family life challenges its membership to cope with highly specific institutional demands. For a large part, many of the challenges discussed above can be construed as predictable. Therefore, it is not suprising that various researchers have empirically tested and discounted the negative aspects associated with military life. For example, Marchant and Midway (1987), in a study of 40 American army families found that frequent moves were

not perceived as problematic by military members or their spouses. They further reported that frequent moves were associated with increased competence with dependant children. Schumm and Hammond (1986), in their study on the perceived marital quality of military families, compared military spouses with two independent groups of civilian wives, as well as military couples against civilian couples. They discovered that military couples reported higher levels of marital satisfaction and further that "the strength of military couples were sufficient to offset the stresses peculiar to their family life" (p. 391). The literature also strongly suggests that military spouses who positively identify with the military have fewer family and child related problems than do spouses who think negatively of the military system. According to Marchant et al (1987), a strong identification with the military on the part of service spouses was found to be directly related to adjustment of their children. Hiew (1992), in his study of father absence in the Canadian military, concluded that wives who perceived their spouses work related absences as a loss of social support were more likely to have children with poorer behavioural and academic outcomes. In another study, military spouses who did not cope well with military lifestyle stressors were found to report higher levels of symptoms in their children, even though there was no empirical evidence to support this (Jensen et al, 1991).

It appears that with time, military families appear to do very well in terms of coping and adjustment to their unique circumstances. Therefore, the longer one is part of the military system, the better they tend to withstand the stressors of military life (CF Personnel Newsletter 6/87; Popoff, Truscott & Hysert, 1986). Bowen (1985) refers to these conditions as part and parcel of the "military lifestyle" (p. 459). Frankel, Snowden and Nelson refer to these conditions as typical of the military life cycle. In referring to a military life cycle, Frankel et al (1993) in their conceptualization normalize the military family experience.

Military Children

Jensen, Xenakis, Wolf & Bain (1991) tested 213 military children on a variety of inventories, plus gathered observational reports from parents and teachers. The authors determined that the exposure of military children to stressors associated with a military lifestyle did not contribute to increased symptoms of psychopathology. Terr (1992) presented contrasting arguments on the implications for mental health outcomes of military children. In this article a case is made that military children and civilian children do not differ in terms of psychopathology. However, there is also the obvious acknowledgement that military life can help shape a child's personality and

character. Lagrone (1978) examined the case file of 729 military dependent children and adolescents and concluded "that the incidence of behavioural disorders was higher in this clinic than in a civilian mental health centre" (p. 1040). Morrison (1981), in what Jensen et al (1986) refers to as the best controlled study involving military children, discounted that military life contributes to psychiatric illness in children of military families. Morrison (1981) found that you could not distinguish between a military and civilian population based strictly on testing and diagnosis.

Competing Institutions

Crysdale and Beattie (1977) define social institution as:

> A pattern of behaviour prescribed by a society which persists through generations and exerts coercive, regulating force on its members in directing them how to act in dealing with some continuing basic problem or need in society (p. 428).

It is apparent that both the military and family fit the parameters of the above definition and that both institutions exert tremendous pressure on the military member to meet divergent needs. On the one hand, the military system requires the constant readiness of its members to meet military objectives and responsibilities.

Unfortunately, this has meant that on the other hand military families have traditionally had to accept a back seat to the demands of the military on their spouse/parent. Families which are unable to resolve this conflict usually break up or leave the military. As is suggested in McCubbin et al (1976), the family will usually win over the military in the end. All military social workers have counselled clients on this difficult dilemma where families regard the choice between career and family as a black and white issue. Perhaps it is because of the presumed conflict of interest that Segal (1986) wrote of these two institutions, the family and the military, as "greedy" (p. 9).

This outlook may be shortsighted as Stoddard and Cabanillas (1976) have suggested that the family is truly vital to the effectiveness of military performance. The authors made the point that the family is the only stable "social unit" that a soldier will have throughout his career which therefore makes the issue of providing social support to military families indispensable. The assumption then is that satisfied families are positively associated with contented and effective military members.

Implications For Therapy

The Canadian Forces is comprised of a variety of elements. In general terms, there is the air element (air force), land element (army) and sea element (navy). Each

element presents different challenges to its membership in terms of training demands, separations from family, geographic mobility, risk to life, quality of life, and complexity. As such, it is extremely important that observers understand the importance of context to each element. An aircraft technician on the prairie, a navy signalman on the east coast, and an army peacekeeper abroad are all military members but have radically different life experiences and face unique challenges.

The military member and his or her family are intricately connected and exert immense influence over each other. Many writers have commented on the importance of the family to the military in terms of retaining skilled manpower and effective performance (Coates & Pellegrin, 1965; Stoddard & Cabinallis, 1976, McCubbin, Dahl & Hunter, 1976). In consideration of their important contribution to the military it is not surprising that family focused interventions have been advocated for military families experiencing psychosocial dysfunction as a result of their lifestyle and life cycle.

Stanton (1976) declares that "the military has not and cannot abdicate responsibility for the psychological well-being of those within its fold" (p. 146). He consequently recommended family therapy for military families experiencing problems. Unfortunately, Stanton (1976) also observed that this treatment modality is often

under-utilized in military settings and that confidentiality can be "practically non existent" (p. 147). Commanding officers in Canada do not make a practice of reviewing service members' social work files or medical records but technically have authority to review or be advised of the contents of such files. It is not surprising then that some families may turn away from the military system when it is in need of support or therapy and view disclosure of family problems as career threatening (Long, 1986).

Frances & Gale (1973) identified military family structure (the one and a half parent family) and the conditions of military life as factors which contribute to problems of individual functioning. It is the author's view that a family centred approach is therefore the best way to deal with these issues. Lagrone (1978) was of the opinion that individual therapy for military children was ineffective. He recommended that since the context for the childrens' problems were rooted in the military family system, that consequently they would benefit from what he termed a "systems" approach to treatment, more commonly regarded today as family therapy. Lagrone is also infamous for labelling problems associated with military life as a "syndrome". Riggs (1990) more recently drew a similar conclusion with her study, which included a large military sample, on parental absence due to employment. Riggs (1990) reasoned that family approaches can help families expand

their range of strategies to deal with work related parental absences.

Implications

In considering the above discussion, several issues stand out. To begin, it is evident that military families experience a unique lifestyle, life cycle and stressors. Therefore, it would seem appropriate that counselling and support services consider and target these areas more closely. It has also been clearly demonstrated that families strongly influence its members and that the context of problems for many lie in the military lifestyle. Aponte (1986) has referred to this interplay as "eco-structural" which presumes a link between social environment and family organization. Therefore it is essential that military professionals consider environmental factors and advocate a systems or family focus when evaluating a military family member. Next, context should not be overlooked and problems associated with a military population should not be generalized. Military helping professionals should rigorously consider all the factors that make a short service deployment of air crew different from a longer U.N. peacekeeping deployment. Each type of deployment offers unique challenges and rewards that affect families in different ways. To that end more specific Canadian research on deployment, family separation,

mobility, and family adjustment is necessary so that Canadian military families can be better managed and supported. Butler (1978) called for this same research thrust but it has largely gone unheeded. Finally, a coherent policy on the role of the military family should be adopted by the CF. This would institutionalize the important role that military families have in assisting the CF to meet its goals and objectives.

Summary on Military Families

There is a major difference of opinion cited in the descriptive and empirical literature pertaining to the impact of a military lifestyle on military families. What is well known is that a military population experiences problems that the general population typically does not. While different civilian occupations may also share some of the circumstances that military members live with, no other organization has the same clustering of demands that military members and their families are tested with. Despite this, there is little empirical support to connect military life as a causal factor which directly creates psychopathology for individuals and families. On the contrary, many authors have speculated that pre-existing conditions may exist in certain people which predisposes them to problems in functioning. Military life may only be a stressor which triggers such predispositions. Frankel et

al (1993), speaking strictly on separation and deployment, best sum up this military life as a problem not a problem conundrum by indicating that "whether such problems occur with great frequency and to what extent is subject to considerable variation" (p. 91). It is also fairly well understood that individual and family problems with functioning often emenate from the demands of the military system on individuals and families. Intervention which considers the eco-structural influences on the family can assist families to manage their environment and mitigate its negative effect on the family. Therapy should, therefore, include all family members to be effective.

CHAPTER IV

INTERVENTION

The literature on therapeutic intervention with remarried families is couched with the terms "goals" or "guidelines" (Nichols, 1986; Messinger, 1981). No treatment methods were discovered by the writer advocating the superiority of one particular model of therapy over another, although models of group work ranging from task-centred to preventive to psychodynamic/behavioural were found to be helpful approaches (Beilenberg, 1991; Pill, 1981; Nadler, 1983).

Visher and Visher (1988) made 13 specific suggestions on how a therapist should intervene with stepfamilies. Their methods advocate connecting step-families' present circumstances to past events with the help of genograms and personal histories. The Vishers (1988) also support educating their clients on how to interpret the effects of reconstitution on family life. They also contend that providing specific suggestions on how to deal with remarriage experiences will be helpful for troubled step-families.

Sager et al (1983) advocate a family therapy model that focuses on subsystems in a remarried family. Like the Vishers and Carter & McGoldrick, they also see utility in

developing a remarried family genogram to understand a family over three generations. Sager et al (1983) prefer to have as many family members as possible meet together during assessment and then to funnel down to treatment of subsystems. Interestingly, like the Vishers (1988), Sager et al (1983) will use a variety of interventions from different modalities to promote change and growth in remarried families. In particular, Sager et al (1983) indicate that "The interventions we use range from insight-oriented methods, to systems interactional interventions to behavioural techniques" (p. 208). Esses and Rachlis (1981) pointed to the necessity for therapists working with remarried families to understand the phenomenon to be effective. Wald (1981) also spoke of the wide knowledge base that was required for therapists working with remarried families and even though she did not label it so, discussed a family therapy approach to treatment of remarried families. A recent article by Hall (1992), who observed clients through longitudinal study of life-cycle changes (divorce through remarriage), suggests that "autonomy is the primary clinical goal selected by both clients and therapists" (p. 16). Hall (1992) is of the opinion that fostering autonomy in individuals can help them mitigate life course changes that create problems through enmeshment or emotional distance. Further, he suggests that increased autonomy can spur individuals to develop a well-rounded

source of network supports. Carter and M. Goldrick (1980; 1989) focus on subsystem triangles that create dysfunction in a remarried family and suggests that treatment begins there.

Structural Intervention

Intervention during this practicum will follow the tenets of **Structural Family Therapy**, an approach to family therapy most prominently linked to Salvador Minuchin. Structural family therapy has been used successfully with underorganized families (Families Of The Slums, 1967) and with families who have a member displaying vulnerability to medical illness (Psychosomatic Families, 1978), for example diabetes, asthma and anorexia nervosa (Colapinto, 1991). More recently, Munichin (1984) and Minuchin & Nichols (1993) have applied structural thinking effectively with stepfamilies and elderly families. Structural family therapy has also been reported as a successful intervention with Chinese, single parent, and aboriginal families (Weltner, 1982; Jung, 1984; Napoliello & Sweet, 1992). Minuchin (1993) describes structural family therapy as more than a compilation of techniques. He describes it instead as a way of thinking about families. For instance, Minuchin (1993) states:

> The reason so many family dilemmas (even as simple as a boy who misbehaves at school) defeat us is that we fail to recognize that every family member's behaviour is influencing and influenced by the behaviour of the rest." (p. 42).

Based on systemic thinking, structural family therapy actively works toward altering transactional patterns in families. This approach literally helps families who get stuck in maladaptive or destructive ways of relating to get unstuck. Family "patterns" according to Minuchin (1993) can become habituated over a period of time, so much so, that often a family is quite unaware of the structural or organizational forces that limit their capacity to resolve problems.

The structural model does not posit a theory of change and as such is unconcerned with the history of a problem. As Minuchin (1993) describes in Family Healing, "I do not take a family history" (p. 45). Instead he looks at family interaction for relevancy. As a family problem will manifest itself in the transactional patterns of family members, the same patterns will also offer the therapist and family a pathway to change once identified. Johnson (1986) indicates that the structural model views an individual in a social context where behaviour is said to be "regulated by transactional patterns that reinforce ways of relating" (p. 420). This model is ideally suited to serve remarried families as it conceptualizes a family as a system that is

driven by the interaction of subsystems. According to Johnson (1986), structural family therapy understands the family as a system that progresses through life-cycle stages. Thus, the foundation and constructs of structural family therapy parallels the themes that pose as problematic for remarried families and military families, as for instance with boundaries, hierarchy and power.

Liddle (1983) holds that the key to structural family therapy lies in its conception of families as falling on a continuum between enmeshment and disengagement. From this vantage point, family therapists can observe the transactional patterns and organization of families and form hypotheses about problems. Problems viewed from a structural perspective, according to Liddle (1983), will develop from concerns over "proximity and distance"; "boundaries"; "subsystems functioning"; and from "the family's developmental stage" (p. 12). Friesen (1985) also holds that family problems, as viewed by this model, originate "from problems in three major structural dimensions, namely, boundaries, alignment and power" (p. 14). Quite clearly, a structural perspective can account for the conflict and confusion found in remarriage and military families and offers logical therapeutic intervention strategies based on its understanding of families. Minuchin and Fishman (1981) wrote of this fit in Family Therapy Techniques when they discussed stepfamilies

as one of the family forms that display clear transitional, transactional and structural difficulties. Minuchin (1984) continued with this theme in Family Kaleidoscope. In this book, Minuchin devoted his practice wisdom to a full chapter on the complexities of remarriage families. Here, Minuchin indicated that different levels of connectedness contribute to problems for stepfamilies.

In structural family therapy, the therapist joins the family system that he is working with and by doing so, can manipulate system and subsystem boundaries, form alliances with specific family members and unbalance relationships. Minuchin used to call this process "joining" but now refers to it as "Zelig" after a character in a Woody Allen film. The therapist does this with the goal of transforming a troubled family into an organization that can better deal with the daily challenge of fostering healthy change while maintaining family stability. Structural family therapy differs from other therapeutic approaches as it is action oriented. The therapist must become a part of the family system and must lead the way to change. As Minuchin (1993) extols, "I want to prepare you for a very different kind of therapy, with active joining and an active struggle for change" (p. 47).

Becvar and Becvar (1988) contend that the three main constructs that define structural family therapy are "structure, subsystems, and boundaries" (p. 173). Problems

which arise in families will often be tied to one or more of these constructs. Becvar & Becvar (1988), Colapinto (1991) and Minuchin (1974 & 1993) discuss how problems in families can be mapped which helps the therapist to identify problems and shape focus of intervention. Structural family therapy also presents a model of functional family life. It suggests that effective families have clear boundaries, effective subsystems and power firmly located within the parental subsystem. Structural interventions work toward assisting families to obtain these goals (Becvar & Becvar, 1988 p. 186).

This practicum has a clear family focus. It will utilize structural thinking to help military remarriage families to resolve adjustment problems as well as problems in everyday living.

Structural Family Therapy

With a structural approach to family therapy, Lappin (1988), indicates that there are five stages of treatment necessary to consider. To begin, a therapeutic system needs to be formed between therapist and family. The organizing pattern or structure as well as the family problem then needs to be determined. From this information the therapist develops a plan for therapy which may focus on subsystems, generational boundaries or transactional patterns. When the family is understood and the problem has

been formulated, the therapist can then begin restructuring of the family. Therapy will then proceed with an emphasis on having the family negotiate their own issues and with maintaining structural change. Once maintenance of the new family structure is observed, the family is considered ready for termination and therapy can then be evaluated.

A structurally orientated therapist, according to Friesen (1985), must be willing to become part of the family system which he/she is engaged with. The therapist needs to be both supporting and challenging to the family. The structural therapist understands the many different ways that families organize themselves and has a knowledge base of methods to modify that structure. Finally the therapist must see their own role over method as the most critical feature of therapy. It is through the therapeutic relationship, according to Friesen (1985), that new organizational and transactional patterns in the family will emerge.

There are specific structural interventions that will be used by the practicum student with military families. However, therapy is a process and cannot simply be seen as the employment of various techniques to achieve a particular outcome. Through the process of therapy, a structural therapist will take a leadership role in the family and subsequently work at assisting a family to develop a more workable organization. Therefore, as Friesen

(1985) states, intervention will focus on "loosening the boundaries in a rigid family, differentiating members in an enmeshed family and increasing involvement in a disconnected family" (p. 14). Structural therapy is active in the sense that families are encouraged and pushed to develop new organizational and transactional patterns in session.

While the role of the therapist is important in structural therapy, the role of the family in the change process is not underemphasized. Structural therapists involve families in therapy and work toward having clients talk to each other instead of to the therapist (Jung, 1984). Structural therapists furthermore get families involved in the process of change and limit their involvement to getting families to interact differently which they regard as more useful than any other form of intervention (Jung, 1984; Weltner, 1982).

Elaboration of Structural Interventions

Joining/Zelig

Friesen (1985), suggests that "joining is both an attitude and technique" (p. 97) that is used to enable the therapist to show understanding of the problem and family and determine the level of involvement and role that the therapist will have with the family. This is the single most crucial procedure that must be used with all families in structural family therapy. With joining the therapist

becomes a part of the family system in order to fully understand the problem and the family's preferred transactional style.

Restructuring

Enactment

The clinician has the family act out problematic family transactions in order to obtain more information, to intensify the experience for the family, to open the family system and involve all family members (Friesen, 1985, p. 99). Enactments can be, according to Friesen (1985), spontaneous, elicited by the therapist, or suggested as an alternative pattern by the therapist (p. 99).

Reframing

Friesen (1985), tells of how families "develop reference points, myths, patterns of behaviour, and labels based on certain expectations of family members" (p. 99). This is a process called "framing." Reframing subsequently is a technique that assists families to "understand a symptom or pattern of behaviour by seeing it in a different context" (Barker, 1992). Therefore, problems can be changed from an individual focus to a family focus.

Focusing

Minuchin & Fishman (1981) describe focus as having the therapist zero in on a specific family feature or transaction in order to develop therapeutic relevance. Without such a technique, Minuchin & Fishman (1981) have suggested that a therapist can be nothing more than a data-gatherer who may help the family to ventilate but not assist the family to change.

Intensity

Minuchin & Fishman (1981) indicate that intensity is the technique of adding "volume" to the therapist's message so that families may hear and assimilate information (p. 116). This may involve having the therapist continually repeat a message or repeat a variety of similar messages to reinforce a theme, upset the timing of family transactions, or by altering physical space and distance in the therapy setting and by resisting the family's attempts to involve the therapist in family transactions. All of these techniques turn up the volume of a family problem thereby creating a context for change.

Boundary Manipulation

In order to restructure a family, a therapist needs to alter existing family and subsystem boundaries. A family therapist can do this in two ways. First, the

psychological space between people can be altered through a variety of verbal manoeuvres. Second, the therapist can actually move people in the therapeutic setting thereby altering physical boundaries (Minuchin & Fishman, 1981; Friesen, 1985). The concept of boundaries is critical to Structural Family Therapy and its emphasis of the enmeshment-overdistance construct. The overall aim of boundary techniques is to change membership and distance in subsystems.

Unbalancing

Friesen (1985), suggests that this technique can be very stressful for therapists to use as it increases stress in the therapeutic setting and has the potential to make family members angry with the therapist. The purpose of unbalancing is to change power arrangements and hierarchy in the family. This can be done by having the therapist "affiliate with family members, ignore family members or enter into a coalition with a family member" (Friesen, 1985, p. 103).

Complementarity

Minuchin & Fishman (1981) tell that the idea "of a Self - is a myth" and accordingly this structural technique attempts to move families to view their relationships and life context as interrelated (p. 192). Minuchin & Fishman (1981) indicate that this can be accomplished by challenging

the notion of the problem belonging to one family member, by challenging the linearity or cause-effect perception of a problem, and by enlarging the "time frame" in which events occur (p. 194). The end result of using these techniques is that families come to understand the circular nature of family transactions and relationships.

Crisis Induction

Colapinto (1991), includes crisis induction as a technique of structural therapy. With this technique the therapist creates "a situation that leaves the family no choice but to face a chronically avoided conflict" (p. 439). The problem, or symptom, cannot be sidestepped by the family any longer as the therapist challenges the family to deal with it.

Structural Evaluation

All families will be evaluated on the following structural dimensions.

1. family structure on enmeshment-disengagement continuum, (has there been a change);
2. boundaries (are they clearer);
3. hierarchy (are family members acting appropriately for their age and position in the family);

4. problem resolution (has the dysfunctional behaviour subsided); and
5. are family members able to communicate or behave differently (has the family system become more open and flexible).

Technical Errors

Colapinto (1991) informs of the common mistakes that are made by structural therapists. "Induction" is the first hazard and it is understood as the process by which a therapist unintentionally begins to operate in accordance with established family rules. When this happens, the therapist loses his leadership role as well as his ability to be objective. The second hazard is called "centrality." This problem develops when the therapist becomes the focus of therapy instead of the family. When this situation develops, the therapist is unable to move therapy beyond questions and answers. In an unwitting manner a therapist may fall into a third hazard called "rescuing." This is a process whereby the therapist quickly assists a family member who is "at the losing end of a transaction" (p. 440). "Overfocusing on context" (p. 440) is another possible therapeutic pitfall for the structural therapist. By focusing exclusively on content a therapist will miss the important transactions and enactments that can be more telling of family problems than the story of a problem. The

final hazard for a structural therapist to be wary of, according to Colapinto (1991), is called "overtechnicism." With this hazard the therapist relies solely on technical skills at the exclusion of what he himself has to offer in therapy. This reliance on technical skills keeps the therapist too far away from the family and produces a sterile, out of touch therapeutic environment.

Quite clearly, what is required of a therapist using the structural model is a balance between use of self and use of theory, a balance between being participant and observer and a balance between being authentic and being a tactition.

Structural Summary

Structural family therapy makes the assumption that the presenting problem is maintained by a family's organization and maladaptive transactional patterns. As a result of this assumption, structuralists place more emphasis on how family dynamics maintain the problem rather than on the presenting problem (Jung, 1984). In therapy, a therapist will actively join with the family system and challenge its structure and transactional patterns as an insider. Problems will be resolved in therapy by the family who will, through the therapeutic process, begin to interact differently. There are multiple structural methods such as unbalancing and intensity that are used to get the family to

alter family structure and a preferred pattern of interacting. However, above and beyond the method is the importance of a knowledgeable and creative therapist who can move a family to quickly make adjustments in their family system. Roy (1989) commented on the potential "of the structural family therapy approach" to produce dramatic change in families, especially in families where there is chronic illness (p. 19). In light of this potential, Roy (1989) wrote of structural family therapy that "It is perhaps unfortunate that their approach to family therapy has not been subjected to extensive replication" (p. 19).

CHAPTER V

PRACTICUM DESIGN

This practicum was designed to develop conceptual and executive skills in the practicum student pertaining to the practice of family therapy. In general terms, the student wished to develop a high level of competence working with families and specifically with military and remarriage families.

As the student is a social work officer in the Canadian Forces, the practicum was structured to take place at the Social Work Office at 17 Wing Winnipeg, one of Canada's air bases. A large military population is stationed in Winnipeg, Manitoba with some 3,000 officers and non-commissioned members (NCMs) currently employed at Air Command, 17 Wing Air Base and with the Second Battalion, Princess Patricia's Canadian Light Infantry (2 PPCLI) army regiment. This population is increased substantially when the local reserve force, many who are employed with the military full-time, and military dependants are considered.

The Wing Social Work Office is a small agency currently consisting of two professionally trained social work military officers who are charged with providing a full range of mental health services to this population and their dependants as well as making recommendations to senior

officers on social welfare issues concerning the local military population. The first mandate is critical issue as military social workers, like Base Chaplains, are the only military professionals authorized to provide direct support and services to military families, without benefit and support of the military infrastructure which includes medical and hospital services as well as various adminstrative services. Due to this circumstance, many military social workers choose not to practice family therapy with their clients and instead, where possible, refer families for therapy only if they have a well-developed family focus. Unfortunately, as is seen in many social work settings, social workers do not always have a well developed systemic clinical orientation.

The literature, as cited earlier, suggests that individual symptoms in military families and remarriage families are typically the result of a military and/or remarriage lifestyle and life cycle and are best treated with a family focus. Therefore, student interest combined with reasoned arguments on the most appropriate form of intervention with the study population made a family therapy practicum for the military social work office and student attractive.

The specific goals and objectives for this practicum are stated in Table II.

TABLE II
PRACTICUM GOALS

PRACTICUM GOALS AND OBJECTIVES	
GOAL # 1	GOAL # 2
To provide family focused counselling intervention for families in the CF experiencing difficulty as a result of the remarriage experience, or reconstitution after service separations.	To develop a structural orientation in family therapy.
Outcome Objective # 1 To decrease the level of difficulty that CF families are experiencing as indicated by pre and post test results using FACES II, Brief FAM, and the Family APGAR.	Outcome Objective # 2 To increase therapist skill use of structural concepts and methods as measured by supervisor feedback of audio and video taped counselling sessions.
Intermediate Objective # 1 To have clients contract to meet for 8 counselling sessions or until the family feels counselling is no longer necessary as competence in family living or problem resolution has been achieved.	Intermediate Objective # 2 To have supervisor randomly review session audio and video tapes and provide constructive feedback to student.

Written permission was obtained from the Regional Social Work Officer at Air Command Headquarters to complete the clinical practicum with military families at 17 Wing Winnipeg. The initial objective was to provide family therapy to five military families, and preferably remarriage families. However, only four remarriage families were suitable for referral to this practicum who also wanted to participate in family therapy. The fifth family was a nuclear family whose military characteristics and similar problem with reconstitution made them appropriate candidates for therapy.

All client families were drawn from the general military poplulation and, with the exception of one family who responded to a base newspaper advertisement, were referred by base social workers. A benefit of working with a military population at the Wing is that it makes it relatively easy for clients to attend therapy, as the military system is generally supportive of giving their members appropriate time to resolve matters of a family nature. Therapy was actually provided at 17 Wing Hospital (bldg 62) in the Social Work Office. In order not to disrupt family routines and children's schooling, all therapy sessions were held in the evening which was a measure that the parents found favourable.

The selection criteria used to select families for this practicum is identified below:

Selection Criteria

1. military families;
2. preferably part of a remarriage family system for less than five years; and
3. families who present with clear discernable problems with family adjustment and/or functioning.

Prior to the start of therapy, all client families were required to sign a Consent to Counselling Form which outlined the student's responsibilities and expectations of the family. With their consent, families provided authorization to: (1) participate in family therapy (2) have all sessions videotaped and (3) have their case used as research in the student's research project. With regard to confidentiality, the Consent Form also duely informed families of the limits of confidentiality which included permission for the practicum student's supervisor to view the therapy tapes and provide feedback to the student on the course of therapy. Eight therapy sessions were selected for the parameters of intervention. Although Structural therapy has no fixed time-frame (Colapinto, 1991), it is usually brief in nature like other family therapy models which suggest, among them, 6 - 10 sessions. The format of eight

sessions was chosen as it is the mean for recommended sessions and because of the lifestyle characteristics of the sample. As a military population is known for its frequent parental absences, it was felt that arranging more than eight sessions would be difficult.

Family Characteristics

The demographic characteristics of the five client families are presented in Tables III and IV.

TABLE III

PRACTICUM FAMILY CHARACTERISTICS

	MARITAL STATUS				FAMILY FORM PRIMARY RESIDENCE			CHILDREN IN PRIMARY RESIDENCE		MILITARY STATUS		
Family	First Both	Rem One	Rem Both	Commonlaw both	Step-mother Family	Step-father Family	Intact	Mutual	Step	Officer	NCO	Element
A				X		X			1	X		AIR
B				X		X			3		X	LAND
C			X			X		1	3	X		AIR
D			X			X		1	3		X	LAND
E	X						X	2			X	SEA

TABLE IV

PRACTICUM FAMILIES PRESENTING PROBLEMS

	PRESENTING PROBLEM					
FAMILY	MARITAL RELATIONSHIP	STEP-PARENT STEP-CHILD RELATIONSHIP	CHILD BASED	EX-SPOUSE(S)	ADJUSTMENT	FAMILY FUNCTIONING
A			X			X
B				X	X	
C				X		X
D	X		X			X
E			X			X

CHAPTER VI

METHOD

Subjects

A sample of five military families participated in family therapy between July 1993 and February 1994. Each family was pre and post-tested on the Brief FAM and FACES II with the permission of the instrument authors. One family was also administered the FAMILY APGAR scale on three occasions prior to the onset of therapy, and weekly thereafter to examine session by session changes within the family. Scores were obtained for adults and adolescents (12 and over) in each family unit.

The mean age for adult males was 34.6 years (range: 30 - 41) and for adult females 32.6 years (range: 30 - 35). The average couple for this sample had been married or cohabitating for five years (range: .5 - 16) and combined had four mutal children and 10 stepchildren in the primary household (range: .5 - 18). Four families or 80 percent of the couples were in their second marital-like relationship and one family (20 percent) was in their first marriage. The majority of military members in the sample were non-commissioned officers (n=3, 60 percent) and two participants were officers (40 percent).

Measures

Adult and adolescent scores were obtained using two scales, the Brief FAM and FACES II. One family was also regularly evaluated using the FAMILY APGAR to observe session by session changes in the family system.

FACES II - (Family Adaptation and Cohesion Ealuation Scales)

Faces II (Olson, Portner & Bell, 1982) is a 30 question inventory that measures family behaviour dynamics over two critical properties, namely cohesion and adaptability. FACES II is the second of four in the FACES family. It is an improvement over the lengthy original FACES instrument and has been recommended by Olson over the shorter FACES III which has demonstrated lower reliability and validity scores. FACES IV is currently being tested by its authors and is not yet ready for general research and clinical use.

As the authors explain, family cohesion is understood as "the emotional bonding that family members have toward one another" and thus measures how separated or connected family members feel toward their family. Aspects such as emotional bonding, boundaries, coalitions, time space, friends, decision making, interests and recreation are included to help assess their dimension of family behaviour. There are 16 items used to measure cohesion concepts on the scale.

The authors define adaptability as "the ability of a marital or family system to change its power structure, role relationships, and relationship rules in response to situational and developmental stress." Aspects such as family power, negotiation style, role relationships and relationship rules are included to help assess this dimension. There are 14 items used to measure adaptability concepts on the scale.

Cohesion and adaptability scores can be arrived at for individual family members and family scores can also be obtained. FACES II scores are then interpreted according to the Circumplex Model of Family Functioning (Olson, Russell and Sprenkle (79; 83) which represents 16 types of marital and family systems. The authors report that test-retest reliability for FACES II was .84 and internal consistency (Cronbach's Alpha) for the total scale was .90.

The Circumplex model provides a typology of family structure that divides families into three major areas and 16 specific types based on cohesion and adaptation scores. The three areas that respondent families or individuals can fall into are the Balanced, Mid-Range or Extreme positions on the model. The 16 specific categories are arrived at through the intersection of cohesion and adaptability scores along a four by four matrix where cohesion levels range from disengaged to very connected and where adaptability levels range from rigid to very flexible.

The authors hypothesize that families scoring in the balanced range will be higher functioning than families who score in the extreme range. For example, too much closeness breeds enmeshment and too little fosters overly distant, isolated family members. For adaptability, too much adaptation can be equated with chaotic functioning and too little adaptation leads to rigidity and as Goldenberg and Goldenberg (1991) explain "stagnation" (p. 208).

The Circumplex Model and FACES II have been rigourously tested. FACES II, in fact, has demonstrated high validity and reliability and the Circumplex Model has been deemed to be a conceptually relevant way to classify families. For these reasons and because the model and instrument help to describe family structure, this instrument was chosen as an appropriate measure of family characteristics in the practicum and empirical changes to families as a result of intervention. Please refer to Appendices D - G to review this instrument and model.

FAM (Brief)

The Family Assessment Measure (Brief Scale) is a 14 question self-report instrument that measures family strengths and weaknesses on a four point Likert-like scale. The authors Skinner, Steinhauer and Santa-Barbara developed

the full version as well as the brief scale in 1984. The instrument can be used for a variety of purposes such "as a diagnostic tool as a measure of therapy process and outcome and as a measure of family process in research" (Grotevant & Carlson, 1989, p. 308). FAM is theoretically based on the Process Model of Family Functioning which emphasizes family dynamics and process. The Process Model of Family Functioning itself is based on the constructs of the Family Categories and the McMaster Model of Family Functioning (Grotevant & Carlson, 1989, p. 308).

The Brief FAM specifically measures family functioning across seven dimensions. These dimensions are: task accomplishment, role performance, communication, affective expression, affective involvement, control, values/norms. Each dimension is reflected by two questions in the measure.

The Brief FAM is completed by individual family members over age 10 and yields a RAW score which is translated into predetermined standard scores. These scores can then be plotted on a graph which indicates the level where respondents perceive their family to function at. For example, in the problem range, average range, or family strength range.

Reliability of the full version of FAM III demonstrated impressive ratings. However, the brief scale reports moderate reliability although no figures have yet

been published on this. The advantage of including the Brief FAM in the research design is that it "has demonstrated clinical utility in corroborating and expanding upon clinical impression (Grotevant & Carlson, 1989, p. 311; Skinner et al, 1983). Please refer to Appendix H to review this instrument.

Family APGAR

The Family Apgar (Smilkstein, 1978) is a brief five item instrument that measures five areas of family function; adaptation, partnership, growth, affection and resolve. This instrument is based on family system theory including Minuchin's structural theory as well as stress and coping theory. This instrument was chosen to monitor session by session changes with one family in the project because of its complimentarity to the cohesion and adaptation scales found in FACES II. It is also quick, unobtrusive and easy to administer to all family members over age 10.

There are two response formats that can be used with the Family APGAR. The three responses format "almost always," "some of the time" and "hardly ever," is recommended by the author in clinical situations and the five response format is recommended for research use as it exhibits higher reliability. The three response format was chosen due to the clinical focus of this practicum. A score

range of 0 - 10 is possible with the Family APGAR. Cut-offs have been established and a score of 0 - 3 reflects a severely dysfunctional family and 7 - 10 can be interpreted as a reflection of high family functioning. It should be observed that each score reflects an individual's level of satisfaction and perception of the family and no whole family score is ever arrived at. Reliability scores are relatively high on the three response format at .83 (test-retest reliability) and Cronbach's Alpha was .80. Validity scores (construct and criterion) were found to be similar. The author believes that this instrument is an effective measure of global family functioning. Therefore, it can be regarded as an approriate vehicle to measure family change in single system research, as was the case with one practicum family. Please refer to Appendix I to review this instrument.

Findings

Family Cohesion

According to FACES II, Cohesion (FC) scores can be divided into four categories: (a) disengaged, with scores between 15 - 50, (b) separated, with scores between 51 - 59, (c) connected, with scores between 60 - 70; and (d) very connected, with scores between 71 - 80. On Family Cohesion the subjects in the practicum recorded a mean pre-test score of 51.6 (range: 35 - 70). Therefore, prior to the onset of

family therapy, the subjects in the study were found to be functioning in the separated range of the circumplex model i.e. mid-range level. On Family Cohesion (FC) at post-test the subjects in the study recorded a mean score of 54.7 (range 37 - 79). This represents a slight improvement in family functioning on the cohesion dimension.

Family Adaptability

According to FACES II, adaptability (FA) scores can be divided into four categories: (a) rigid, with scores between 15 - 39, (b) structured, with scores between 40 - 45, (c) flexible, with scores between 46 - 54, and (d) very flexible, with scores between 55 - 70. On FA the subjects in the practicum recorded a mean pre-test score 41.1 (range 26 - 53). Therefore, prior to the onset of family therapy, the subjects in the study were found to be functioning at the structured level of the circumplex model i.e. mid-range level. On FA at post-test the subjects in the study recorded a mean score of 43.6 (range 33 - 59). This represents a modest improvement in family functioning on the dimension of adaptability.

Family Scores FACES II

A Family Type Scores (1 - 8) can be obtained using FACES II. Cohesion and Adaptability scores for each individual are reinterpreted according to pre-determined

cut-offs to arrive at the following four possible family types: (a) extreme (1 - 2), (b) mid-range (3 - 4), (c) moderately balanced (5 - 6), and (d) balanced (7 - 8). At the onset of therapy, subjects recorded a mean pre-test family score of 3.6. Therefore, subjects in the study prior to therapy were found to be functioning at the mid-range level of the circumplex model. Upon being post-tested following family therapy, the mean family score for all subjects was 3.8. This represents slight improvement for family functioning at the mid-range level.

Brief FAM

Family functioning can be determined by translating raw scores into standard "T" scores. For the brief FAM standard "T" scores have a mean of 50 (Sd 10). Scores within this range are indicative of average family functioning. Scores above this range indicate family problems and below this range indicate family strengths. The farther the score is from the mean, the stronger or weaker families are regarded to be. At pre-test, the mean score for all subjects 12 and over on the Brief FAM in the practicum was 51.1 (range: 36 - 72). This represents family functioning in the average range. At post-test the mean score recorded was 51.2 range (26 - 69). This represents family functioning at the average level or no measurable change between reporting periods.

Critique of Single-System Evaluation

As discussed, the Family APGAR (Smilkstein, 1978) was used to provide a single-case design component to the practicum in order to measure session by session changes for one practicum family. However, Crane (1985) has described the poor fit that exists between single-case designs and family therapy research. The hallmark of single-case research is the use of

> repeated measurement of a single organism or organisms under controlled conditions to establish cause-and-effect relationships between independent and dependent variables (Crane, 1985, p. 69).

Comparing phases or conditions of single-system research helps to evaluate whether an independent variable contributes to change in a dependent variable. Crane (1985) however, informs of the reasons why this relationship is difficult to evaluate in family therapy research. To begin, in family therapy, selection of an appropriate dependent variable is arduous as this usually involves concepts which are difficult to operationalize and quantify. Second, only weak single-system designs can be used in family therapy as it is considered unethical to remove therapy or hold off applying intervention. Another reason, according to Crane (1985), is that single-system research during family therapy cannot control "excessive variance" to ensure that data in each phase of the research is stable (p. 74). For the above

reasons, any findings from the single-case research undertaken in this practicum must be interpreted with caution.

CHAPTER VII

CASE ILLUSTRATIONS

FAMILY "A" - A FAMILY IN FORMATION

Family Constellation

Family "A" considered themselves to have a commonlaw relationship. This relationship consisted of Mr. "A," a 41 year old serious minded officer; Ms. "A," a student in one of the health care disciplines, and Ms. "A's" nine year old son. Both adults had previously been married, Mr. "A" for approximately seven years and Ms. "A" for approximately five and one half years to another serviceman from the land element. Mr. "A" also had a child from his first marriage but his child, a 3 1/2 year old daughter, resided with her mother in another province. Mr. "A" was able to visit his daughter at least four times a year and spoke frequently to her on the telephone.

Mr. and Ms. "A's" relationship was two years old and they had actually resided for a brief six month period together in Mr. "A's" two bedroom apartment prior to Ms. "A" returning to university to complete her final year of school. To be eligible for financial assistance, Ms. "A" had indicated that she had to move into an independant residence. Despite their conflicting schedules, Mr. and

Mrs. "A" and child spent most weekends together at Mr. "A's" apartment.

Presenting Problem

During the initial session, Mr. "A" identified Ms. "A's" son as the centre of their problems and focal point for their conflict. Mr. "A" considered the boy to be excessively immature and a behavioural nightmare and Ms. "A" regarded her son as a child who needed supportive people in his life. Mr. "A," in fact, presented as an angry man who actively disliked the boy and who demonstrated an eagerness to control his partner and her child.

Formulation

At the onset of therapy, the "A" family appeared to be disengaged both physically and emotionally. Mr. "A" and Ms. "A" were living apart in separate dwellngs and obviously had weak ties to a family identity. The physical boundaries that separated the two homes were very clear yet Mr. "A" and Ms. "A" had not been able to develop a relationship with supportive and clear family roles or rules. There was also a strong boundary around Ms. "A" and her son which resisted Mr. "A's" attempts to dictate how they should live their lives. The developing family hierarchy was also unbalanced. Mr. "A" placed himself in a superior position above Ms. "A" in the family and

consequently the son reacted negatively to this arrangement. The son would consistently accept only his mother's leadership and direction in the family which infuriated Mr. "A." The weak developing parental/couple subsystem appeared to be keeping the developing family unit from resolving problems as they arose. Mr. "A" was also clearly unwilling to make personal changes in order to accommodate to the family and early in therapy boldly stated he would not budge an inch. Mr. "A's" tendency to scapegoat the son kept the parental/couple unit from dealing with their own differences. The family's organizational structure was excessively underdeveloped and ineffective to manage the demands of any family life together. Mr. "A" could not find a role in the family to his liking and Ms. "A" and son did not support his unconditional request for authority on all matters. Their preferred transactional pattern of arguing over the boy often kept the family from dealing effectively with other pressing issues. This family clearly presented with complex problems. The fundamental differences between Mr. "A" and Ms. "A's" conceptual frame of family life was extraordinarily large.

Treatment Plan

The plan of treatment for the "A" family was to remove the son from the conflict between the adults and to get the adults to develop balance in their relationship. It

was felt that a focus in these two areas would help the family to develop a structure where conflict would be reduced and where a family interactional pattern would develop which could negotiate and problem-solve these issues effectively.

Course of Treatment

A total of eight sessions was held with the "A" family. In keeping with the treatment plan, a primary focus of intervention would be on detriangulating the family unit and promoting balance in the parental/couple subsystem. The first two sessions were centred on joining with the family and becoming accepted as a peripheral member of the family unit. This method took two sessions as the son was not present during the first session. Sessions one and two were spent not only getting to know the family but also on gaining an insider's understanding of the problems that were challenging this family. During the initial sessions, the structure of the family was challenged as were rigid transactional patterns. All family members were encouraged to speak for themselves and describe their experience with the family.

Sessions three to eight involved only the two adults. Intervening with the parental/couple subsystem would accomplish several goals. First, it would take the son out of the transactional loop and force the adults to

discuss their differences. Second, it would promote the development of hierarchy in the family by softening the boundary around mother and son thereby giving Mr. "A" an opportunity to step more fully into the family. Therefore, therapy would help promote a new family structure and offer new ways for the family to resolve matters. Therapy would also allow the identified patient, in this case the son, to recede as the "problem" to the problem being family based.

The remaining sessions without the son consisted of equal amounts of enactments, focus, intensity and unbalancing. Each session would begin with an enactment on an issue that I considered important to the family. During the sessions, I would focus in on an important turn of phrase or attitude and ask the other partner what it meant to them or I would keep repeating a message to the family until it made sense to them. Enactments were initially centered on parenting issues but grew to include the couple's fundamental differences on lifestyles, and finances as well as parenting. The most prolific unbalancing intervention occured during the seventh session when I formed an alliance with Ms. "A" in order to get her to reveal to Mr. "A" the extent of her unhappiness with him over his complete lack of consideration for her thoughts and needs. The final session ended on a low note for Mr. "A" as he didn't think that he would be able to accomodate to Ms. "A" on family matters.

Treatment Outcome

The integral structure of the family was not significantly altered over the eights sessions. Ms. "A" and son still had a protective boundary around them and Mr. "A" remained detached emotionally and physically from the family. Mr. "A's" motivation to accommodate to the family remained non existent. He was unable to see his role expanded to include parent and partner. Further family therapy was recommended but was declined by Mr. "A" which disappointed Ms. "A" as she retained great hope that there was a future for her and her son with Mr. "A."

FAMILY A

FACES II				
INDIVIDUAL SCORES				
	PRE-TEST		POST-TEST	
FAMILY MEMER	COHESION	ADAPTABILITY	COHESION	ADAPTABILITY
Mr. "A"	48	36	58	39
Ms. "A"	51	46	54	40

FACES II		
FAMILY SCORE		
FAMILY MEMBER	PRE-TEST	POST-TEST
Mr. "A"	2	3
Ms. "A"	4	3
Mean Score	3	3
Discrepancy Score	2	0

BRIEF FAM		
FAMILY MEMBER	PRE-TEST	POST-TEST
Mr. "A"	67	63
Ms. "A"	61	55

Family "A"

At the onset of therapy, Mr. "A" recorded FACES II scores in the extreme range on cohesion and adaptability. According to the circumplex model, these scores suggest that Mr. "A" felt little closeness and loyalty to the family that he was trying to join with. It further suggests that he was inflexible in terms of roles and rules in his family system and that he leaned toward authoritarian controlling behaviour.

Ms. "A," at the onset of therapy, recorded FACES II scores in the mid-range on cohesion and moderately balanced on adaptability. Her cohesion score just above the disengaged-separated cut-off suggests that Ms. "A" felt a low level of closeness and little loyalty to her family system. However, her "flexible" adaptability score suggests that she was willing to share leadership and roles in the family and was more oriented toward democratic discipline.

Mr. "A" and Ms. "A's" FACES II combined family score placed them in the mid-range of the circumplex model. This family score suggests a low level of closeness and a low capacity for change in the family unit. The discrepancy

of two levels between individual scores on the family dimension suggests that Mr. "A" and Ms. "A" had a gap between their perceptions and expectations of how a family unit should operate.

Following therapy Mr. "A" and Mrs. "A" improved their cohesion scores on FACES II. In fact, Mr. "A" recorded substantial gains here moving into the high mid-range level of separated. His score just below the connected level, suggests that Mr. "A" moved from a high level of independence in his relationship to his family unit to a position where he demonstrated interdependence and a nominal sense of "we" ness in the family.

Regarding the adaptability dimension of FACES II following therapy, Mr. "A" recorded minor gains but still remained at the extreme rigid level. On the other hand, Ms. "A" dropped to the low mid-range level of structured. These results suggest that following therapy the couple's resolve to withstand change on the whole decreased. Mr. "A" was becoming nominally less rigid but Ms. "A" was demonstrating less confidence in her partner's behaviour.

Mr. and Ms. "A's" post-test FACES II family score reflects no change in family type. Their mean scores again placed them in the lower mid-range area. However, at post-test there was no discrepancy between individual scores on this dimension which suggests a degree of balance in their assessment of their family life.

Mr. and Ms. "A" recorded pre-test Brief FAM scores which placed them in the family problems range of that inventory (mean 64, Sd 4.2). These scores suggest an increased level of problems in family functioning. Following therapy both Mr. and Ms. "A" recorded lower scores which placed Mr. "A" at a lower problem level and Ms. "A" into the average range (mean 59, SD 5.6). These scores suggest that family functioning improved slightly between the testing points.

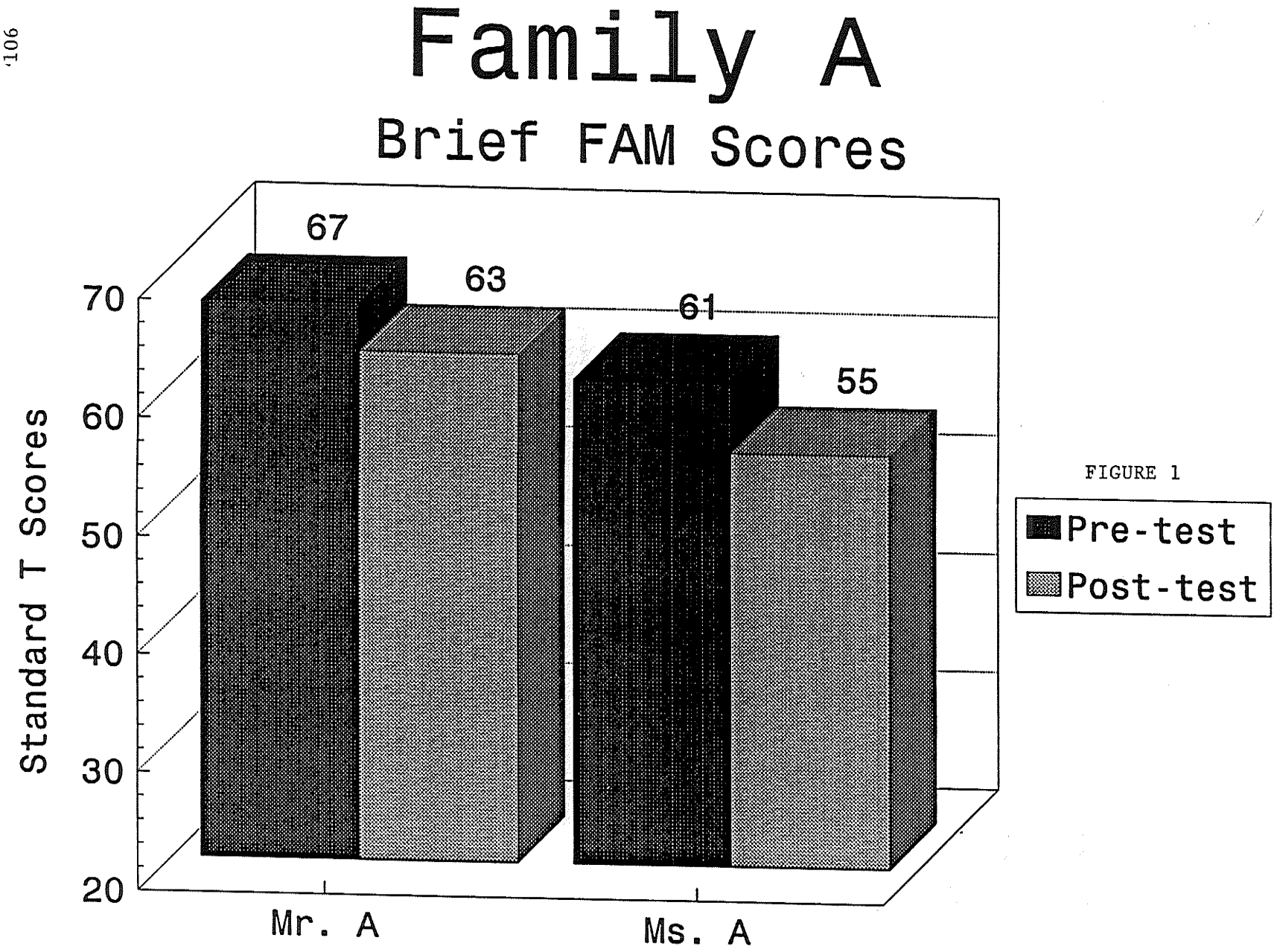

Family A
Brief FAM Scores
Standard T Scores
70
60
50
40
30
20
67
63
61
55
Mr. A
Ms. A
Pre-test
Post-test

FIGURE 1

FAMILY "B" - CONFLICTED LOYALTIES

Family Constellation

Family "B" consisted of two military adults and three graceful girls who were aged 5, 9 and 13. Mr. "B" is a formerly married 30 year old technician who was getting ready to take early retirement from the CF. He had no children from his brief marriage to another military technician. He met and moved in with Ms. "B", a 31 year old army administration clerk while both were stationed together in the summer of 1991. Their relationship began as an extramarital one.

Ms. "B" is currently separated from her first husband and Mr. "B" is divorced from his first wife. Mr. and Ms. "B" and her three children currently reside in a large Manitoba city and have decided to remain there permanently. Ms. "B" anticipates a divorce agreement to be reached by the summer of 1994 with her first husband.

Presenting Problem

Ms. "B," on her initial telephone call to me, discussed a myriad of problems that were currently challenging the family. Ms. "B's" first concern was over the negative effects that her former husband's comments and

actions were having on their children, particularly with the oldest daughter. Apparently father was telling the girls that the marriage broke down due to the mother and that he wanted Ms. "B" and the girls back desperately even after two plus years apart. The biological father was also telling the oldest that he could look after them better than their mother could. The second issue raised by Ms. "B" involved a rumour that her oldest girl circulated approximately four months prior to therapy. This rumour suggested that she was being beaten by her stepfather and the rumour was then circulated throughout the school. The school informed Child and Family Services who investigated the matter and found the allegations to be unfounded. At that time Child and Family Services recommended to the "B" family that they consider family counselling as a way to resolve the many problems they were encountering.

Formulation

At the onset of therapy, the "B" family presented as disengaged as Mr. "B" had not yet found a comfortable place in the family. Often he indicated that he did not feel a part of the family unit and limited his contact with the three children as a disciplinarian. The girls and particularly the two eldest, appeared very conflicted over their split loyalty to their new family unit and to their biological father. They would break down when expressing

their difficult position in the large bi-nuclear system. During the first session, the eldest daughter even expressed her desire to see her mother and father reunited and best summed up their situation by saying she "felt like a bone between two dogs." Ms. "B" saw her role as defender and protector of the children from both the father and the stepfather. Ultimately, the unclear boundary between households was making it difficult for the "B" family to develop a satisfactory family structure for the "B's" and their children. In essence, mother and daughters formed a well functioning system on their own and it was the inclusion of a newcomer which made the system dysfunctional.

Treatment Plan

Therapy was designed to help this family develop a structure that would clarify the boundaries between households by altering the transactional patterns that had been established between households. A concurrent focus would be to shape Mr. "B" into accommodating to the family and viewing his role expanded into a nurturing one and to unite Mr. and Ms. "B" in their parental role. A final focus would be on reinforcing with the children that it was the parent's responsibility to work out issues involving them and not theirs, thereby supporting clear generational boundaries.

Course of Treatment

A total of nine therapy sessions was held with the "B" family system. As pertaining to the treatment plan, a primary focus of intervention was on altering the internal and external boundaries of the family. Restructuring of this nature was accomplished early in therapy as Mr. and Ms. "B" were encouraged to take charge of the difficulties between households thereby establishing generational boundaries and altering the toxic transactional patterns between households. Early in therapy, Mr. "B's" input into the family was validated and he and the children were directed to talk about his parenting and their relationship to each other. This measure was designed to improve on a one dimensional relationship between the children and Mr. "B." It would bring them closer together in a totally new way. Sessions three and four included only the parental subsystem. These sessions were designed to reinforce generational boundaries and on strengthening the parental/couple subsystem which was divided on issues of parenting, discipline and the place of Ms. "B's" ex-spouse.

Midway through therapy, with the consent of and as arranged by the "B's", I met separately with the girls' biological father. As he played a key role in the triangle that caused the girls' emotional difficulty, it was felt that he should be included as part of the solution to the

"B's" family difficulties. The ex-spouse was made aware of his role in the distress of his children and he agreed to meet with Ms. "B" and the therapist to work on resolving the situation. This process of negotiation over boundaries, rules and responsibilities was clarified in the next session. The remaining therapy concentrated on reinforcing the changes that were evident within the family both in structure and with family interaction.

Treatment Outcome

At the end of therapy, it was evident that Mr. "B" had, as his own words reflected, "mellowed" with regard to the girls and the bi-nuclear family arrangement. He had in many ways learned how to move into the family and supports its strengths. The girls in particular seemed to be in fine spirits and no longer felt caught in the middle between both of their families. The eldest girl added a new metaphor to describe the situation as she stated, "I no longer feel like a rose between two thorns." Ms. "B" as well reinforced the changes that she had seen with Mr. "B" and forthrightly stated that she no longer felt the need to stick up for the girls in their dealings with Mr. "B." The "B's" also indicated that as a couple they were now talking out issues together more frequently and planned on continuing with this practice. The "B's" were somewhat skeptical that matters would stay smooth with Ms. "B's" ex-partner but indicated

that relations between the two homes had become more predictable, consistent and less stressful.

FAMILY B

FACES II				
INDIVIDUAL SCORES				
	PRE-TEST		POST-TEST	
FAMILY MEMBER	COHESION	ADAPTABILITY	COHESION	ADAPTABILITY
Mr. "B"	40	37	54	42
Ms. "B"	71	46	65	51
Eldest Daughter	68	50	67	40

FACES II		
FAMILY SCORE		
FAMILY MEMBER	PRE-TEST	POST-TEST
Mr. "B"	2	3
Ms. "B"	6	6
Eldest Daughter	6	4.5
Mean Score	4.6	4.5
Discrepancy Score	4	3

BRIEF FAM		
FAMILY MEMBER	PRE-TEST	POST-TEST
Mr. "B"	57	49
Ms. "B"	42	40
Eldest daughter	39	41

Family B

At the onset of therapy, Mr. "B" recorded FACES II scores in the extreme range on cohesion and adaptability. According to the circumplex model, these scores suggest that Mr. "B" was rigidly disengaged from his family unit. Therefore, he felt little sense of connectedness to the family and maintained an authoritarian style of behaviour, strict disscipline and a disinclination for change.

Ms. "B," at the onset of therapy, recorded FACES II scores that placed her in the flexible and very connected range of the circumplex model. These scores suggest that Ms. "B" felt a very high degree of closeness and loyalty to her family. Her adaptability score, just above the flexible-structured cut-off, suggests that Ms. "B" withstood change well and was more orientated to a democratic style of family life.

The eldest daughter scored in the flexibily-connected range upon FACES II pre-testing. This suggests

that she felt a high level of connectedness and loyalty to her family and that she withstood change well. Her adaptability score further suggests that she saw household roles as stable and rules to be predictable yet flexible.

The "B's" family score (FACES II) reflects that at the pre-test period their combined mean score placed them in the high mid-range of family functioning on the circumplex model. This score suggests uneven closeness in the family and overall difficulty with family leadership, roles, rules and the requirement for change. The huge discrepancy between the individual family score of Mr. "B" and the other family respondents suggests that Mr. "B" and his family's concept of family differed sharply.

Following therapy, Mr. "B" recorded impressive increases in family cohesion and family adaptability which moved him from the extreme into the mid-range of family functioning. Ms. "B" reduced her cohesion score but it still remained at an acceptably high level while her post-test family adaptability score saw improvement to the high flexible range. The eldest daughter recorded an almost equal cohesion score and a reduced adaptability score when post-tested. Regarding the family score, there was essentially no overall mean change and the discrepancy score was reduced by a full level. Individual family scores reflected a distribution between mid-range and the moderately balanced range.

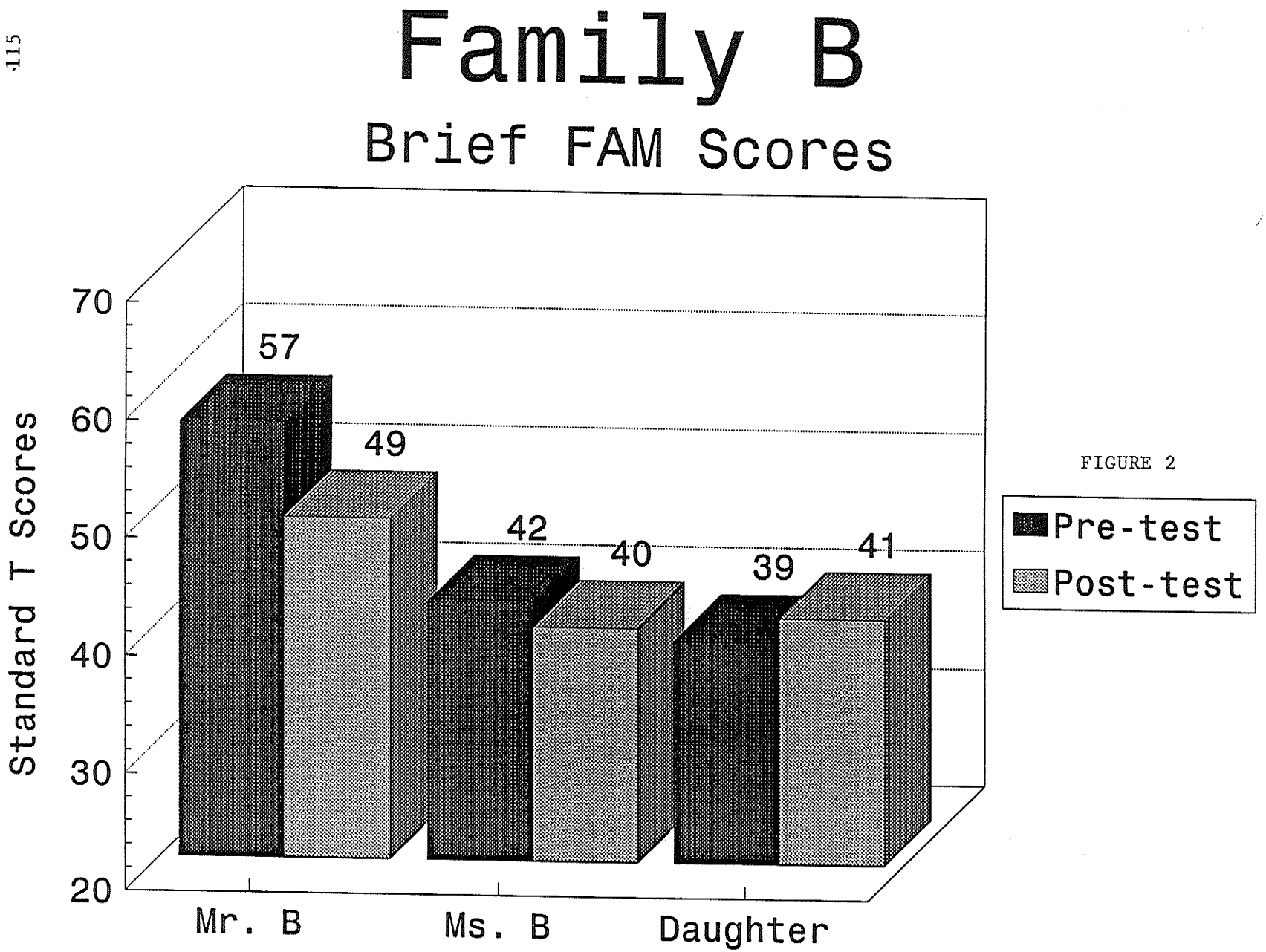

Family B
Brief FAM Scores
Standard T Scores
70
60
50
40
30
20
57
49
42
40
39
41
Mr. B
Ms. B
Daughter
Pre-test
Post-test

FIGURE 2

When pre-tested on the Brief FAM, Mr. "B" and Ms. "B" recorded scores in the average range for family functioning while the eldest daughter scored in the family strengths range indicating a high level of family functioning (mean 46, Sd 9.6). Following therapy, Mr. "B's" score was reduced from the high average range to the middle of this range indicating increasing strength in family functioning. Ms. "B" reduced her score to the cut-off level between family strengths and the average range for family functioning. The eldest daughter's score rose to just above the family strengths cut-off. Overall, the Brief FAM post-test scores (mean, 43, Sd 4.9) reflect change in the right direction for the family.

FAMILY "C" - EXTERNAL PRESSURE/INTERNAL STRESS

Family Constellation

Family "C" consists of Mr. "C," Ms. "C;" a mutual one year old boy; and her children, a pre-teen boy and two primary age children. Family "C" is a reconstituted family system that has had numerous demands placed on the development and consolidation of their family. Mr. "C" and Ms. "C" started their relationship while they were married to other partners in early 1990. They actually moved in together in the summer of 1990 and married two years later prior to coming to a prairie air base from another base located in another province in Canada. Both Mr. "C" and Ms. "C" had children from their first marriages. Mr. "C" had two young daughters and Ms. "C" had two boys and one girl. Mr. "C" ended a marital relationship of seven years to be with Ms. "C" and she likewise ended a marital relationship of some ten years. Mr. "C" at present is a friendly Canadian Forces officer in his mid 30's and Ms. "C" is a whirlwind 30sh year old private home daycare operator. Both Mr. and Ms. C. stated that their first marriages would have ended regardless of their relationship.

When they formed a family unit three years ago, Mr. "C" was the newcomer. He and Ms. "C" and her three

children were to comprise the new family system. Mr. "C's" two daughters remained living with their mother and Mr. "C" and family included these girls in their definition of family. The girls are able to get together with Mr. "C's" new family at least once a year. Mr. "C" will also visit his biological daughters on his own, as they reside in another province, and the whole family speaks with the girls on a weekly basis. Approximately a year ago Mr. and Ms. "C" also had a mutual child, a boy who now serves as a link that connects all relationships.

Presenting Problem

Mr. and Ms. "C" expressed difficulty with the extended family situation on both sides of the marriage. Ms. "C's" ex-spouse had taken his release from the CF in order to move to the same area to be near his children. It was also Ms. "C's" ex-husband's stated intention to follow the "C's" around wherever they moved to. Mr. "C's" ex-spouse and his own mother even formed an alliance against the new marriage by ignoring his new family and leaving momentos of the first marriage up in his mother's house. Contact with either side of the family created distress in the marriage and concern over the effect on the children. The "C's" together stated that they felt stuck on how to resolve issues and did not know how to fix problems.

Formulation

At the onset of therapy the "C" family and particularly the parental subsystem presented as highly enmeshed with everybody in their own family unit and with the lives and thoughts of relatives and relationships outside the family. This family also displayed difficulty adjusting to their new stage in the family life cycle and in negotiating relationships with extended family and quasi-kin on both sides of the marriage. Their family boundaries were overly porous to influence from outside bodies. Rules that governed family transactions had temporarily become inoperative with Ms. "C's" ex-spouse moving into the area and flare-ups with Mr. "C's" mother, ex-wife or children upon each contact. No satisfactory rules for contact with external family relationships had ever been agreed upon. It was also clear that the marital relationship was experiencing an imbalance where Ms. "C" appeared more committed to the relationship than did Mr. "C." This critical issue was revealed through Mr. "C's" reluctance to listen to Ms. "C's" concerns on many issues or with accepting her perception of family life. Their varying degrees of commitment made it difficult for them to deal in a unified and supportive manner with the many concerns which they presented with. To a large extent, Ms. "C" and her children got along famously. However, Mr. "C" had still

not learned how to adapt completely to his new family which contributed to dysfunction in the family.

Treatment Plan

The plan of treatment for the "C" family was to focus on defining boundaries between the "C's" and all their outside connections, to restore balance in the marital subsystem and to create stronger generational boundaries between the "C's" and their children. It was felt that intervening in these areas would assist the "C's" to develop a structure and a pattern of relating that would reduce the conflict and confusion they were experiencing.

Course of Treatment

Therapy began with the whole family unit and the focus was on getting the parents to clarify and draw some boundaries between all their outside connections. The second focus was to create some emotional and physical distance between the parents and children as the parents were projecting their anxiety onto the children. The children also served as a distraction which kept the parents from discussing their own relationship issues.

Sessions five through seven included only the parents to provide an adequate setting to reframe the problem from that of outside issues to how they as a couple were handling these issues and subsequently to reinforce

generational boundaries. Joining had taken place through the first four sessions and new transactional patterns were supported in therapy. However, the thrux of therapy was conducted in sessions five to seven where the parental subsystem had to deal directly with their differences and the effects that these differences were having on maintaining a family structure that was sputtering along. Through enactments, unbalancing of the marital subsystem, and increasing the intensity of the couple's differences, Mr. and Ms. "C" were able to adopt new transactional patterns where Ms. "C" gained confidence in her ability to speak her mind and where Mr. "C" learned to truely listen to his spouse. They also developed a higher level of support for each other's actions which had been absent before. Almost miraculously these changes to their relationship made the "C's" better able to handle other problems and in Ms. "C's" own words "the other problems just didn't seem important anymore."

Treatment Outcome

In retrospect, this family was characterized by the quality of enmeshment where role boundaries within the remarried family and between other family systems were vague, diffuse, and therefore dysfunctional to the family unit. The remarried couple's relationship was also unbalanced as a result of the family structure. Getting the

family to strengthen family and hierarchical boundaries and getting the marital subsystem connected at an equalitarian level by altering transactional patterns helped this family achieve a newfound level of adjustment, improved functioning and stability. The biggest difference, however, was that Mr. "C" had learned how to adapt to a situation and family structure that was quite functional.

FAMILY C

FACES II				
INDIVIDUAL SCORES				
	PRE-TEST		POST-TEST	
FAMILY MEMBER	COHESION	ADAPTABILITY	COHESION	ADAPTABILITY
Mr. C	70	48	79	59
Ms. C	68	53	73	59
Eldest son	62	52	58	46

FACES II		
FAMILY SCORE		
FAMILY MEMBER	PRE-TEST	POST-TEST
Mr. C	5.5	7.5
Ms. C	6.0	7.0
Eldest son	5.5	4.5
Mean Score	5.6	6.3
Discrepancy Score	.5	3.0

	BRIEF FAM	
FAMILY MEMBER	PRE-TEST	POST-TEST
Mr. C	46	26
Ms. C	38	34
Eldest son	36	39

Family C

At the onset of therapy, Mr. "C" recorded FACES II scores in the connected range on the cohesion dimension and flexible for the adaptability dimension. According to the circumplex model, these scores suggest that Mr. "C" felt a moderate level of connectedness to his family unit and some willingness to share leadership and change when necessary.

Ms. "C," at the onset of therapy, recorded a cohesion score at the connected level and had an adaptability score which was in the high flexible range. Like Mr. "C," she displayed a good connection to her family and a capacity for change, sharing leadership and roles, and for considering democratic discipline in the household.

The eldest son, who was eleven at the time the family was pre-tested, also scored in the flexibly connected range, similar to his mother.

The "C's" family score on FACES II at pre-test reflects a combined mean score that placed them in the moderately balanced range which suggests that there was little overall dissatisfaction with the current family

arrangement. The discrepancy score of .5 reinforces this interpretation.

Following therapy, both Mr. and Ms. "C" recorded increases in their FACES II cohesion and adaptability scores. Both adults now reported family functioning in the very connected and very flexible range. This suggests that the "C's" were feeling a high degree of closeness and loyalty to the family and were more able to share leadership, roles, consider new patterns of discipline and grow together as a family. The eldest boy, who was 12 at the time of post-testing, recorded slightly lower cohesion and adaptability scores.

Regarding the FACES II post-test family score, the family recorded an overall mean improvement.

Pre-testing with the Brief FAM determined scores which placed Mr. "C" in the average range of family functioning, while Ms. "C" and the eldest son recorded scores which reflected strong family functioning (mean 40, Sd 5.2). Following therapy, post-testing with the Brief FAM determined that all family members recorded scores in the family strengths range with Mr. "C" recording the most dramatic improvement (mean 33, Sd 6.5).

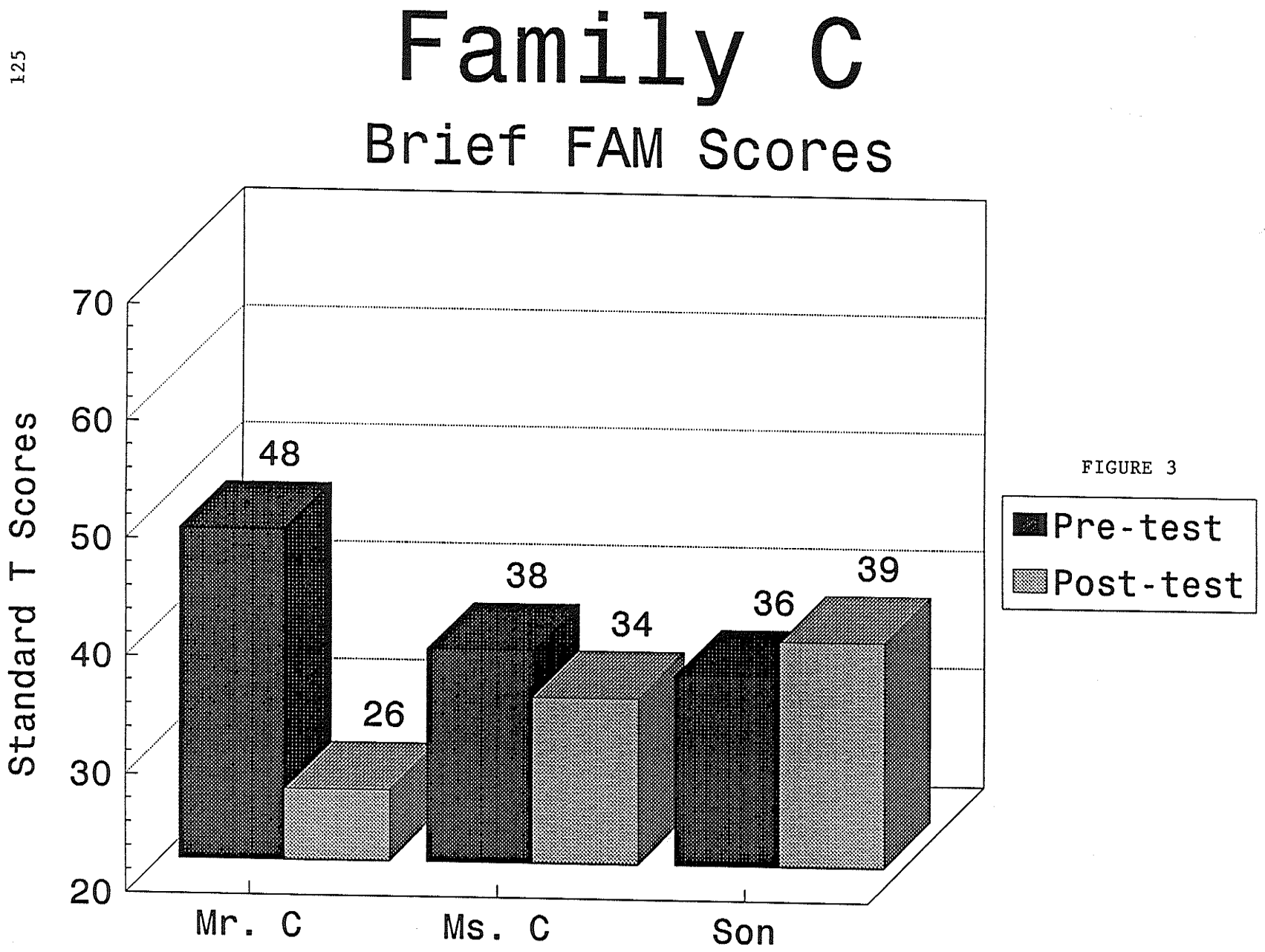

Family C
Brief FAM Scores
Standard T Scores
70
60
50
40
30
20
48
26
38
34
36
39
Mr. C
Ms. C
Son
Pre-test
Post-test

FIGURE 3

THE "D" FAMILY CHRONIC RECONSTITUTION

Family Constellation

Family "D" is a blended family who joined together through remarriage a little over three years ago. Ms "D," a vibrant, cheerful woman in her mid thirties had been a single parent for 11 years prior to her remarriage to Mr."D." In her first marriage, she had two girls, now aged 15 and 18, both of whom continue to reside with the family. Ms."D" then had a son, now age 7, as a single mother with a brief inconsequential partner. The biological father of the two older girls resides in a neighbouring province and has had only sporadic contact with his daughters. Ms. "D" has worked frequently throughout her life but at the start of therapy had been unemployed for three years as a result of moving to a new province to be with her husband.

Mr. "D," who was approximately 30 years old, was as well formerly married for a five year period from age 19 to 24. He characterized his first wife as lazy and unproductive. As a career soldier with a prominent service battalion, Mr. "D" had travelled widely for training and peacekeeping duties. He has been posted to Germany and has served on peacekeeping missions in Cyprus and the former Yugoslavia. Having joined the CF at 17, his total identity

and sense of self-worth was tied to his military work. He has risen up the soldier's ladder to a senior non-commissioned level and recently celebrated a promotion to reinforce his progress. Mr. and Mrs. "D" had a mutual child approximately one year ago which rounded out their family to include two adults and four children.

Presenting Problem

The "D" family pursued therapy to resolve two primary issues. The first involved Mr. "D's" frequent absences from the family due to his military occupation. It was observed that in the three years that this couple had been married, they had actually only spent about one year of that time together. Consequently, cohesion in the family was very low between the adults and between Mr. "D" and the children. The second issue centred on the primary age son. On each occasion that Mr. "D" would depart for duty, the boy would act out severely in the absence of his father. He would swear, threaten to kill family members and punch and kick them as well. His aggressive behaviour was even spilling into his other activities such as school. The whole family worried about the boy's behaviour returning with future absences of the father.

Formulation

At the onset of therapy, this family was chaotically disengaged and underdeveloped as a natural consequence of their lack of continuity and competing life-cycles. The process of developing a family identity and boundaries, forming relationships equally at all levels and accommodating the personal styles of each family member had not had a chance to occur. The parental unit was not joined and it would be revealed later that Mr. "D" took part in an extramarital affair which was common knowledge to the two older girls. The hierarchy in this family was also unbalanced. The middle daughter was mother's confidant, a pattern which appears to have started when mom was a single parent. In fact, it was the middle daughter who took responsibility for breaking the ice on a number of critical issues. This daughter would later complain in therapy that she wanted to be included more in the parental system with decision making and the sharing of confidential knowledge. This family was also struggling to pull together when the older girls were naturally beginning to branch out. This made the parents and particularly Mr. "D" feel inadequate. Finally, Mr. "D" had structured his family along the lines of a military camp. Rules were rigidly enforced, chores had to be completed like clockwork and children were expected to act maturely at all times. These household conditions kept the family at a safe and predictable distance from Mr. "D."

Over the course of his marriage, Mr. "D" had not learned how to adapt to his new family who were functioning better in the system that he was.

Treatment Plan

The therapeutic plan was to join with the family and to reframe the family concerns to a systemic level. A subsequent goal would be to unite and strengthen the couple subsystem to ensure a stable basis for all around family functioning. Another focus would be on reinforcing hierarchy in the family and altering the personal boundaries which limited communication and maintained rigid family rules and roles. Therapy would then move to improve cohesion in the family by bringing the members together in a positive context and by encouraging more family contact outside of the therapy setting. Altering the family's structure and preferred transactional style would help the family to develop complementarity or a sense of wholeness.

Course of Treatment

A total of six therapy sessions was held with the "D" family spanning a two and a half month period. Therapy ended somewhat prematurely as Mr. "D" received another three month assignment. Consequently, therapy ended after six sessions although a commitment to meet with the family following Mr. "C's" deployment was made.

After the initial family session, the focus quickly shifted to the parents. In keeping with the treatment plan, the second, third and fourth sessions were conducted with only the parents present. This was designed to address their unbalanced relationship, and as a secondary measure, to reinforce family hierarchy and generational boundaries. Considering that the family was clearly characterized by detachment, it was not surprising to discover that the marital unit was even further wedged apart. Their limited time together in the married state, Mr. "D's" history of alcohol abuse (he had not consumed alcohol for seven months now), Mr. "D's" extramarital affair and his withdrawal from the family emotionally and physically through work had left the relationship on rocky ground. It was during these sessions that enactments were staged to get the couple to focus on these issues and the wider impact that it was having on their family. Despite the levity of the discussions, both partners appeared to thrive on the opportunity to discuss their issues and begin the process of working them through. It was also during these sessions that the presenting problems were successfully reframed.

After a long Christmas break between sessions, the whole family, again without the 18 year old girl, presented for the fifth session. There was substantial improvement in the couple relationship (mom was also working for the first

time in three years) and improved relationships between all family members. Mr. "D" was evidently working diligently on forming an improved relationship with the boy, which all family members had observed and commented positively on. The 15 year old girl, mom's former confidant, saw the positive changes in the family and asked the family to include her as well. The systemic structural effects were reverberating through the family. Consolidating the improved family transactional style was to be the focus for the rest of therapy.

Session six saw the "D" family in a depressed state. Mr. "D's" deployment was now only one week away and the family had not negotiated how they would deal with his absence this time around. How Mr. "D" would stay in contact with the family and maintain an emotional presence had been avoided. The 15 year old daughter, and the 18 year old girl who was not at the session, were also reluctant to help with family chores and responsibilities leaving the onus on Ms. "D" to work and manage the household unassisted. There was also general apprehension expressed by everyone in the family that they were not prepared for the "inevitable" outbursts of the seven year old boy.

The focus for the session was to get family members discussing father's absence and the implications for the family. There was even consensus that family talk at home was being avoided as a matter of course. The family

seating was juggled midway through the session to promote more communication and family roles were challenged to develop by having family members discuss what changes were required in the home. A seventh family session was scheduled to take place prior to Mr. "D's" departure but a change in Mr. "D's" itinerary cancelled this plan. Consequently this phase of therapy ended prematurely.

Treatment Outcome

This family was clearly challenged by its military environment and remarriage problems. The military life-style, which frequently took Mr. "D" away for a long period of duty made chronic reconstitution of the family the norm. As a result, the family had great difficulty developing a working structure, appropriate roles, a common identity, and a sense of complimentarity. Following therapy, it was apparent that Mr. "D" had learned to adapt to the family system. However, the family as a whole was doing more poorly. It is speculated that Mr. "D's" deployment with major issues unresolved contributed to this outcome.

FAMILY D

FACES II				
INDIVIDUAL SCORES				
	PRE-TEST		POST-TEST	
FAMILY MEMBER	COHESION	ADAPTABILITY	COHESION	ADAPTABILITY
Mr. D	51	39	56	44
Ms. D	57	44	45	39
Middle Daughter	45	44	37	35

FACES II		
FAMILY SCORE		
FAMILY MEMBER	PRE-TEST	POST-TEST
Mr. D	2.5	4.0
Ms. D	4.0	2.0
Middle Daughter	3.0	2.0
Mean Score	3.1	2.6
Discrepancy Score	1.5	2.0

	BRIEF FAM	
FAMILY MEMBER	PRE-TEST	POST-TEST
Mr. D	65	51
Ms. D	55	61
Middle Daughter	54	65

Family "D"

At the onset of therapy, the "D" family's cohesion and adaptability scores recorded on FACES II were low. Mr. "D" recorded a separated cohesion score and a rigid adaptability score. Ms. "D" recorded a separated cohesion score and a structured adaptability score. The middle daughter recorded a disengaged cohesion score and a structured adaptability score. These scores suggest that Mr. "D", Ms. "D" and the middle daughter felt little loyalty and connectedness to their family unit. These scores also indicate inflexibility in the family, rigid roles, strict discipline and authoritarian leadership.

The "D's" family score on FACES II at pre-test reflects a combined mean score that placed them in the lower mid-range of family functioning just above the extreme range cut-off. This score reinforces the low individual scores described above.

As therapy ended abruptly due to Mr. "D's" departure for duty, post-testing was not administered uniformly. Only Mr. "D" completed his post-testing within a few days of the last therapy session. His cohesion score improved one full level and his adaptability score jumped two full levels suggesting increased connectedness to the family and a greater personal willingness to accommodate to other family members.

Ms. "D" and their daughter were unable to complete post-testing until almost three weeks after the last therapy session. At this point, Mr. "D" had been absent on duty for over two weeks. Consequently both Ms. "D" and her daughter registered lower individual cohesion and adaptability scores. This is felt to be a direct reflection of Mr. "D's" deployment and an invalid indicator of therapeutic efficacy. As the inventories used in testing focus on satisfaction with family functioning, it is logical to assume that scores would reflect the absence of a crucial family member.

Pre and post-testing on the Brief FAM reflected similar findings. Prior to therapy, Mr. "D" recorded a pre-test Brief FAM score in the family problems range and a post-test score in the average range. However, due to the time interval following therapy and Mr. "D's" absence, it was found that Ms. "D's" and her daughter's scores on the Brief FAM deteriorated. At pre-test, they both had scored in the high average range but at post-test recorded scores

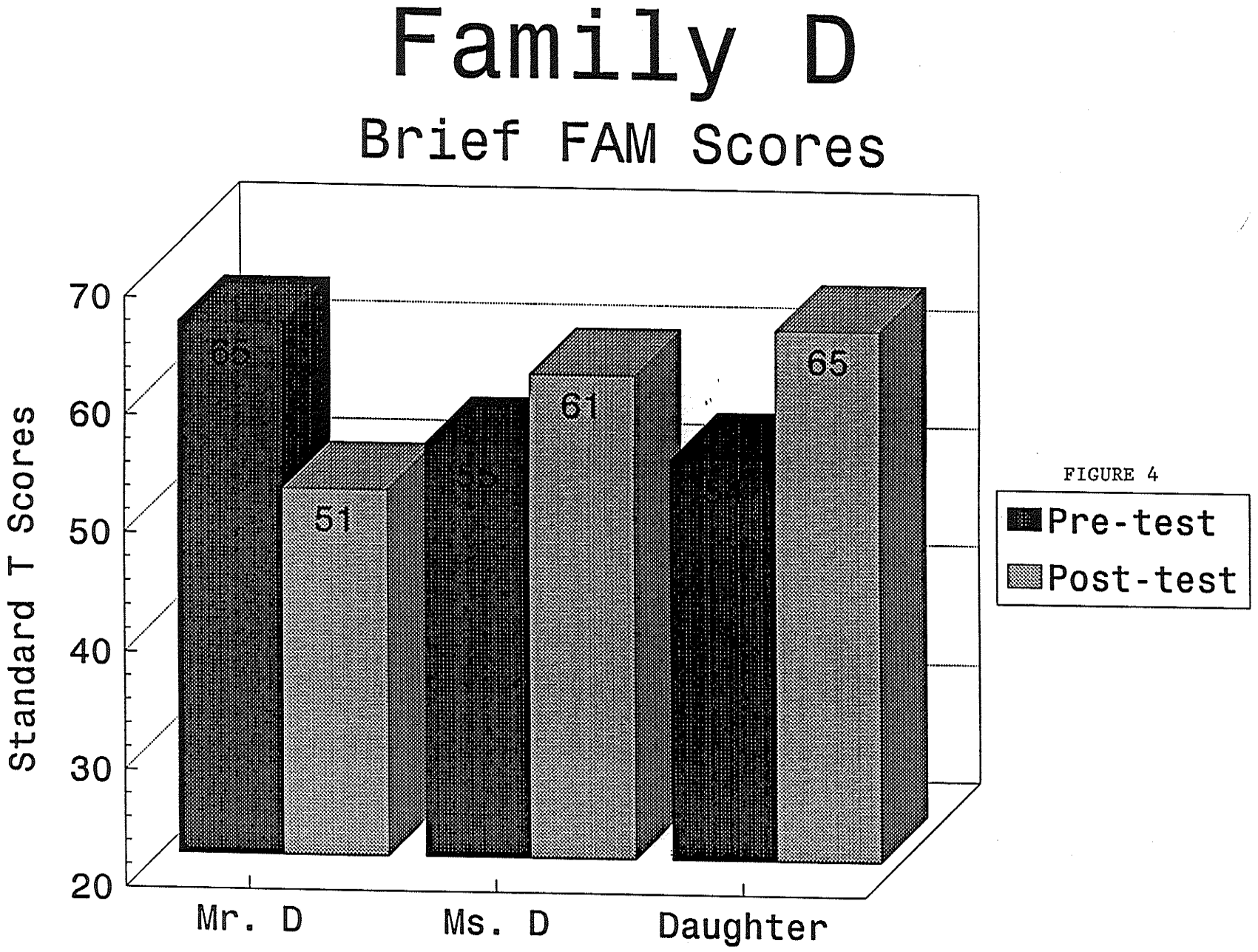

Family D
Brief FAM Scores
Standard T Scores
70
60
50
40
30
20
65
51
55
61
65
Mr. D
Ms. D
Daughter
Pre-test
Post-test

FIGURE 4

in the problem range. Again, it must be emphasized that post-testing in the case of Ms. "D" and daughter reflect historical changes and cannot be used as an indicator of the efficacy of therapy as the internal validity of the process was compromised. Overall the family score deteriorated on the Brief FAM from pre-test (mean 58, Sd 6.0) to post-test (mean 59, Sd 7.2).

THE "E" FAMILY - FATHER WANTS IN

Family Constellation

Family "E" is an intact family which included Mr. and Mrs. "E" who are both in their mid thirties and who have been married for over fifteen years. They have two teenaged girls in the junior high school age bracket. The "E" family has spent most of their life together in B.C. as Mr. "E" is a naval serviceman. As a matter of course, Mr. "E" spent frequent and lengthy periods of time away from his family on duty. Mr. "E" was posted to a prairie base several years ago. Mrs. "E's" family or origin resides on the west coast and Mr. "E's" family of origin resides nearby him. Both of their daughters attend the same school and Mr. and Mrs. "E" are employed full-time.

Presenting Problem

One month prior to the start of therapy, Mr. "E" slapped his younger daughter across the face following a contest of wills regarding after meal snacks. This incident propelled the family into crisis. The family also described a general lack of cohesion and difficulty working together to accomplish family tasks.

Formulation

At the onset of therapy, the "E" family appeared characterized by extreme rigidity and disengagement. There was no cohesion in the family, little evidence of willingness to work together, and no family strengths which family members could speak of. The parental subsystem was weak and ununited. This was reflected by the open disagreement the parents had regarding how to parent the girls and manage the household. The couple subsystem was also weak as Mrs. "E" indicated that the marriage was not stable. The family hierarchy was also compromised by the daughters' manipulation of the parents, particularly Mrs. "E." It was also very clear that Mrs. "E" and her daughters had a boundary around them that excluded father which was viewed as remnant of Mr. "E's" frequent absence as a result of his military duties. Mr. "E" was also experiencing difficulty becoming a vital member of the family, especially in light of his daughter's current life cycle stage and normal need to start pulling away from the family. The family's preferred style of interacting indirectly through others, usually Mrs. "E," appeared to help maintain a structure that was creating difficulties for their family. Overall this family as a unit was functioning very poorly.

Treatment Plan

The plan of treatment for the "E" family was to alter family boundaries by strengthening the parental/couple subsystem and on altering the family transactional style by promoting direct communication between family members. Another focus would be in assisting the father to get a more satisfactory foothold into the family by increasing his contact with his daughters through mutually enjoyable activities. This would create a different context for the father-daughter relationships, weaken the boundary around mother and daughters and, change the pattern of interacting from discipline oriented to pleasurable. Therefore, family structure and patterns of interacting were to be addressed through therapy.

Course of Treatment

A total of eight therapy sessions spanning a two and a half month period was held with the "E" family. Following the initial family session which focused on joining and reframing the problem, the parents were seen alone for sessions two and three. As pertaining to the treatment plan, a primary focus of intervention was on strengthening the parental and couple subsystem as well as in altering family structure and hierarchy. Enactments on parenting, leadership and family rules were held to get the parents to begin working together on family life. These

sessions were beneficial for the parents as they gained fresh understanding of each other's thoughts and negotiated new ways to relate to each other and with their daughters. Homework was also assigned to the parents whereby they were instructed to spend a set period of time after dinner with the father expressing what he liked about his wife and where mother was to reveal her concerns to father.

The remaining five meetings were whole family sessions where the focus of intervention was on reinforcing generational boundaries, eliminating coalitions against the father, developing cohesion in the family, and altering inefficient transactions between family members. Enactments were the primary intervention where parents and children discussed age issues, privileges and family rules. Generational boundaries were reinforced in session by supporting Mr. and Mrs. "E" in their efforts to work together. As therapy progressed, Mrs. "E" began to support and defend her husband's position in therapy which was absent when therapy began. The daughters were even encouraged in therapy to work out their own differences with each other, thereby showing their emerging maturity and keeping the parents from entering into conflict. Homework was assigned to move the family closer together. The daughters were instructed to spend 20 minutes each a week with their father in a mutually satisfactory activity.

The final stage of therapy focused on developing

the theme of family complimentarity, maintaining the new pattern of interacting in the family and supporting the emerging family structure which included dad and a united parental system. This was accomplished by nurturing enactments, focusing on important family concerns, unbalancing the family system and using intensity with certain themes (e.g. girls' maturity, parents a team, father an important part of the family).

Treatment Outcome

Therapy was instrumental in getting the family to challenge its structure, boundaries and hierarchy. It also was a vital source of process change for the family. At the end of therapy a new transactional style had developed for the family. They were no longer side-stepping difficult issues and were more willing to confront each other directly instead of through others. The family structure now included dad to a greater degree, a more effective parental subsystem was sometimes evident, and the girls were not as easily able to manipulate their parents. Given the extreme level of dysfunction at the onset of therapy, intervention moved all family members in the right direction but in the end the family still remained dysfunctional.

FAMILY E

FACES II				
INDIVIDUAL SCORES				
	PRE-TEST		POST-TEST	
FAMILY MEMBER	COHESION	ADAPTABILITY	COHESION	ADAPTABILITY
Mr. E	36	34	56	50
Ms. E	36	26	38	37
Daughter 14	36	32	43	33
Daughter 12	35	30	38	40

FACES II		
FAMILY SCORE		
FAMILY MEMBER	PRE-TEST	POST-TEST
Mr. E	2.0	5.0
Ms. E	1.5	2.0
Daughter 14	2.0	2.0
Daughter 12	2.0	2.5
Mean Score	1.8	2.8
Discrepancy Score	.5	2.5

	BRIEF FAM	
FAMILY MEMBER	PRE-TEST	POST-TEST
Mr. E	65	55
Ms. E	71	69
Daughter 14	72	60
Daughter 12	69	60

Family "E"

At the onset of therapy, family "E" recorded extreme individual scores on FACES II for cohesion and adaptability. All family members' scores reflected that they were rigidly disengaged suggesting little to no family loyalty or connectedness and a rigid, autocratic way of family life. Their FACES II family score indicated the lowest possible range for scores and very little discrepancy in perception of family functioning.

Post-testing on FACES II saw the family in some instances record dramatic improvements in their score. For example, Mr. "E" recorded dramatic improvements in both cohesion and adaptability. In fact, Mr. "E" went from rigidly disengaged to flexibly separated, an improvement of two levels on adaptability. There were slight gains in

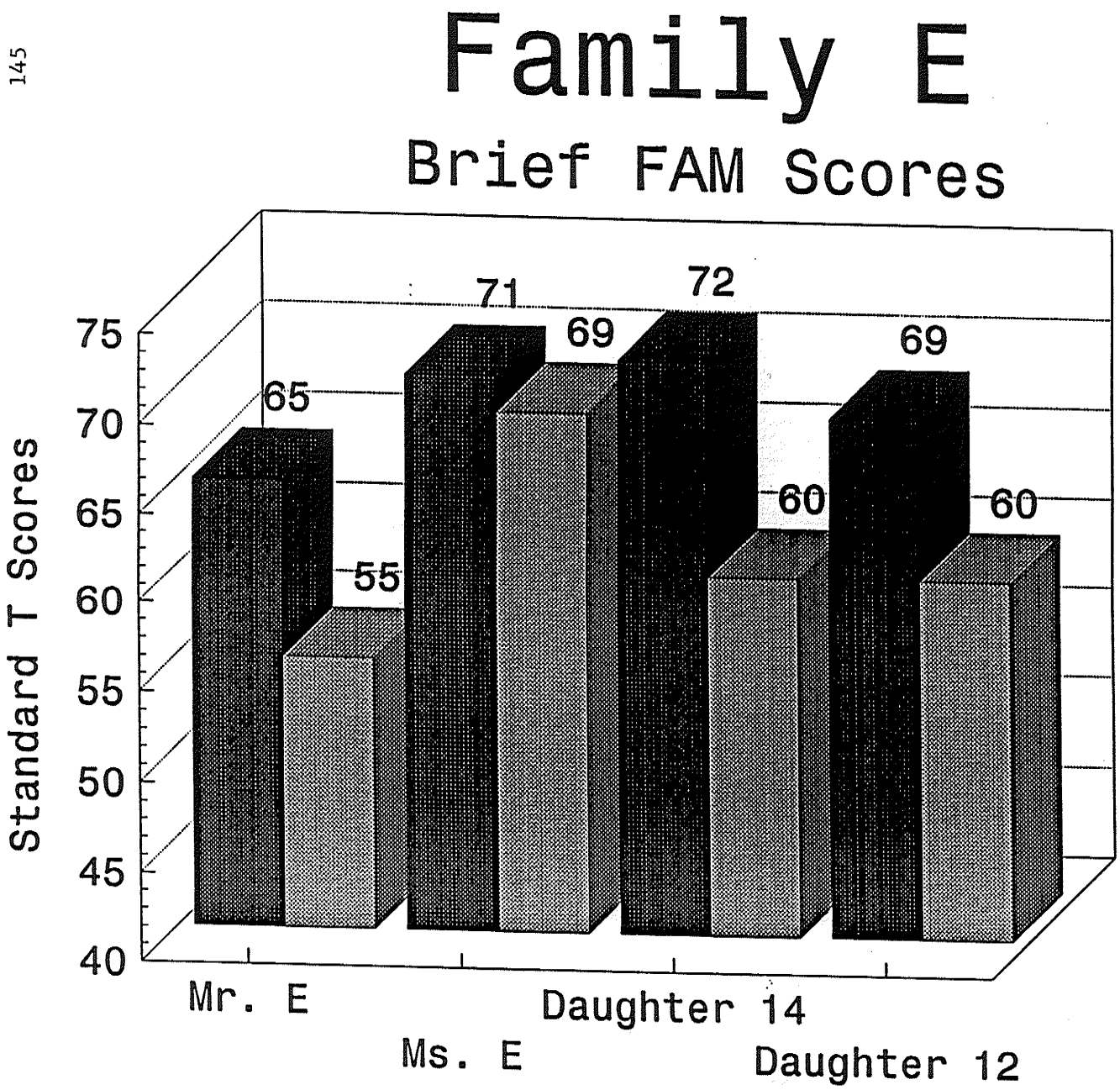

Family E
Brief FAM Scores
Standard T Scores
75
70
65
60
55
50
45
40
65
55
71
69
72
60
69
60
Mr. E
Ms. E
Daughter 14
Daughter 12
Pre-test
Post-test

FIGURE 5

cohesion for Ms. "E" and the younger daughter and modest gain in cohesion for the elder daughter. Dramatic increases in adaptation were also evident for Ms. "E" and the younger daughter while the older daughter recorded a slight gain in adaptability. The family score for FACES II at post-testing observed the family to move from the extreme range to just below the cut-off into the mid-range of family functioning.

Pre and post-testing on the Brief FAM observed similar results. At the start of therapy all family members recorded scores in the high family problem range (mean 69, Sd 3.0). Following therapy, these scores were reduced considerably (mean 61, Sd 5.8) placing Mr. "E" into the average range and both daughters at the cut-off into the average range. Ms. "E" recorded only nominal improvement moving her score slightly toward the average range for family functioning.

Family E Family APGAR Results

The Family APGAR was used to measure changes in the "E" family prior to and during treatment. The Family APGAR, a brief family function test, was used to record scores during a baseline period and in the week following each therapy session. Data collection occurred at three points in a one week period prior to the onset of therapy. The baseline scores gathered reflect that all family members scored in the middle band indicating a moderately

dysfunctional family. The father and elder daughter had the highest mean scores during the baseline phase (5.3) while the mother scored lowest, just above the severely dysfunctional cut-off (4). The mean family score for this period was 4.8.

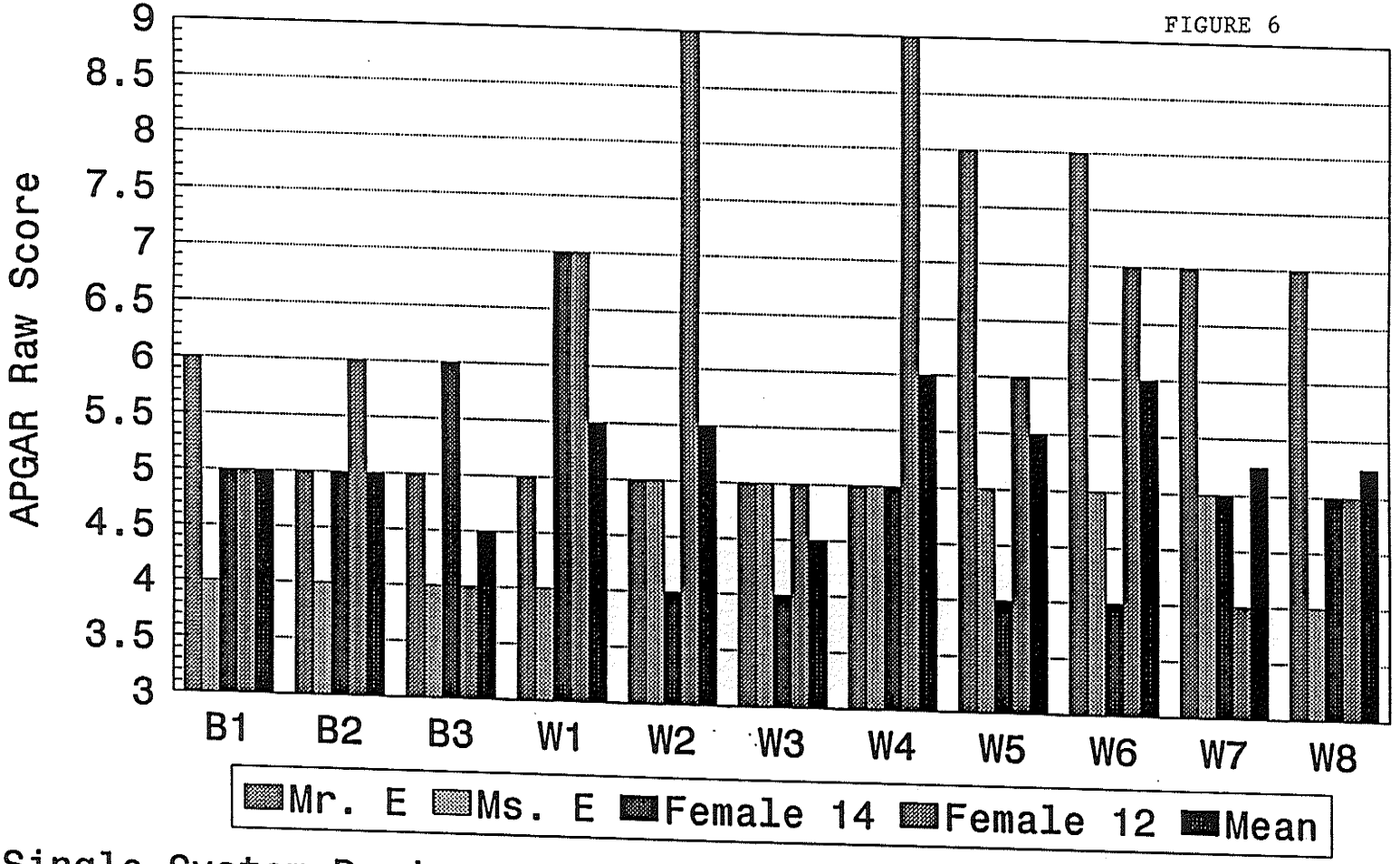
Following the initial therapy session, both daughters' APGAR scores increased dramatically into the highly functional band but over the course of therapy these scores dropped into the middle band. Mr. "E's" APGAR scores remained static during the first half of therapy and improved into the high functioning band for the last half of therapy. Mrs. "E's" APGAR scores reflected only modest gains throughout the course of therapy. The mean family score during the intervention phase improved from a baseline mean score of 4.8 (Sd, .28) to 5.4 (Sd, .47) for intervention. As a family, the direction of change was positive but the magnitude of change throughout therapy was modest.

It is speculated that father's high scores during the last half of therapy was a product of two variables. During session four, a structural homework task was assigned to the family. Father was instructed to spend a minimum of 20 minutes a week sharing an activity or outing with each daughter. This intervention was positively received and reinforced throughout the duration of therapy. As father had complained about the lack of closeness between family

Family E

Family APGAR

FIGURE 6



Single-System Design

members at the onset of therapy, this intervention would alter the family balance. The second variable is that prior to session six, mother had to leave the province for two weeks to attend to a family crisis on the west coast. This brought father and daughters together alone without mother for the first time ever. The children and father both reported excellent cohesive relations during mother's absence.

The younger daughter's high scores following the onset of therapy also arouse attention. It is speculated that her scores increased substantially as the focus of therapy during the early stage of therapy centered on the parental subsystem. In fact, sessions two and three included only the parental subsystem in therapy to work on balancing and uniting their parental structure. Consequently the younger daughter, who was the initial identified patient, receded as a problem focus for the family. This, combined with a united parental subsystem, made the family structure more effective.

Client Satisfaction

The client satisfaction scale used in this practicum is an adaptation of the Winnipeg Children's Home client satisfaction scale. These questions employ a Likert-like four response format where 1 equals no satisfaction to 4 which indicates a high level of satisfaction. The seven questions on the scale deal with quality of service (2 questions), perception of therapist (2 questions), and magnitude of personal and family change (3 questions). The client satisfaction scale was administered to the adults of each family system following therapy. The results of the client satisfaction scale are reproduced in figures 7 - 14.

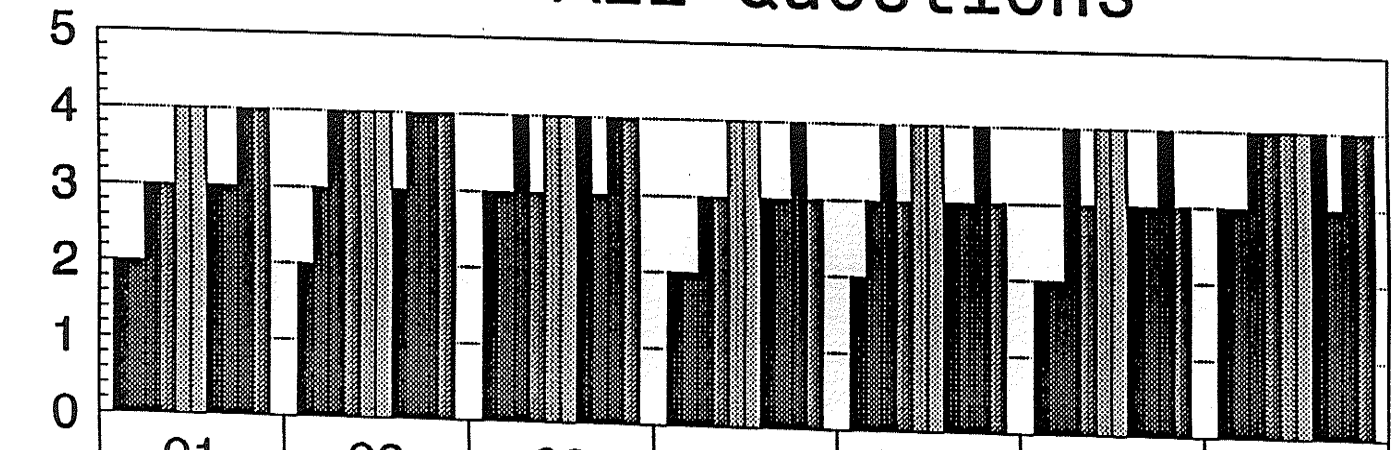
Mean scores for all adult respondents were over 3 indicating a high level of satisfaction for therapist, service and degree of personal and family change. The highest mean score 3.7 was recorded for question seven (If you were to seek help again, would you contact the same therapist?). The lowest mean satisfaction score 3.1 was recorded for question number four (To what extent did your family situation change?). Overall the client responses can be construed as encouraging. It was also observed that there was absolutely no client attrition during therapy.

Out of a total of 70 possible client responses the following breakdown was observed:

ANSWERS RECORDED BY LEVEL	TOTALS
1 not satisfied	00
2 satisfied	08
3 good	27
4 very good	35
TOTAL	70

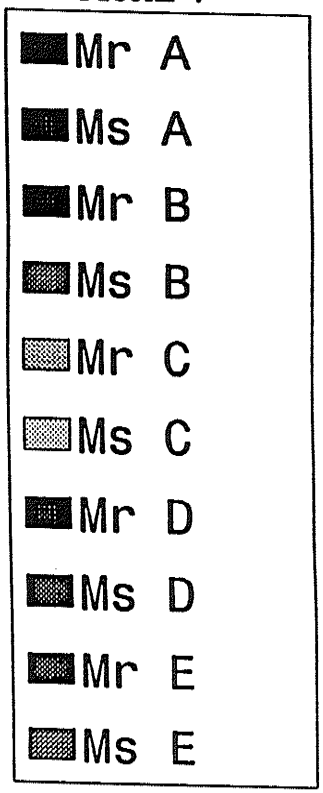
Client Satisfaction Survey

All Questions



	Q1	Q2	Q3	Q4	Q5	Q6	Q7
Mr A	2	2	3	2	2	2	3
Ms A	2	3	3	2	3	2	3
Mr B	3	4	4	3	4	4	4
Ms B	3	4	3	3	3	3	4
Mr C	4	4	4	4	4	4	4
Ms C	4	4	4	4	4	4	4
Mr D	3	3	4	3	3	3	4
Ms D	3	4	3	3	3	3	3
Mr E	4	4	4	4	4	4	4
Ms E	4	4	4	3	3	3	4

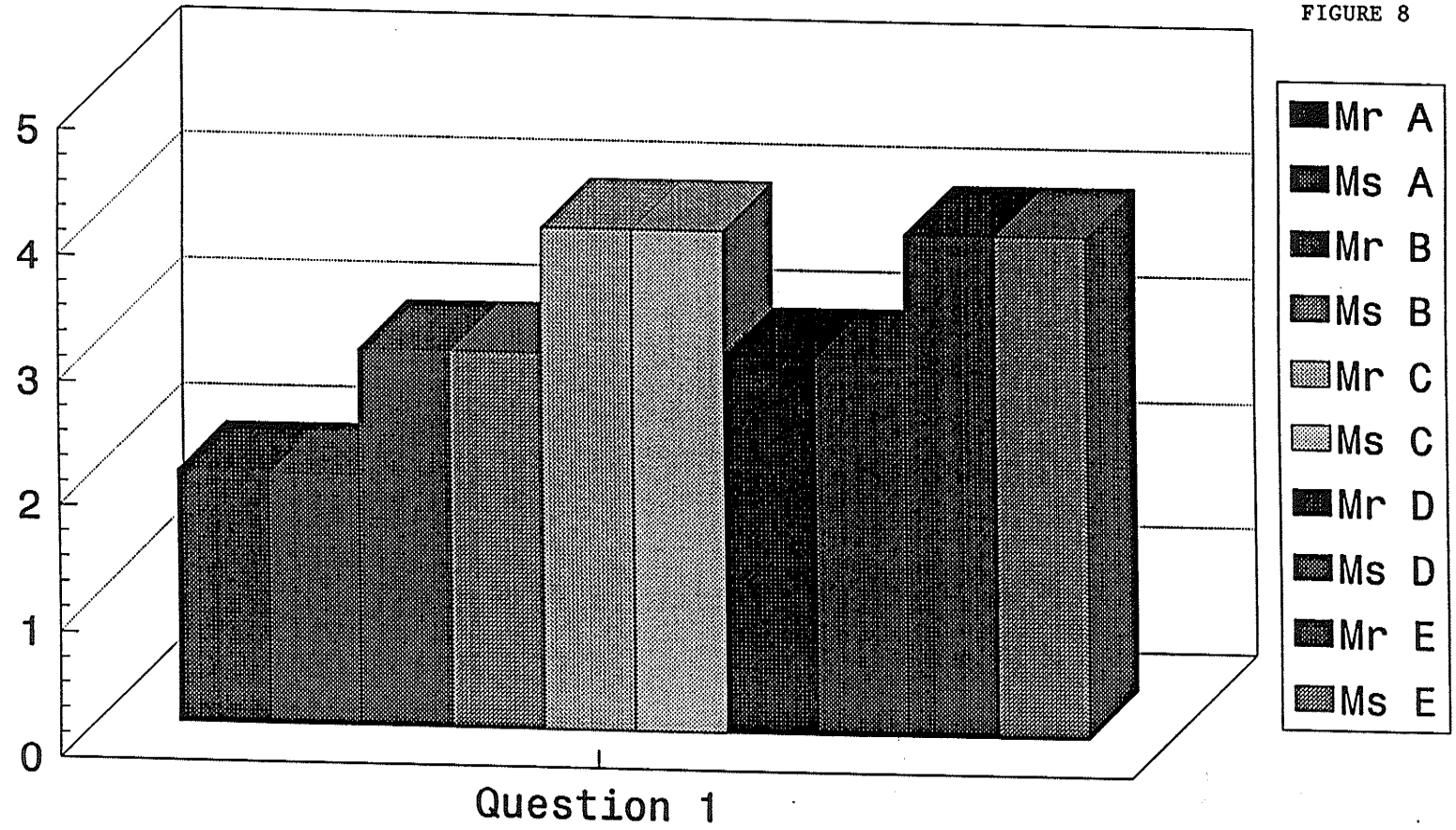
FIGURE 7



Client Satisfaction Survey

To what extent did this service meet the needs of your family?

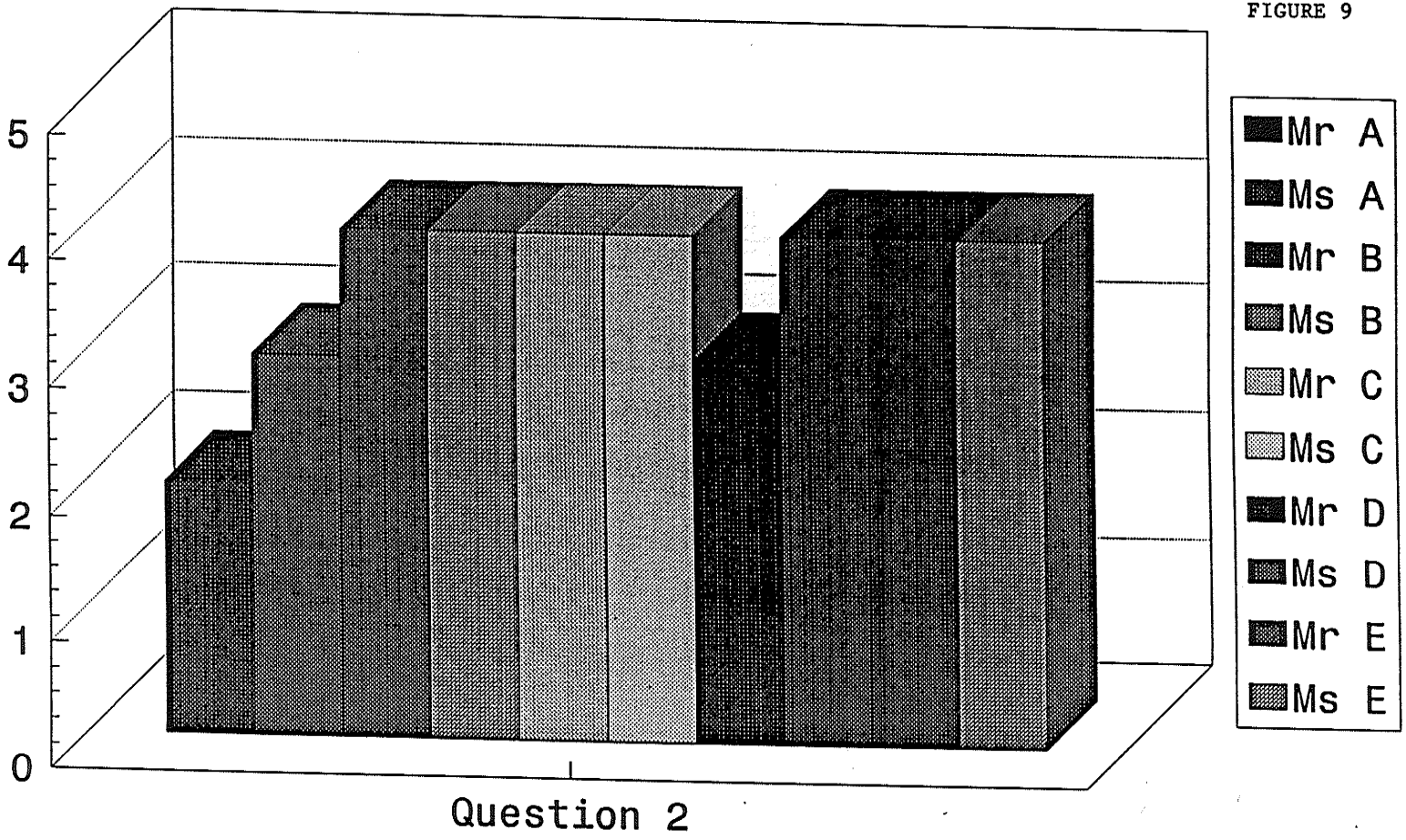
FIGURE 8



Client Satisfaction Survey

To what extent were you satisfied with your therapist?

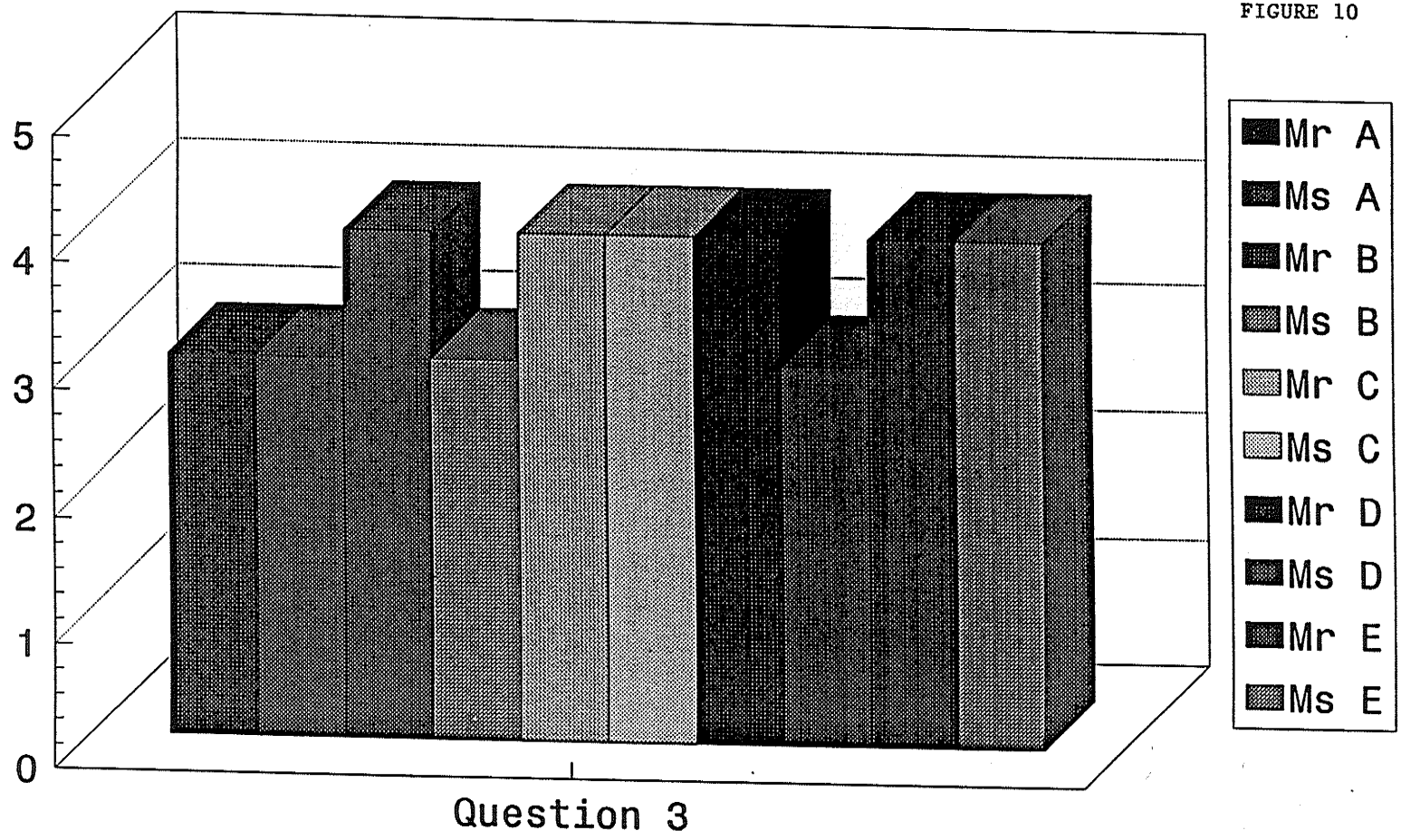
FIGURE 9



Client Satisfaction Survey

How would you rate the quality of service?

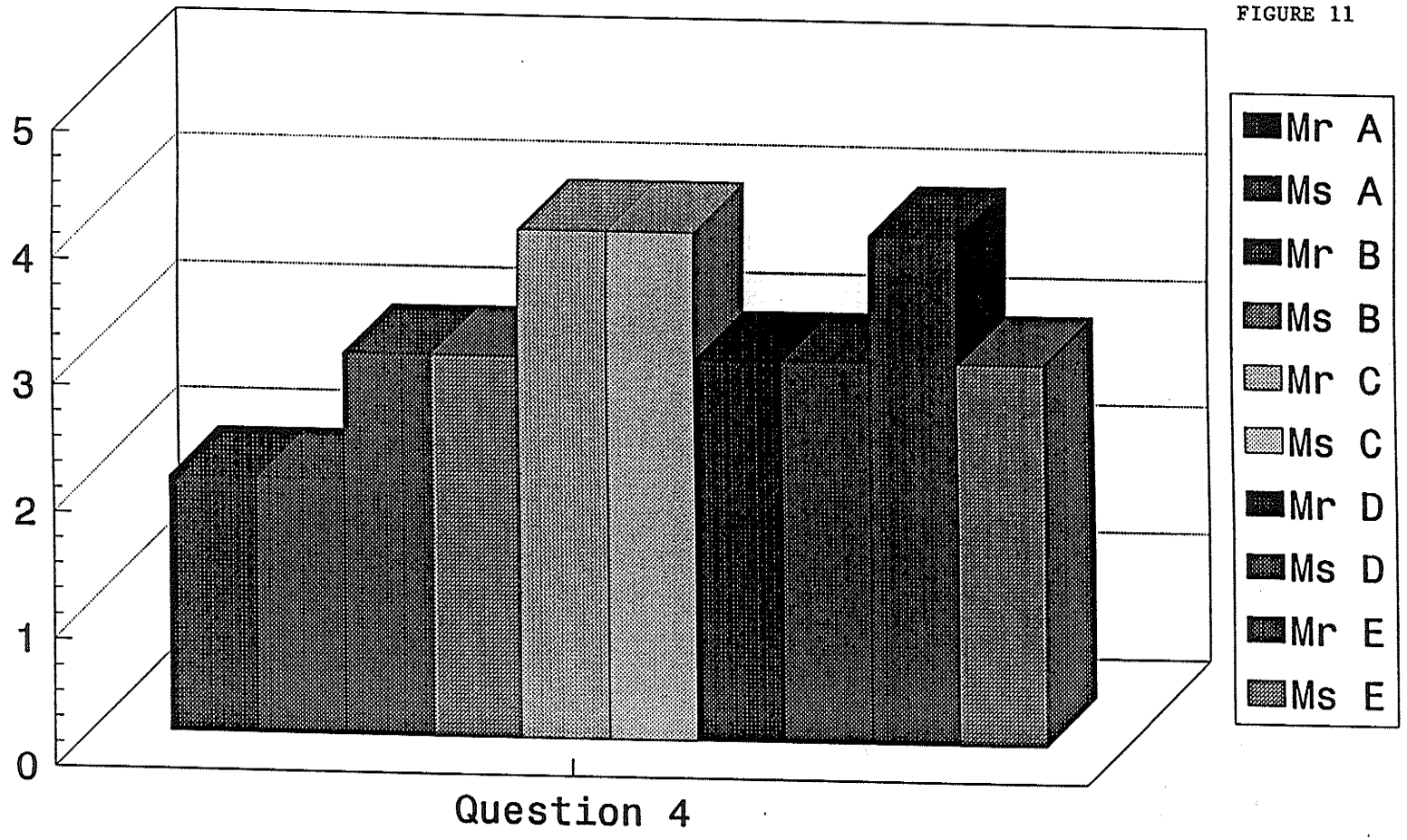
FIGURE 10



Client Satisfaction Survey

To what extent did your family situation change?

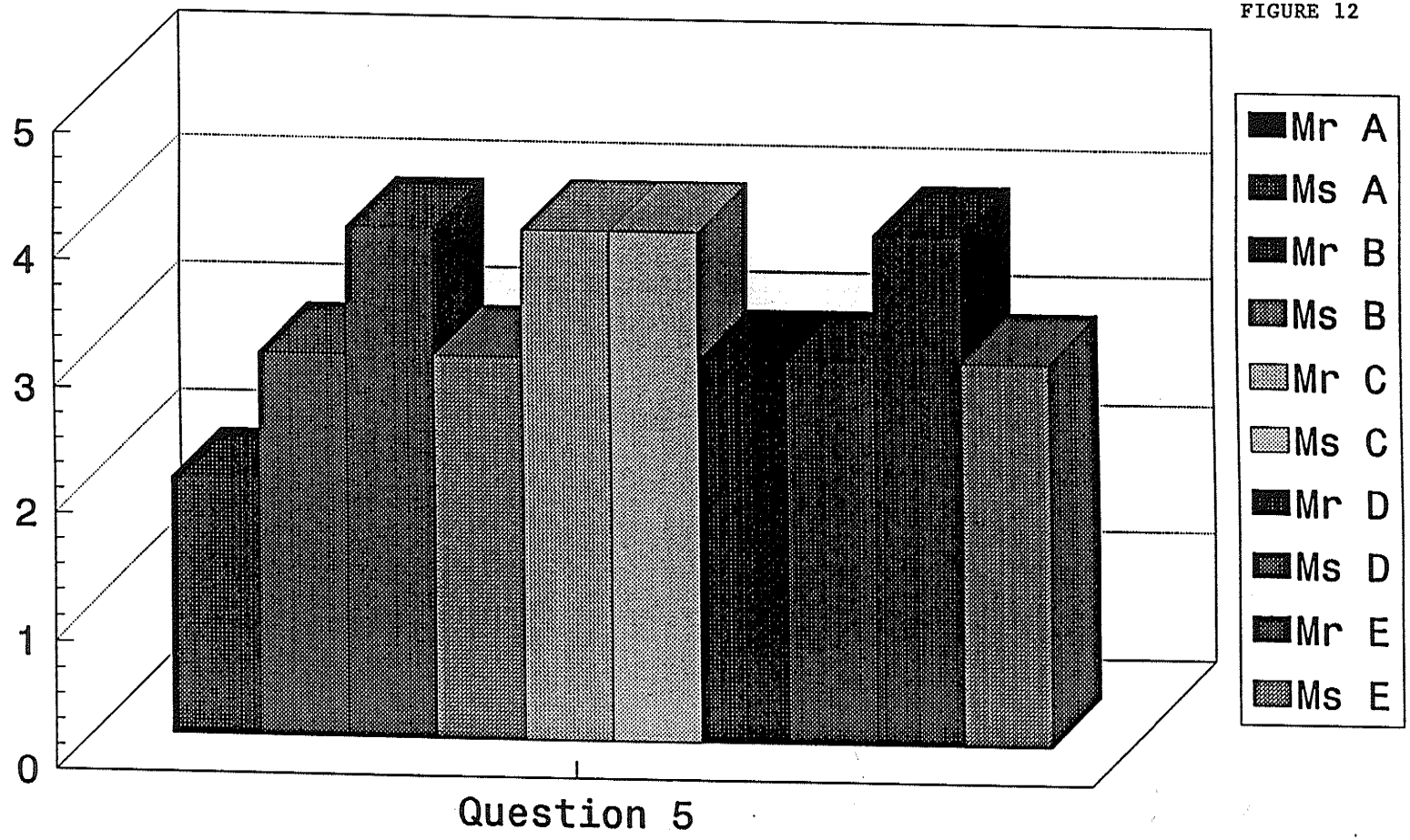
FIGURE 11



Client Satisfaction Survey

Did your family situation improve?

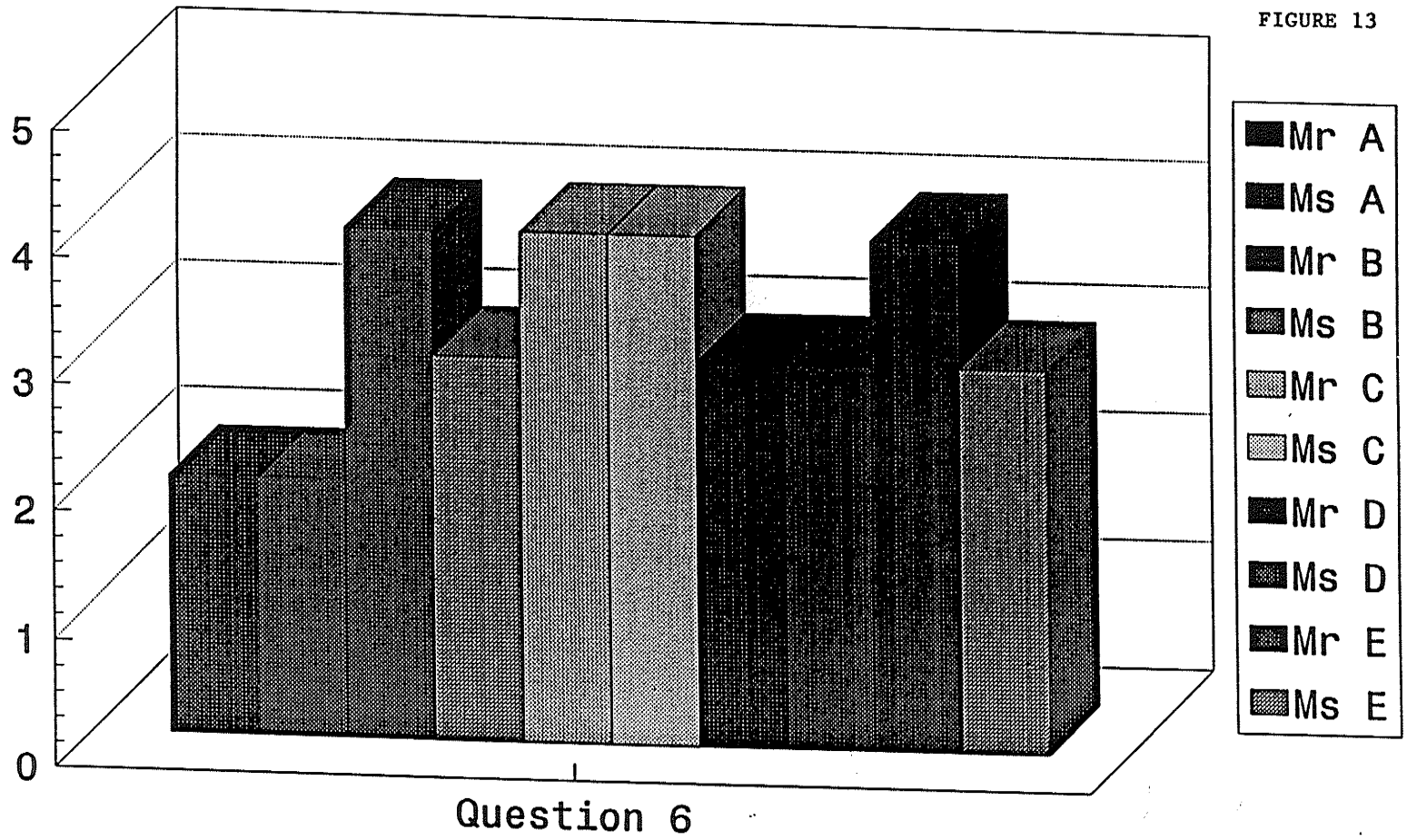
FIGURE 12



Client Satisfaction Survey

Did things get better for you personally?

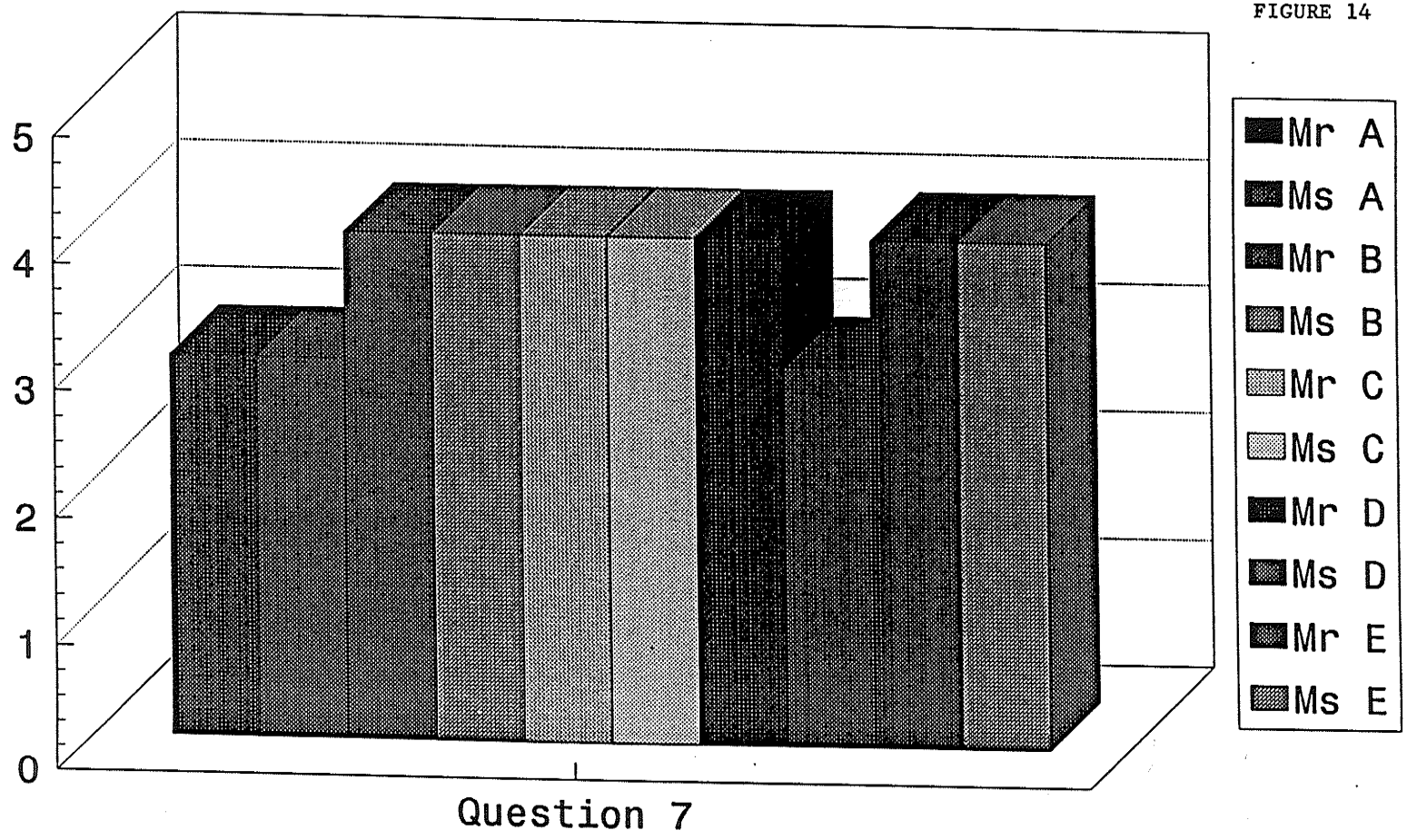
FIGURE 13



Client Satisfaction Survey

If you were to seek help again, would you contact the same therapist?

FIGURE 14



Use of Pre-Testing In Therapy

Pre-testing measures can be conceptually useful as a research component offering an indicator of whatever dimension is being measured or in therapy as an assessment tool. For the purposes of this practicum, pre-testing was used for both reasons. In the research portion of this practicum pre-testing was necessary to gather an empirical perspective of the families under study. Pre-testing could then be compared with post-test scores to provide an indication of therapeutic movement particularly with magnitude and direction of change.

As an assessment device, the pre-test scores were examined following the initial family session to provide an indication of family structure (FACES II) and level of family functioning (Brief FAM). These scores in all cases reinforced initial therapist clinical impressions but also revealed in some cases an extreme degree of dysfunction which the therapist did not initially observe. Therefore, pre-testing helped to quickly determine the magnitude of the problem and which members of the family were particularly troubled. Intervention was then designed to consider these initial findings.

With regard to the weekly evaluation component, the therapist perhaps could have made better use of the weekly findings by attending more to the five individual dimensions on the measure instead of on total score.

Therefore, focus of intervention and enactments could have been selected based on these weekly results instead of relying on weekly supervision. However, weekly supervision is regarded by the writer to be a superior method of developing conceptual and executive therapy skills over data analysis.

CHAPTER VIII

DISCUSSION

Theoretical Anchor

The theoretical anchor for this practicum has been one of "reconstitution." This was a prominent theme observed in the literature on remarriage and military families and reinforced by direct clinical work with the study sample. Reconstitution of families through remarriage or after military service separations upsets family boundaries, alters family subsystems, affects family hierarchy and changes the transactional pattern of relating within a family. Problems of this nature can persist unresolved for years when a family develops a structure and an interactional style which deters effective family functioning or hinders its development.

Despite the mixed outcomes observed in this report, family therapy is regarded by the writer as an effective form of intervention to use with families stonewalled by the difficulties of reconstitution. As individuals in remarriage and military families are part of a dynamic system it makes good sense to utilize an intervention modality which recognizes this. It can be argued that when all family members are involved in therapy,

the structure and transactional style of the family can be altered more effectively than through intervention with one family member. Structural family therapy with its attention to family structure and family style is well conceived to work with family systems where boundaries can be unclear. Remarriage families and military families, which may experience the frequent deployment of a military parent/spouse, often display boundary problems. Hence, the theoretical and practical fit between structural family therapy and families experiencing reconstitution.

Clinical Observations: Role of the Mother

During the practicum it was observed that the mothers of each household played the pivotol role in the family. Perhaps this should not be such a surprising finding as the sample included four stepfathers and one father who had spent a considerable part of his life away from his family. In each family system the mother controlled the boundary around herself and her children and by doing so regulated the quality and quantity of contact between the men and the children. Again, in all cases, the men commented on their peripheral status and desire to find a more comfortable place within the family. The boundary around the mother and her children also produced subystem and hierarchical difficulties for the sample families. For the study population, the formation of an effective parental

subsystem was consistently challenged by boundaries around mother and child(ren).

It was somewhat surprising to discover that in four of the families the men had impressive treatment outcomes as measured by empirical findings. It is felt that this trend developed because therapy helped them to move from a peripheral detached position to a more involved position within the family. In essence, what probably occurred was that they learned how to adapt better to their families. As the men's scores at the onset of therapy were extreme, their progress looks more dramatic than other family members who may have been content with general family functioning and with their present position in the family structure.

Another theme which emerged is the lower outcome scores for the teenagers in the remarriage families and only modest improvement with the two teenagers from the intact family. It is speculated that the lower scores for the step children are a product of the improved parental unions in their families. As their parents moved closer together and began to work more effectively together, the need for a strong cross-generational relationship diminished. Therefore, the lower scores of the teenagers may reflect dissatisfaction with their reduced role in the new family structure. The two children from the intact family displayed only slight to modest gains on the family

functioning dimensions measured. It is felt that the perception of structural changes in the family was less threatening to them than the structural changes were to the other reconstituted families in the study. Therefore, the impact of having a more involved father may not have meant a dramatic change in their relationship to their mother was necessary.

Clinical Observations: Military Issues

Pertaining to the military component of the practicum, it was observed that all the men in the sample presented as rigid and authoritarian. However, whether this was a function of reconstitution, military training or some other factor, was not determined through the practicum but only observed. It was also observed that the current military member of the family for four families were required to leave on duty during therapy while the fifth was planning for deployment following therapy.

Some military members were required to be absent for several days a week, while others were required to be away for weeks and, in two cases, months. For four families in the sample the flow of therapy was disrupted by this circumstance. What became evident over the course of the practicum was that military issues such as deployment, parental absence and geographical mobility disrupted successful reconstitution of families. Of direct

consequence was the ineffective way that the study families structured themselves and in how they related to each other.

Skill Development

As this practicum also had a practice component, the question of skill development in the use of family therapy needs to be addressed. From a personal standpoint, I feel that I have gained a level of competence in the use of family therapy methods. I also feel that I became more proficient as the practicum progressed. Without weekly supervison and the use of videotaped sessions, my progress would certainly have been curtailed. It is very clear to me that studying a method is quite different from practicing a method. At the onset of the practicum, I felt that I understood structural theory and its methods well and that therapy would naturally flow unencumbered because of this. However, with no prior formal training in family therapy, I found myself performing individual therapy with a grouping of family members instead of what I was supposed to be practicing. The practice design of supervision and video examination corrected these problems for me. I now understand the principles of family therapy at a deeper level. Theory now makes more sense to me after practicing method.

My advisor frequently reminded me that family therapy was a "fast-track" way of addressing problems in the

family. I agree whole heartedly with him. Getting families to do the work and talk to each other cuts through many barriers quickly. Pertaining to my own role as a therapist, I struggled to not be the focal point of therapy and now understand that too much therapist involvement works against the family solving their own problems.

Family therapy is an exciting model of intervention. In fact, I know that I will have difficulty seeing individuals in therapy again as I have developed a systemic orientation where I currently find an individual focus to be unproductive. In retrospect, this practicum could have been strengthened by having a panel assess my skill development on conceptual and executive dimensions throughout therapy.

Empirical Findings

In regard to the report's empirical findings, the results are mixed and point to outcomes which are complex. From the beginning to the end of therapy, family functioning generally improved, albeit, at a very nominal level for four of the five families. However, only two cases can be considered as treatment successes. This was the case with families B and C. With these two families a similarity was found in that in each system a "father" entered a stable healthy system and was flexible enough to adapt. Families A and E were highly dysfunctional at the onset of therapy yet

the similarities between them end there. With family A, we observed a pseudo-family attempting to form an alliance and build a life together. Family E, on the other hand, had been together for sixteen years and nobody was getting along. At the end of therapy, the direction of change was positive with these families yet both families remained dysfunctional. Family D stands on their own. At the beginning of therapy, the family except "father" functioned in the average range toward the problem end. Following therapy, as reported earlier, this family was experiencing circumstances that may have affected post-test scores. In fact, it was observed that "father's" scores improved while the family deteriorated. Overall, if a trend can be deduced from the practicum, it is as follows. Fathers who enter a stable system have a good chance to adjust with therapy to their new family but if they enter an unstable system, the chance for successful adjustment is lessened.

The empirical findings cannot in the slightest sense be deemed conclusive but they do act as a gauge of family functioning and, therefore, as an indirect measure of therapy. It was found after examining pre and post-test scores on all instruments (Brief FAM, Faces II and Family APGAR) that they, in fact, were compatible as they reported similar findings. It is felt that using more than one instrument, as the findings in this practicum demonstrate, strengthens and supports such research findings.

The writer remains cautious about using single-case evaluation methods in family therapy research. For the reasons cited earlier in the report, it is difficult to meet the precise requirements of investigative science in family therapy. In other social work and therapy settings where specific behaviours are being measured, the suitability of using regular evaluation methods are evident. Also the goals of family therapy, in this case to alter structure and family transactional style, are difficult variables to measure. Perhaps a weakness of the evaluation method used in the practicum was that it focused on family functioning instead of directly on structure or transactional style. Despite this, the family function scores on the APGAR mirrored FACES II and Brief FAM results for the one family where it was employed and therefore was considered conceptually meaningful.

The writer despite the comments offered above fully supports the use of including an empirical component in therapy. Empirical findings can support the use of certain methods of intervention over others, they can be used for assessment purposes, and they can provide a guide as to the efficacy of therapy and the proficiency of the therapist. However, family therapy is not for everybody. Ackerman (1966) issued a word of caution when he warned that family therapy is not appropriate for all families and that because of this, screening is vital. Family therapy can in

no way be described as a panacea for all family problems but in the matter of this practicum, it was a fast-track vehicle for families experiencing problems of reconstitution to address family structural imbalances and ineffective patterns of interacting. The writer is convinced that families experiencing problems of reconstitution can be served admirably with family focused therapy that is aware of how ecological influences, such as a military lifestyle, can impact the family.

Conclusion

The Canadian military family is a poorly understood sub-culture of Canadian society. More studies need to be completed and circulated on the Canadian military family, particularly in the area of effects of reconstitution on families. Knowledge of the problems that Canadian military families experience and needs of this community will ensure that civilian and military agencies provide appropriate support and intervention with this population.

Intervention strategies in therapy may be well advised to consider the power of mother-child boundaries and the mother's role in keeping the husband peripheral in reconstituted families. Therefore, altering family boundaries to permit a "father" to move more comfortably into a family unit's psychological and emotional space would

be a reasonable goal in therapy for families with similar characteristics to those found in this study. Assisting "fathers" as newcomers to a system to adapt to the nuances of their new family is also vital. Further research is also needed to determine if the variability in outcomes found in this project are related to "stepfather" characteristics, family characteristics or a combination of both.

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From Major L.G. Gushue

Air Command Headquarters
Westwin, Manitoba
R3J 0T0

22 September 1993

Dear Paul,

I am pleased to advise you that your request in your letter of 20 July 1993 to complete your MSW practicum at this office has been accepted.

The work you will be doing with Canadian Forces families is a welcomed addition to the field of military social work. I look forward to receiving a copy of your practicum report.

All the best to you in your endeavours, Paul.

Yours truly,

Captain P.A. Rosebush, CD

Winnipeg, Manitoba

UNIVERSITY OF MINNESOTA

Twin Cities Campus

Family Social Science
College of Human Ecology

290 McNeal Hall
1985 Buford Avenue
St. Paul, MN 55108

612-625-7250
Fax: 612-625-4227

PERMISSION TO USE FACES II

I am pleased to give you permission to use **FACES II** in your research project, teaching or clinical work with couples or families. You may either duplicate the materials directly or have them retyped for use in a new format. If they are retyped, acknowledgement should be given regarding the name of the instrument, the developer's name and the University of Minnesota.

In exchange for providing this permission, we would appreciate a copy of any papers, theses or reports that you complete using **FACES II**. This will help us to stay abreast of the most recent developments and research regarding this scale. We thank you for your cooperation in this effort.

In closing, I hope you find **FACES II** of value in your work with couples and families. I would appreciate hearing from you as you make use of this inventory.

Sincerely,

David H. Olson, Ph.D.
Professor

90 Braintree Cresent
Winnipeg, MB
R3J-1E2

25 August 1993

Dr. H.A. Skinner
Addiction Research Foundation
33 Russell Street
Toronto, Ontario
M5S-2S1

Dear Dr. Skinner:

I am a post-graduate social work student at the University of Manitoba and am writing to you to request permission to use the Family Assessment Measure (Brief Scale) in my practicum research.

The title of my project is "Family Focused Counselling with Military Remarriage Families: A Clinical and Theoretical Study". The proposed study will offer family focused counselling to military remarriage families who are experiencing remarriage adjustment problems. Specifically, a structural framework for family therapy will be utilized. All members of the family system of appropriate age will be pre and post-tested using the Brief FAM.

The research design is a pre-test and post-test one group design/multiple case study. The sample will consist of five military remarriage families. The project start date is 20 August 1993 and isexpected to terminate 30 December 1993. The inventory named above would enable me to evaluate the study population and effectiveness of clinical strategies.

Your consideration of this request is appreciated.

Sincerely,

P.A. Rosebush, B.S.W.

10 Sep 93

You have my permission
for the use of FAM
in your practicum research

FACES II ITEMS

by
David H. Olson, Joyce Portner, and Richard Bell

1. Family members are supportive of each other during difficult times.
2. In our family, it is easy for everyone to express his/her opinion.
3. It is easier to discuss problems with people outside the family than with other family members.
4. Each family members has input in major family decisions.
5. Our family gathers together in the same room.
6. Children have a say in their discipline.
7. Our family does things together.
8. Family members discuss problems and feel good about the solutions.
9. In our family, everyone goes his/her own way.
10. We shift household responsbilities from person to person.
11. Family members know each other's close friends.
12. It is hard to know what the rules are in our family.
13. Family members consult other family members on their decisions.
14. Family members say what they want.
15. We have difficulty thinking of things to do as a family.
16. In solving problems, the children's suggestions are followed.
17. Family members feel very close to each other.
18. Discipline is fair in our family.
19. Family members feel closer to people outside the family than to other family members.
20. Our family tries new ways of dealing with problems.
21. Family members go along with what the family decides to do.
22. In our family, everyone shares responsibilities.
23. Family members like to spend their free time with each other.
24. It is difficult to get a rule changed in our family.
25. Family membes avoid each other at home.
26. When problems arise, we compromise.
27. We approve of each other's friends.
28. Family members are afraid to say what is on their minds.
29. Family members pair up rather than do things as a total family.
30. Family members share interests and hobbies with each other.

Family Social Science
University of Minnesota
297 McNeal Hall

FACES II ANSWER SHEET

Family Social Science
University of Minnesota
290 McNeal Hall
St. Paul, Minnesota 55108

1	2	3	4	5
ALMOST NEVER	ONCE IN A WHILE	SOMETIMES	FREQUENTLY	ALMOST ALWAYS

Describe your family NOW.

1. ____
3. ____
5. ____
7. ____
9. ____
11. ____
13. ____
15. ____
17. ____
19. ____
21. ____
23. ____
25. ____
27. ____
29. ____
30. ____

Describe your family NOW.

2. ____
4. ____
6. ____
8. ____
10. ____
12. ____
14. ____
16. ____
18. ____
20. ____
22. ____
24. ____
26. ____
28. ____

36

(-) ☐ Sum 3, 9, 15, 19, 25, 29

(+) ☐ Sum all other odd numbers

12

(-) ☐ Sum 24, 28

(+) ☐ Sum all other even numbers except item 30

FACES II: Linear Scoring & Interpretation

Cohesion			Adaptability			Family Type	
8	~~75~~ 74	Very Connected	8	~~75~~ 65	Very Flexible	8	Balanced
7	73 71		7	60 55		7	
6	70 65	Connected	6	54 50	Flexible	6	Moderately Balanced
5	64 60		5	49 46		5	
4	59 55	Separated	4	45 43	Structured	4	Mid-Range
3	54 51		3	42 40		3	
2	50 35	Disengaged	2	39 30	Rigid	2	Extreme
1	34 15		1	29 15		1	

80 — Cohesion

+ 70 — Adaptability

/2 = Type

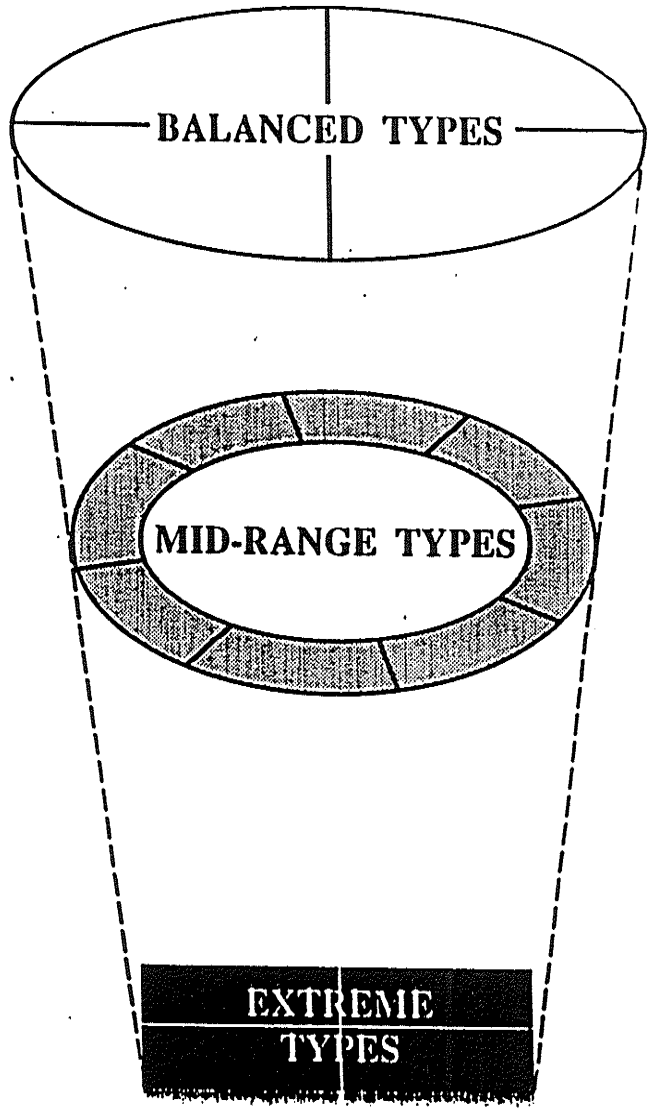
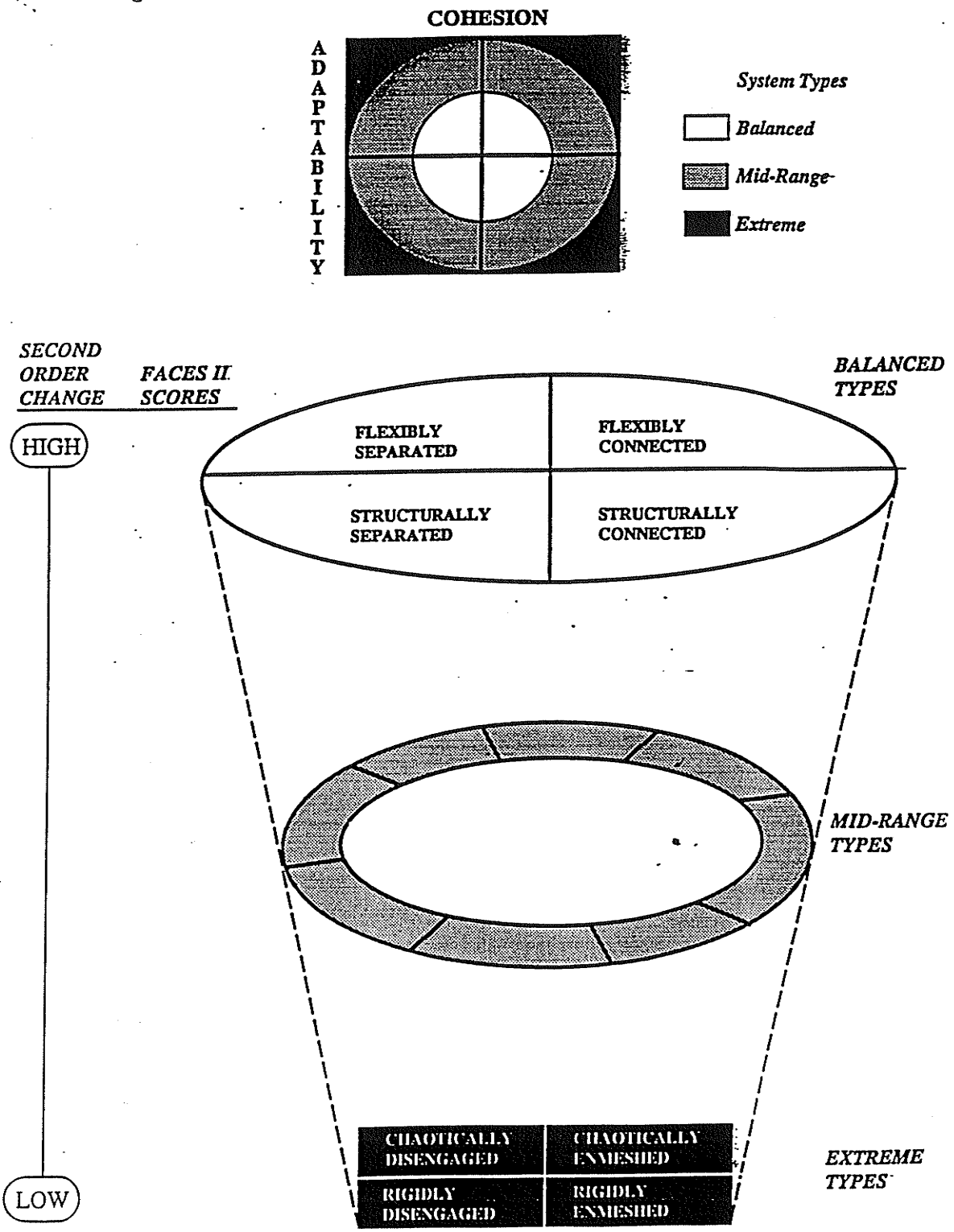


Figure 1: THREE-DIMENSIONAL FAMILY CIRCUMPLEX MODEL



BRIEF FAM

Please circle one response (number) for each statement.

		STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE
1.	Family duties are fairly shared.	1	2	3	4
2.	My family expects me to do more than my share.	1	2	3	4
3.	We feel loved in our family	1	2	3	4
4.	When things aren't going well it takes too long to work them out.	1	2	3	4
5.	I never know what's going on in our family.	1	2	3	4
6.	We deal with our problems even when they're serious.	1	2	3	4
7.	When you do something wrong in our family, you don't know what to expect.	1	2	3	4
8.	We tell each other about things that bother us.	1	2	3	4
9.	It's hard to tell what the rules are in our family.	1	2	3	4
10.	My family tries to run my life.	1	2	3	4
11.	We take the time to listen to each other.	1	2	3	4
12.	Punishments are fair in our family.	1	2	3	4
13.	When someone in our family is upset, we don't know if they are angry, sad, scared or what.	1	2	3	4
14.	We are free to say what we think in our family.	1	2	3	4

THE FAMILY APGAR

Family APGAR Questionnaire			
	Almost always	**Some of the time**	**Hardly ever**
I am satisfied with the help that I receive from my family* when something is troubling me.	____	____	____
I am satisfied with the way my family* discusses items of common interest and shares problem solving with me.	____	____	____
I find that my family* accepts my wishes to take on new activities or make changes in my life-style.	____	____	____
I am satisfied with the way my family* expresses affection and responds to my feelings such as anger, sorrow, and love.	____	____	____
I am satisfied with the amount of time my family* and I spend together.	____	____	____

Scoring: The patient checks one of three choices which are scored as follows: 'Almost always' (2 points), 'Some of the time' (1) point, or 'Hardly ever' (0). The scores for each of the five questions are then totaled. A score of 7 to 10 suggests a highly functional family. A score of 4 to 6 suggests a moderately dysfunctional family. A score of 0 to 3 suggests a severely dysfunctional family.
*According to which member of the family is being interviewed the physician may substitute for the word 'family' either spouse, significant other, parents, or children.

VIDEOTAPE PERMISSION AND CONSENT TO COUNSELLING FORM

1. I (We), _____
give permission to Paul A. Rosebush, a Post-Graduate Social Work student at the University of Manitoba to videotape counselling sessions.

2. The purpose of videotaping is for the social work student to receive supervision and feedback that might indirectly benefit the client(s). Only the social work student and his professional supervisors will have access to the videotape. The videotape will be destroyed upon termination of counselling.

3. The counselling that clients enter into will also be used in part as research for the graduate work of Paul A. Rosebush. All material will be reported anonymously. Any file and/or process recordings will also be destroyed upon termination of counselling.

4. _____ _____
Date Client(s)

_____
Social Work Student

CLIENT FEEDBACK FORM

We are interested in your honest opinions of the service your family received from Paul A. Rosebush. Please read the following questions and circle the answer below each question which is closest to your feelings.

1. To what extent did this service meet the needs of your family?

   a. almost all of our needs were met
   b. most of our needs were met
   c. only a few of our needs were met
   d. none of our needs were met

2. To what extent were you satisfied with your therapist?

   a. very dissatisfied
   b. dissatisfied
   c. satisfied
   d. very satisfied

3. How would you rate the quality of service?

   Excellent Good Fair Poor

4. To what extent did your family situation change?

   a. a great deal
   b. a fair amount
   c. very little
   d. no change

5. Did your family situation improve?

   a. much improvement
   b. some improvement
   c. no improvement
   d. more of a problem

6. Did things get better for you personally?

   a. not at all
   b. very little
   c. a fair amount
   d. a great deal

7. If you were to seek help again, would you contact the same therapist?

   a. definitely no
   b. I don't think so
   c. I think so
   d. definitely yes

****Please feel free to write any additional comments or suggestions you would like to make on the back.

NAME _____ DATE _____