

THE DANCE OF THE STEPFAMILY

by

Anne Marriott

A Practicum Report
presented to the University of Manitoba
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Master of Social Work
in
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This practicum report is a celebration of my learning and growth over the past two years. The seeds for this report were planted many years ago by a young girl Dori. As I attempted to help her adjust to her stepfamily I became aware of the differences between a stepfamily and a nuclear family. I extend thanks to her and her family and all the other families with whom I've worked over the years.

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CHAPTER ONE : INTRODUCTION AND PROPOSAL

The purpose of this practicum is to examine an increasingly common form of family structure, the stepfamily. The intent is to understand the special issues and stresses that affect the stepfamily and to indicate possible interventions. Furthermore, one form of clinical intervention, Problem Centered Systems Therapy is explored in depth.

Agencies such as the Child Guidance Clinic, Family Services, Children's Aid Societies, hospitals, and private practitioners, report an increase in the number of stepfamilies that come for service. There are at least two rather obvious reasons for this increase.

One, the number of people involved in stepfamily situations is increasing. Due to a lack of adequate Canadian census material on stepfamilies, (Messinger, 1976), we must look to U.S. statistics for probable trends in Canada. The American divorce rate from 1970-1977 increased by 79% (U.S. Department of Health and Human Resources, 1980). It is projected that one-third of married people between the ages of 25 and 35 will divorce. These estimated divorces each involve an estimated average of 2 children. Eighty percent of divorced adults remarry, and 60% of remarriages involve at least one child. The U.S. Department of Health and Human Resources reports that 13% of the nation's children are living in a stepfamily. It is estimated that over 15 million children in the United States are living with a remarried parent. This data includes only families in which children

live (Visher and Visher, 1980). If one considers remarriage families in which children visit, the number may be larger. A further increase would occur if one included families in which the custodial parent has not remarried but the former spouse has, and the children visit. These children and their custodial parents appear in the census data as single-parent families. And finally, in a number of families the couple have not remarried but live together as husband and wife with children from the previous marriage.

A second reason for the increase in stepfamilies seeking service is that, as the subject of stepfamilies becomes more public, persons in remarriage, may be more able to seek help. Certainly the public is offering more services to stepfamilies. National organizations such as the Step-Family Foundation are being formed. Self-help groups are being started by professionals and stepparents across the country. A number of agencies offer specialized service to the stepfamily. There has been a proliferation of self-help books for the stepparent over recent years. Various organizations such as churches and synagogues are conducting information programmes on the phenomenon of remarriage and stepparenting. Special publications have developed in the area, such as the newsletter "Stepparents Forum" from Montreal. Academic activity and clinical exposure in sociology, human ecology, education, psychology, and social work are focusing on issues for the stepfamily. And certainly, more

people, in their circles of friends, colleagues, neighbours and acquaintances know members of a stepfamily.

A. Stepfamilies Defined

The operational definition chosen for this report is "A family in which at least one of the couple is a stepparent." (Visher and Visher, 1980, p.4)

Within the definition of stepfamily are a number of structural varieties. A stepfamily involves the remarriage of one or both of the adults. The remarriage follows the death or divorce of the former spouse. Thus, there are 8 possible combinations of the marital couple.

FEMALE IN REMARRIAGE

	NO PRIOR MARRIAGE	PRIOR MARRIAGE ENDED IN DIVORCE	PRIOR MARRIAGE ENDED IN DEATH
<u>MALE IN REMARRIAGE</u> NO PRIOR MARRIAGE	X		
PRIOR MARRIAGE ENDED IN DIVORCE			
PRIOR MARRIAGE ENDED IN DEATH			

Fig. 1.1. The only combination not possible in the stepfamily is that of male with no previous marriage and female with no previous marriage.

FEMALE IN REMARRIAGE

	NO CHILDREN	CHILDREN WITH HER	CHILDREN WITH EX-SPOUSE
<u>MALE IN REMARRIAGE</u> NO CHILDREN	X		
CHILDREN WITH HIM			
CHILDREN WITH EX-SPOUSE			

Fig. 1.2. The only combination not included within the chosen definition is that of the female with no children and the male with no children. There are 8 structural varieties of stepfamilies.

Between types there may be substantial differences in the concerns and benefits they experience. As well, two families within any one type may appear very different. Variation and complexity is introduced by the ages and gender of the children, sibling order and configuration, the personalities and health of the couple and children, physical and emotional proximity of the non-custodial parent, length of time between marriages, economic, educational, cultural, and religious differences, the nature of extended family involvement and other support systems -- to name a few. Thus, it is important not to make sweeping generalizations about "the stepfamily", as each is unique.

B. Issues of Concern

There are a number of factors or issues which are particularly important in understanding the unique context in which stepfamilies cope. These will be mentioned here and discussed more fully in chapters 2,3,4, and 5. One of these factors is the particular myths that abound for the stepfamily (Bitterman, 1968, Jacobson, 1979, Lewis, 1980, Maddox, 1976, Messinger, 1976, Peck, 1974, Schulman, 1972, Simon, 1964, Visher and Visher, 1980). A second factor the stepfamily has to deal with is the issue of roles. Just exactly what is the role of the stepparent, stepchild, stepsi-

bling, first spouse, grandparents, etc.(Bitterman, 1968, Draughton, 1975, Fast and Cain, 1966, Hunter and Schuman, 1980, Maddox, 1976, Messinger, 1976, Messinger et al., 1978, Perkins and Kahan, 1979, Rallings, 1976, Visher and Visher, 1980, Walker and Messinger, 1976).

The general lack of societal norms is a third issue that effects stepfamilies differently from nuclear families (Aldous, 1974, Bohannon and Erickson, 1978, Duberman, 1975, Kompara, 1980, Maddox, 1976, Simon, 1964). There are issues for a man in a stepfamily that are quite distinct from a man in a nuclear family (Bernard, 1956, Bohannon and Erickson, 1978, Duberman, 1975, Maddox, 1975, Rallings, 1976, Roosevelt and Lofas, 1976, Simon, 1964, Smith, 1953, Stern, 1978, Visher and Visher, 1980). Similarly the issues for a woman in a stepfamily are distinct from the issues for a woman in a nuclear family (Baer 1972, Duberman, 1975, Maddox, 1975, Noble and Noble, 1977, Roosevelt and Lofas, 1976, Rosenbaum and Rosenbaum, 1977, Sardannis-Zimmerman, 1977, Schulman, 1972, Simon, 1964, Smith, 1953, Spann and Owen, 1977, Visher and Visher, 1980).

A fourth issue concerns the matter of adjustment. For the children in a stepfamily there are many issues of adjustment; those which they share with all developing children and those which are unique to becoming a stepchild (Duberman, 1975, Gardner, 1971, Lewis, 1980, Moynahan, 1981, Satir, 1972, Smith, 1953, Toman, 1976, Visher and Visher, 1980).

A fifth issue that affects stepfamilies is vocabulary. A lack of vocabulary to describe the various relationships in stepfamilies can be problematic. Stepfamilies are known as reconstituted families, remarried families, renewed families, recoupled families, second-time around families, merged families, blended families, synergistic families. These labels serve only to name the family and do not reveal its structural variation and complexity. We don't have the words for such relationships as ex-in-laws, or the relationship of the new spouse to the former spouse. What do we call someone who is about to marry and become a stepparent? What is the word for the relationship between stepfather and the stepchildren's grandparents? What about new aunts, uncles, and cousins? Are new grandparents, step-grandparents? For the people involved in stepfamilies and for those attempting to understand its uniqueness, existing language seems inadequate and cumbersome.

C. Practice Questions

The current literature on stepfamilies identifies a number of practice issues for family therapists working with stepfamilies. Some of these are identified here and more fully explained in later chapters. It is important not to treat a stepfamily as though it were a pathological nuclear family (Fast and Cain, 1966, Jacobson, 1979, Peck, 1974, Visher and Visher, 1980). The uniqueness of the stepfamily

needs to be understood and appreciated. The stages and stresses of structural reorganization is a major issue in working with stepfamilies. Stepfamilies are faced with many structural challenges (Kashet, 1980). The therapist needs to be aware of the various subsystems and which subsystems need to be strengthened. As well, the relationship between reorganization and the developmental stages of members is an important clinical issue (Moynahan, 1981). Stepfamilies tend to become child focused (Bradt, 1980, Moynahan, 1981, Visher and Visher, 1980); and this at times may be to the detriment of the marital couple and the children. The therapist therefore, may need to focus on the issue of the couple's bond (Visher and Visher, 1980). The broader resources of the family become especially important in work with stepfamilies. This may be especially important in coping with the theme of loss: to grieve existing losses, maximize interpersonal connections and to minimize isolation from the separated parent and his/her extended family. If the adults are in contact the children have better access to their parents and are not used as much. In stepfamilies new roles have to be formed. The therapist might be of help in supplying realistic information. New stepparents often need information as to what is reasonable to expect of a child at a particular age. They may need information as to what is reasonable to expect from a child who suddenly has a new parent. The couple needs information as to what is involved

in integrating the members into a stepfamily. Members of a stepfamily may become emotionally drained in the process of forming a family. The therapist needs to understand this and encourage the couple to have time away together. Financial problems are often a concern in stepfamilies. The therapist needs to be aware of this and, where appropriate, arrange for additional resources for the family.

D. Modes of Intervention

The literature suggests three models for intervention; self-help, educational and family therapy. Many writers advocate the value of an educational model of intervention (Jacobson, 1979, Maddox, 1976, Messinger, 1976, Schulman, 1972, Visher and Visher, 1980). This may be a short term instructional approach to help stepfamily members understand their situation and to develop skills to cope with family changes. This method of intervention is generally most helpful in the early stage of stepfamily re-organization. It is generally not recommended for families with serious difficulty.

Although family therapy is often educative and while education may serve a therapeutic function, there are some basic differences between the two models. Educational programmes focus on general concerns and problems that members share. Family therapy focuses on the problem specific to the family. Educational programmes generally have a pre-

structured curriculum. Family therapy is tailored to meet the needs of the individual family. Educational programmes avoid eliciting highly personalized information. Family therapy encourages self-disclosure. The degree of personal contact between leader and participant is less in an educational format than between family therapist and family. The implicit contract in the educational model is to provide information. In family therapy the implicit contract is to help with the problem.

The self-help model is designed for stepfamily members seeking the assistance and emotional support of others in similar situations. The major goals are to strengthen the individual's coping ability and to develop a support network of group members. Unlike the family therapy or educational model, it recommends an on-going programme. It offers members the opportunity to relate socially and informally with others who share a similar life situation. It can be a useful form of intervention for adults and adolescents.

The method of intervention chosen for this practicum is family therapy. In this model the focus is on understanding and solving the client's presenting problems within the context of the family. Treatment may involve either parent individually, the couple, the children or the entire stepfamily. The target of intervention is the family system. This model may also serve members of the extended fam-

ily, the ex-spouse, and significant others. Goals of the family therapy model for stepfamilies are

to treat the problems of the remarried and their children as well as the problems of the ex-spouse as they relate to the family system, to promote the psychological growth of all members in the remarried family, to promote an optimal level of cohesiveness in the remarried family, to help the remarried family reorganize so that its functioning is maximized. (U.S. Department of Health and Human Services)

The choice of the family therapy model reflects the personal interest of the author and is in no way meant to suggest that it is a superior model. This question must, ultimately, await the test of careful research.

The writer has been strongly influenced by the work of Dr. Epstein, a family therapist who has developed an approach called Problem Centered Systems Therapy. For a thorough discussion of Problem Centered Systems Therapy refer to Chapter 3.

Problem Centered Systems Therapy contains specific procedures for evaluation. The evaluation is of family functioning and employs the Family Assessment Device, developed by Epstein, Baldwin, and Bishop in 1981. Dr. Epstein has allowed the writer to use this instrument in exchange for demographic material on the local population and completed questionnaires. This material will then be used as part of the Epstein research on the instrument's reliability. A full discussion of the device and its use is found in Chapter 5. It is the writer's desire and intention to con-

tribute to social work knowledge by: compiling and organizing the current literature on the stepfamily, and exploring the feasibility of using Problem Centered Systems Therapy for work with stepfamilies.

CHAPTER TWO: A LITERATURE REVIEW

In recent years at least two people (Sager, 1977, and Walker et al., 1979) have extensively documented material related to stepfamilies. Their work was particularly helpful as I attempted to get at the stepfamily literature. In addition, I requested a computer search under the headings, Reconstituted Families, Remarriage, and Stepparents. Personal communication with Lillian Messinger and Carolyn Moynahan, elicited helpful information regarding clinical considerations. A search of the social work , psychology, and sociology abstracts revealed little additional information. At this point the literature and research are in the preliminary stages. Much of the literature is anecdotal and descriptive. There are few scientific studies. Little has been written for clinicians working with stepfamilies. There is almost nothing written on how the well functioning stepfamily is organized.

The literature identifies a number of issues affecting the stepfamily: myths, roles, lack of societal expectations, boundaries, loyalties, the need to view remarriage along a continuum. All of these issues will be elaborated upon in this chapter. These are issues to which social workers, health planners, spiritual advisors, educators, and other external systems need to become sensitized. The present state of the art regarding research in this field is summarized. The last section of this chapter considers clinical issues.

A. Stepfamily Issues

1. Myths:

As mentioned in Chapter 1, myths abound for the stepfamily. There are many reasons why myths abound. Popular fairy tales are a major contributor to myths. One myth that is particularly prevalent is that of the "wicked stepmother". Fairy tales such as Cinderella, Hansel and Gretel, Snow White, all involve a cruel stepmother. One author has examined folklore, drama, fiction, biographies, and case histories. He finds many examples of a successful stepparent-stepchild relationship (Smith, 1953).

A second myth identified, is that of "instant love" (Jacobson, 1979, Schulman, 1972, Simon, 1964, Visher and Visher, 1980). The adults in the stepfamily often expect quick acceptance and love from the children. The new couple may expect quick acceptance and love for the other's child. Paradoxically, the same society which perpetuates the myth of the "wicked stepmother" says that stepmothers are supposed to love their stepchildren and vice versa. It is a myth to think that love comes in an instant. One can't muster emotion on the spot (Maddox, 1976). There are a number of reasons why it can be hard to love a stepchild. The child is a constant reminder that the spouse had a sexual relationship with someone else. The child may even look like the former spouse. Unless adoption has taken place there is no legal parent-child structure between the stepparent and

stepchild. In such situations a lack of any true incest taboo is ambiguous. The stepparent may feel like an outsider as the child's relationship with the absent parent is closer than to the stepparent (Bitterman, 1968). It can be difficult for a child to accept a stepparent. Children generally have, at most, two parents. In this situation the number is increased to 3 and 4 parents. The child has possibly experienced an interruption in learning how to love and how to be loved. Quite possibly, during the period of single parenting the custodial parent formed a close bond and a closed system. Additionally, the dead parent may be overly idealized by the child. Lewis (1980), writing in her book for children, stresses the naturalness of the phenomenon of stepparents and stepchildren not loving each other right away.

A third myth is that the stepfamily is the same as a nuclear family (Jacobson, 1979). This is simply not the case. The stepfamily is born of loss either through death or divorce. Unlike the nuclear family, in the stepfamily, the relationship between parent and child precedes the spousal relationship. Another dimension of this myth is the fantasy on the part of the couple that the non-custodial parent ought to fade out of the picture, or does not exist. All too soon the stepparent becomes aware that the "other" parent is alive; if not physically, then psychologically. The differences between nuclear families and stepfamilies are noted by a number of authors (Visher and Visher, 1980, Walker et al., 1977).

A fourth myth is that of "instant family". While a stepfamily may be created instantly, by the marriage, the feeling of "familyness" takes time to develop. The new family does not yet have its own history. One of the tasks will be to become a group.

The remarriage family lacks much of the shared family experience, the symbols and the rituals that help to maintain the psychic boundaries of the family. (Walker and Messinger, 1979, p.186)

Several authors point out that "familyness" for members of a remarried family is just a consequence of marriage. Individuals in a stepfamily tend not to see their family as the center and source of nurturance. They do not have the feeling that there is something special about their family which they treasure. Children did not enter the family as infants. The children are not the offspring of the marital pair. The marriage was the parent's idea not the child's (Peck, 1974, Satir, 1972).

These myths, the "wicked stepmother", "instant love", "instant family", "just like a nuclear family", contribute to the difficulties that stepfamily members have with roles. Of course, myths also exist for the nuclear family. Children's literature and television programmes promote the ideal family of Mum, Dad, 2 children, a pet and all problems are solved amicably.

2. Roles and Social Expectations:

A source of concern for stepparents and stepchildren alike is "what is my role?"

Stepparents do not know what to expect of themselves, other family members do not know what to expect of stepparents, and society has no idea what to expect. Can a school teacher expect a stepmother to come for a parent-teacher conference? Will a stepfather be upset when his stepson is hurt in an automobile accident? Many such questions do not arise in reference to natural parents, but arise repeatedly in reference to stepparents. (Visher and Visher, 1980, p.31)

Fast and Cain (1966) wrote that the stepparent cannot assume the role of father or mother totally. In our society some of the role functions of father are biological, financial, and educational. The stepparent is not the biological parent, and often shares the financial and educational functions with the non-custodial parent. Sometimes the stepparent assumes one of the three roles, but generally there is a combination of all three.

The data for their article came from fifty case records from outpatient and inpatient child guidance settings. Of general concern to these parents was: How much to parent? How involved with the child should the stepparent be? What decisions should the custodial parent make? What decisions should the stepparent make? What decisions are for the non-custodial parent to make? What decisions are best made jointly? Some stepparent's spouses were hypersensitive to criticism about their child. The natural parent sometimes felt that the children were only part of a package

deal and not really wanted. Sometimes the natural parents expressed guilt over having deprived their children of their biological parent. Stepparents sometimes found the stepchildren an unwanted financial burden. The children were a reminder of their spouse's previous marriage. Sometimes out of fear of being considered a "wicked stepparent" the stepparent was afraid to assert him/herself.

The capacity to assume the role of parent did not depend only on his own willingness and ability. The reciprocal acceptance of himself in the role by spouse and child is essential. (Fast and Cain, 1966, p.487)

The researchers point out that although the natural parent generally stated that he/she wished the stepparent to assume the role of parent, there was ambivalence. The uncertainty of role behavior manifested itself in several ways: denial of any problem..."I treat him as if he were my own", hypersensitivity to the child by the stepparent in which every act of the child was weighted with significance, and the child became the focus of all marital problems.

The stepparent's pattern of role functioning affects the role enactment of every other member of the family. In one family, as a stepparent behaved as a nonparent, an intense mother-son bond formed which did not allow for the son's individuation. In another family, a boy with an emotionally distant stepmother developed a sexualized tie with his sister. In another family, competition between mother and daughter occurred when the stepfather was not clearly defined in both the spouse and parent role.

Fast and Cain suggest that no matter what the stepparent's intentions or action, the stepparent cannot succeed totally in his efforts to be a parent. Society demands that the stepparent assume the role of nonparent also. This is particularly evident when the previous marriage ended in divorce. The spouse's relationship with the former spouse, visiting and co-parenting responsibilities can force the stepparent into the role of nonparent. After death, the child may idealize the dead parent and force the stepparent into the role of nonparent. Sometimes there is bitter competition between stepparents and non-custodial parents with regard to rights and responsibilities. At times the child is used as a go-between. The blurring of roles and the lack of clear cut incest taboos for nonparents can create turmoil.

Roles are learned over time. Often there is no time before the marriage to develop a spousal role and a parental role. Nor do the children have time to develop their role as child to the stepparent (Fast and Cain, 1966, Bitterman, 1968). The notion of role confusion and ambiguity is also referred to by Hunter and Schuman (1980) as one of the issues facing the chronically reconstituting family. These families are characterized by marriage, divorce, single parenting, and establishing of new relationships. Often the new relationships are not formalized. Often the new partner is selected before the divorce occurs. The new relationship

itself is frequently unstable, leading to break up and further periods of single parenting and other relationships. Hunter and Schuman suggest that there is confusion and lack of consensus in terms of who has what role in relation to whom and what are the expected behaviors. What is expected in terms of child rearing, finances, behavior outside the home, and can they depend on each other in times of stress?

Neither stepparents or stepchildren have any idea what they are supposed to be to each other. Maddox (1976) wrote that like so many stepmothers she attempted to have a mother-child relationship with her stepdaughter. It was doomed for failure as neither knew what to expect from the other. Messinger (1976) writes of role stress. She reports that sixty percent of the children of divorced parents maintain a relationship with the absent parent. This creates a permanent link between the first and second marriage. Other links are financial ties, previous in-laws, friends, and relatives. Because of these links, persons in a remarriage are exposed to more roles stress than persons in a first marriage.

In a stepfamily it is possible to have stepparents, stepchildren, step-siblings, half-siblings, original siblings, four parent figures, and eight grandparents. This complexity, combined with poorly defined societal norms and role definitions, presents tremendous confusion for the stepfamily. As mentioned earlier, societal expectations an-

ticipate that a stepparent and stepchild should love each other in the same way that parent and child do in a nuclear family. At the same time the stepparent has no legal authority. Messinger points out that stepchildren often call their stepparent by his/her first name but refer to them as "my mother" or "my father". She suggests that this discrepancy clearly points out the confusion and embarrassment inherent for children in the role ambiguity.

In discussing the role of stepmother, Draughton (1975) proposes three models of identification. These are primary mother, friend, and other mother. In proposing these models, Draughton makes two assumptions. One, that the stepmothering role is permanent and stable. Two, that the stepchild is at least six months of age when separated from his biological mother. At that age the child would be able to experience loss and mourning.

The three models differ in terms of the degree and nature of dependency that the stepchild has on the mother. The degree of dependency refers to how much it is assumed by both parent and child, that the child relies on the stepmother to have fundamental needs met. The nature of the dependency refers to how one-sided the dependency is. In the model of Primary Mother the stepmother takes the place of the biological mother. In the model of the Other Mother the child has two mothers. Draughton suggests that this model is not appropriate as it causes confusion for the child.

She believes it is preferable for one person to be the major mother figure to the child. In the model of Friend the relationship is not structured on dependency but on shared interests. Draughton rejects as impossible a fourth model whereby the stepmother would have no involvement with the stepchild. She suggests that the preferred model in each unique situation would reflect the degree to which the biological mother is psychologically alive and will reject and resent a stranger who tries to take the place of his/her mother. Draughton suggests the stepmother ask the child whether his mother is in contact with him and does he want a new mother? Clinical experience suggests that children who have experienced a loss often do not want a "new" mother but rather want their "old" mother back. Draughton neglects to look at similar issues for the biological father. She does not discuss what his relationship is with the child. It is quite possible that the stepmother could enter the relationship as "Friend" and move toward the model of "Primary Mother".

In a comparison of natural-father and stepfather family systems, Perkins and Kahan (1979) state that although new spousal roles are created, new parental roles are not. The new parental role is merely added. If the parental roles are not well defined then this can create confusion for all family members. The role of stepfather may well be defined differently by society, stepfather, former wife,

current wife, stepchild, other relatives, and friends. The varying definitions (each with its own set of expectations) can place the stepfather under tremendous stress (Rallings, 1976).

Smith (1953) writes that change of roles for all members of the reconstituted family are difficult. The stepchild is no longer the center of his parent's universe. Often there is rivalry for affection.

Roles may be considered as clusters of rights and obligations in reciprocal relations between pairs of individuals and the patterns of expected behavior associated with these rights and obligations. (Walker and Messinger, 1979, p.186)

Roles in remarried families differ to those in the nuclear family in terms of clarity, and the degree to which the role is achieved or ascribed. The remarried family requires a building of new roles. Roles must be achieved, they cannot be successfully prescribed.

3. Absence of Societal Norms for Stepfamilies:

The emphasis in marriage and family texts is on the nuclear family. One of the problems facing stepfamilies is a lack of societal norms. (Aldous, 1974). Aldous writes that there are a number of family models for which there are no societal norms, e.g., one-parent families, cohabitating couples, and second marriages.

Bohannon and Erickson (1978) attempted to understand why it is that children tend to get along as well with stepfathers as natural fathers but that stepfathers see them-

selves as less effectual than natural parents. They suggest that without societal norms, stepfathers spend a lot of time thinking about their roles and responsibilities. Natural parents are less self-conscious. They don't tend to measure themselves against the "ideal" parent.

Much of what takes place at an unconscious level for nuclear families, takes place at a conscious level for stepfamilies (Duberman, 1975). Whereas rituals and traditions develop over time for the nuclear family -- there is no time for such development with the stepfamily. The question one then asks is -- is it possible that much of what is perceived as difficulty in the stepparent-stepchild relationship is a result of the consciousness of the relationship?

Kompara (1980) looks at the difficulties in the socialization process for stepparents. She writes of the difficult process of socialization for first marriages. The expectation is that the intimacy of the marital pair will break the barriers of secrets, increase exposure to criticism and increase the expectation to share. In our society we expect marriage to be permanent. The marital couple have received their training for marriage in two different settings. In the stepfamily there are generally added complications. Unlike the first marriage where spouses are generally close in age, often there is considerable age difference in partners of remarriage. The children may be close in age, or very distant to the age of the stepparent.

The expectation for intimacy can put the stepparent and stepchild into a relationship for which they are not yet ready. How does a person learn how to be a stepparent unless he had a stepparent himself? Children have already been socialized by one set of parents; with remarriage the process of socialization will involve at least one new adult. One parent has already been socialized into the parental role with another spouse. Lack of societal norms for role behavior in the stepfamily create problems for members. Lack of clear incest taboos create confusion.

Maddox (1976) writes of the strain on the stepfamily as a result of a lack of social definition.

When one compares stepparenthood with childbirth or adoption, its lack of social definition becomes clear. People having their first baby are instructed by their doctors and clinics about a wife's postnatal depression, and a husband's feeling of being left out. People adopting a child are rigorously prepared by caseworkers for anxieties about the child's antecedents, or the guilt about taking someone else's child.

The stepparent gets no such preparation. As a result, many stepparents feel guilty about very ordinary resentments and struggle to keep the lid on, thereby losing the spontaneity that makes family life work. (p.18)

4. Boundaries:

Boundary refers to those factors that contribute to the sense of identity differentiating the members of one group from another. These include shared experience, space, property, ritual, activities, and beliefs. (Walker and Messinger, 1979, p.186)

In nuclear families, boundaries are relatively well defined. The family lives together in one place. Economic subsistence is generally dependent on the earnings of one or both of the parents of the household. "Psychic boundaries with regard to authority and affection also serve to focus the first marriage family inward." (Walker and Messinger, 1979, p.186) The nuclear family model assumes that parental responsibility and authority lie within the married couple. When the remarried family is compared to the nuclear family it is clear that the physical and psychological boundaries are more permeable. It lacks the common household of both parents, and often the focus of parental authority and economic subsistence lies both within and outside of the stepfamily unit. Affection and loyalties of children are often divided.

In a stepfamily the new family has two subgroups: 1) the husband and wife, 2) the mother headed family (Bohannan and Erickson, 1978). Only the wife is a member of both subgroups. The stepfather must deal with the mother and children. The children must deal with husband and wife power block. The wife becomes a pivotal person.

The child often has membership in two families. Visher and Visher (1980) state,

If the adults in the two families are willing to acknowledge the rights of the children and of the adults in the two families, then boundary problems are minimal. If a child is in the hospital, for instance, then both families are "family" and hospital visiting rules apply to the members of both families. (p.210)

Boundary difficulties occur over special days, such as religious holidays and birthdays, and over the rights of custodial and non-custodial parents. Often grandparents and other relatives vie with step-relatives to form blocks that exclude other individuals. Children visit with the non-custodial parent and are unclear how they fit into that family structure. Are they visitor or member?

5. Remarriage Seen Along A Continuum:

Remarriage and the creation of a stepfamily is not an isolated event which takes place in a vacuum. Divorce, single life, and family reconstruction are not simply isolated events. It is useful to consider life changes along a continuum (Goldmeier, 1980). The author offers an outline for the developmental phases and the coping tasks appropriate to each.

Phase One - The Divorce Process

- a) Decision to divorce or separate
- b) Restructuring of roles and relationships in preparation of and immediately following divorce

Phase Two - Family Dismemberment

- a) Seeking resolution to feelings of being separated
- b) Reducing anxiety
- c) Establishing autonomy and maintaining ties
- d) Maintaining family and personal integrity
- e) Establishing independence through self-development

Phase Three - Family Reconstruction

- a) Decision to remarry
- b) Restructuring roles and relationships to include the new spouse and possibly the new spouse's family members from the prior marriage.

In considering remarriage along a continuum it is important to consider how the various subsystems are affected. Kashet (1980) examined the subsystems and the parent-child subsystem in the nuclear family with that of the stepfamily. The couple subsystem in the nuclear family is the subsystem with the longest history and the most power. When a child is born, the same two people form the parental subsystem. They learn each other's values and models for child rearing. Over time they share the events of the child's life. With separation and divorce the couple subsystem evolves into the ex-spouse subsystem. The ex-spouses may share financial arrangements and talk over matters concerning themselves and the child. If the parents are in contact with the children, then the relationship with each other is not severed. Kashet points out that distancing takes time.

In contrast, the couple subsystem in the stepfamily is the newest subsystem. Often it is the most fragile subsystem. The partners may be afraid of repeating the mistakes of the first marriage. The partners most likely have different outlooks, philosophies, and experiences of child rearing. If one of the spouses has not previously married, he or she may be seeking a family, whereas the other spouse already has a family. Because the new marital partners are

already members of a parent-child subsystem they may not move to strengthen the couple subsystem. Also, children and ex-spouses drain energy from the couple subsystem.

Moving along the continuum from the first marriage, nuclear family, to the single parent family -- after one parent has left, the remaining members of the family reorganize. Often there is a lack of support from family and friends. The new subsystem establishes new structures, rituals and routines that differ from the original nuclear family. The general structure of the parent-child subsystem in the nuclear family is one in which the parents are the primary decision makers and authorities. In the single parent family "The parent and child are often more intensely involved with each other." (Kashet, 1980, p.522) The children may become more involved in decision making than they were in the original nuclear family. In some families the parent looks to the eldest child for companionship and support. This may cause role overload and confusion for the child. Often it is difficult to integrate the children into a step-family as they fear losing the remaining parent. The parents often feel insecure and guilty about the changes they are imposing on their children.

With separation, the visiting parent-child subsystem is created. In this subsystem the parent's role has changed abruptly. The parent's access to the child has been limited legally and physically. The laws of the land are designed

for nuclear families. In cases of divorce the law supports the custodial parent. "Legal and social institutions tend to support the single parent and undermine the visiting parent." (Kashet,1980,p.524) Thus, the visiting parent enters the subsystem with few supports and many prohibitions. These subsystems vary greatly as some see each other regularly and others rarely. "A unified visiting parent-child subsystem is difficult to integrate into the stepfamily." (Kashet,1980,p.524) Less cohesive subsystems are also difficult to integrate as unresolved issues cause the parent and child to test each other's commitment.

Further along the continuum, to remarriage, there are threats and benefits to the various subsystems. With regard to the ex-spouse subsystem, remarriage constructs a firmer boundary between the adults. This can hinder cooperation as post-divorce parents. The members of the single parent-child subsystem are required to give up their definition as a self-sufficient unit, and create a new system. Intimacy may be relinquished as the parent develops an intimate relationship with the new partner. There may be jealousy among stepsiblings. On the positive side children may feel less responsibility for the parent's well being. This allows the children more autonomy. The children are exposed to another male-female relationship, possibly one that functions better than in the original family. In regards to the visiting parent-child subsystem, if the visiting parent is

not involved with the children then more responsibility is delegated to the stepparent.

Lack of history and divided loyalties may cause difficulty for the couple subsystem. Often there is pain over the inability of spouses to share the intensity of feelings towards the children. Spousal fights get displaced onto stepfamily issues. In contrast to the nuclear family, the stepfamily does not allow for the enhancement of individual autonomy for the new partners.

In keeping with the need to view remarriage along a continuum, it is important to consider the impact of the divorce on family members. Each member brings his unique experience of the situation to the new stepfamily. It must be acknowledged that the experience of divorce affects children differently at different ages.

B. The Divorce Process

1. Divorce and the Child:

Kelly and Wallerstein (1976) looked at the impact of divorce on the child in early latency. They noted a distinct difference in shared common experience between children of seven and eight years of age and those of nine and ten years of age. In a study of 26 children, between the ages of seven and eight, the most striking response of these children to parental separation was pervasive sadness. These children were acutely aware of their suffering. Unlike younger chil-

dren, denial by fantasy did not produce relief to their suffering. Unlike adolescents, they were unable to swing between denial and suffering. They were not able to gain relief through play or organized activity. These children sometimes developed symptomatic behaviors such as overeating. They expressed fear of starvation. Many children expressed fear of their future as well as the present situation. Uncontrolled crying was common especially among boys. The children manifest feelings of deprivation through increased possessiveness, demanding of new items, hunger and increased arguments with classmates and siblings. Unlike preschool children the children did not feel responsible for the divorce. Twenty-five out of twenty-six children expressed a desire for their parents to get back together again. None of the children were pleased or relieved by the divorce.

There was an acute sense of loss with regard to the departed father. Many felt that they had been abandoned or rejected and expressed their longing in a way reminiscent of a child grieving for a dead parent. The younger boys were most affected. The relationship between father and child prior to the divorce did not seem to be a factor in determining the acute reaction. Visiting did not seem to help. Most children wanted more frequent contact with their fathers. They seemed unable to express anger at their fathers even when they were used as a vehicle for their parents'

rage with one another. Some children expressed a desire for their mothers to remarry. The need for a male model and companion was particularly expressed by older boys. Many of the children were angry with their mothers but displaced it on siblings, friends, teachers, or through temper tantrums. Many were fearful of antagonizing their mother.

Many of these children expressed conflicts in loyalty, but unlike older latency age children had no way of avoiding the pain. Unlike the older children, these children did not align themselves with one parent when pressed to do so.

At follow up, one year later, the intense suffering had diminished. Instead a sad, resigned attitude about the divorce was evident. Younger children, five and six year olds, clung to the fantasy of reconciliation. Strong loyalty to the father persisted, although loyalty conflicts were less of an issue.

The same researchers (Wallerstein and Kelly, 1976) studied the effects of parental divorce on the child in later latency. Thirty-one children between the ages of nine and ten were studied. The researchers noted at this stage the children were struggling to master the conflictual feelings through denial, courage, bravado, by seeking support from others, and through constant motion. In contrast to the younger children, anger was expressed, consciously and intensely. Half of the children directed the anger toward

their mother and half toward their father. Some directed their anger at both parents. They expressed a sense of moral indignation. They feared abandonment and that specific needs would be overlooked. They did not express responsibility for the divorce. They often expressed a shaken sense of identity through stealing and lying. They spoke of loneliness. They showed conflicts in loyalty. In contrast to the younger children was the amount and intensity of the aches and pains.

Fifty percent of the children showed a decline in school performance. They were less able to concentrate, more aggressive on the playground and had fewer friends. At one year follow up, all but four of the fifty percent were back to the level of school performance they had prior to divorce. The children showed an alignment to one parent and often excluded the other. There was a heightened empathic response to the parent.

At follow up, fifty percent of the children had established an equilibrium but still expressed a lot of bitterness when they looked backward. One-third of the children expressed unremitting anger at the non-custodial parent. Twenty-five percent of the children were worse off. Some had become exceptionally aggressive, some were involved in sexual acting out behavior. Of all the children, very few had a good relationship with both parents.

This research points to the need not to compare siblings in terms of their reactions to the divorce. Considering these children along the continuum to becoming members of a stepfamily, it is important to keep in mind that their experience of the divorce varies greatly.

In a study on the characteristics of adolescents from unbroken, broken, and reconstituted families, Burchinal (1964) states that divorce is traumatic for children but many adjust and do very well. The only significant difference for the children in the three groups were: 1) girls living with fathers and stepmothers showed a more positive response to school, 2) boys living with fathers and stepmothers reported fewer friends, 3) adolescents from unbroken homes missed fewer days of school. However the study neglected to answer a number of questions. The age of the child at the time of divorce. The length of time the parents had been remarried. The length and nature of the period of single-parenting. The supports the child had in terms of friends and relatives. The nature of the contact between the child and the absent parent. Did the child have friends who had gone through similar difficulties?

2. Divorce and the Mother:

Brandwien, Brown and Fox (1974) examined the social situation of divorced mothers and their families. They make the point that the father-absent literature tends to focus on

what happens to a family when the father is not there, e.g., child problems, suggesting that the absence of the father, per se, is the cause. They suggest a need to look at how the family has changed. Economic decline, for example, may be the cause of the difficulties. Although attitudes are changing, many stigmas still operate for the single-parent mother. She can't keep a man. The children will not be properly disciplined. She is inadequate (when in reality she is overworked), etc.

The single parent is often forced to become the bread-winner. For many families their economic mobility goes downward after divorce. Economic discrimination against women, leaves them with less job training and lower paid jobs. When the husband leaves, so does the main financial contributor to the family. The wife can get a job but generally cannot earn as much as the man did. Also, if the woman is working it may create conflict in terms of child care arrangements and homemaking. The husband may support the wife and children. Statistics show that the majority of men do not continue with support payments. Another form of outside support is public welfare. Financial help may be available from the wife's family. This is more common, in middle class families. Often for financial reasons, the family is forced to move which causes additional stress. "The parent least able to support them is left with the major responsibility." (Brandwein, Brown and Fox, 1974, p.502)

With the loss of the father, the family is often without status. Credit and bank loans may be refused. Housekeeping and child care is a full time job. There is a lack of child care resources. Husbands are a major source of babysitting to working mothers.

Single parent families are often considered deviant. Mother headed families are often blamed for social problems. The support offered by friends and family is very important to these families. Women need a social network to provide them with information about child raising. There is no relief for these women. There are no longer two adults to share the burden. The child's stress may be caused by the mother's absence as she now must spread herself too thinly.

Seen along a continuum then, the mother's experience will affect what she brings to a remarriage situation.

3. Divorce and the Father:

Heatherington, Cox and Cox (1976) conducted a longitudinal study on divorced fathers. Forty-eight divorced fathers were compared with forty-eight intact families, both groups with a pre-school child. Divorced fathers were compared with fathers in intact homes at two months following divorce. It was found that divorced fathers spent more time at work, more time on household maintenance, more time in solitary activities, more time with friends, less time in recreation, and less time at home than fathers in intact

families. At one year and two years after the divorce they still spent more time at work and less time at home. For many there was an active avoidance of solitude and inactivity. Their contact with the divorced spouse and child decreased steadily over time. At two months after the divorce, fathers were found to spend as much time or more with their child as fathers in intact homes. The researchers suggest a number of reasons for this. In many instances there was a deep attachment to the child. Seeing the child was a way of continuing attachment to the former wife. Some visited out of duty. Contacts with the child provided a sense of continuity in the father's life. Some father's were in competition with their ex-spouse for the child's affection. By the end of two years there was a considerable decline in the amount of contact between father and child.

Practical problems included household maintenance and occupational difficulties. Disorganization was most marked at the end of the first year. Interpersonal problems included complaints that society is organized around couples. This is particularly a complaint of single women with children. At the end of two months fathers were spending considerable time with their married friends. Some of their relationships dropped but this was more so for women than for men. Divorced mothers had less contact with adults than divorced fathers and complained of being locked into a child's world. It was worse for non-working mothers. For divorced fathers at two months they seemed to lead a re-

stricted social life, at one year there was a surge of activity and by two years there was a decline to the wife's level. Divorced men spoke of "feeling shut out", "at loose ends", and "rootless". They expressed feelings of loneliness.

In terms of hetro-sexual relationships there was an increase in happiness and self-esteem for these men but it was not as high as for married men. For men who had remarried their happiness was as high as non-divorced men but their self-esteem was not as high. The end of the first year following the divorce seemed to be the peak of sexual activity. Both men and women expressed a desire for intimacy.

In terms of the relations between the divorced partners -- at the two month point there was much conflict. Their contact was pre-occupied with finances, child-rearing issues, and anger at the other for intimate relations with others. Six of the forty-eight men had sexual intercourse with their previous spouse. The majority of fathers and nothers said they would call their ex-spouse first in times of crisis. Conflict and anger decreased over time. It stayed longer with women than with men.

The first year was the most stressful time for both men and women. With regard to the parent-child relationship, the biggest difference between divorced and intact parents was at the first year. By year two, equilibration had taken place, especially for the mothers. It was found

that divorced parents make fewer maturity demands of their children, communicate less well, and are less consistent with discipline than non-divorced parents. There is a lack of control of the child. Poor parenting was most marked at year one. At two years, mothers demanded more autonomous behavior, communicated better, were more consistent, but were less nurturant and more detached with their children.

Boys seemed to comply less than girls, and both were more compliant with father than with mother. What was interesting was the different patterns of relating that emerged for mothers and fathers. Mothers were more authoritarian and restrictive, fathers were extremely permissive. At year one fathers showed an overall decrease in competency, reported sexual dysfunction problems, coped less well at work, and coped less well socially. At two years the most important factor in change of self-esteem was the establishment of a satisfying heterosexual relationship.

Having considered the divorce experience for the child, mother and father, I will now focus on these same members as they appear in the stepfamily.

C. Stepfamily Members

1. Man in the Stepfamily:

The man in the stepfamily may or may not be a stepfather. If he is not a stepfather then he will need to understand the position of the stepmother. Although there are numerous examples of the cruel stepfather in literature (Smith, 1953)

they tend to appear in adult's literature rather than in children's literature (Simon, 1964). Although the stepfather doesn't suffer as much from the myth of the wicked stepparent as the stepmother does, the myth for the stepfather is that he doesn't count very much (Simon, 1964, Visher and Visher, 1980).

The stepparent situation differs considerably for men and women. Duberman (1975) found that stepfathers without their own children had the least difficulty with stepchildren. Women without their own children had the most difficulty in their relationships with their stepchildren. One explanation offered for this is that stepfathers tend to be less involved in the raising of children than stepmothers. It is generally the stepmother who stays at home with the children, goes to the school, the doctor, cooks the meals, buys the clothing, etc. The stepfather is able to assume a more passive role and allow the relationship to develop gradually. However, those stepfathers who have not had their own children before may well have unrealistic expectations of themselves and their stepchildren.

If the stepfather does have children of his own who live with his former spouse, it can be difficult for him to assume the role of parent. Many of these men suffer from guilt in regard to their own children (Visher and Visher, 1980, Simon, 1964, Smith, 1953, Maddox, 1975, Roosevelt and Lofas, 1976). They may try to make up to their own children by being Disneyland Fathers on visits. This causes stress

for the relationship with the "inhouse" stepchildren who feel they are treated unfairly. The child doesn't see his father in a realistic light. He is always a special guest to his father rather than a son or daughter. The man feels dissatisfied with his relationship with his own child and may hold back from becoming involved with his stepchildren. If the stepfather brings "inhouse" children to the remarriage it is quite likely that he and the children will have formed a tight bond (Visher and Visher, 1980). Grandparents, relatives, housekeepers may have been involved in looking after the children during the period of single parenting (Smith, 1953). The family has formed its own way of doing things and it can be very difficult for the man to adapt to a woman, her children and their way of doing things.

As Satir (1970) points out

The chances of spouses doing at least some things different from one another is just about one hundred percent, as neither was brought up in the same way. Likewise the chances are one hundred percent that each will have to join the other on matters about which they will feel different.
(p.129)

In a stepfamily situation this becomes even more complex as the stepparent has already been a parent and a spouse with another person.

Money becomes a sensitive issue for stepfamilies. Stepfathers often find themselves in a situation in which they are providing child support for their "outhouse" chil-

dren and at the same time providing for their "inhouse" stepchildren. Issues concerning insurance policies, and wills, become a great cause for concern. Some stepfathers feel, and rightly so, that their "inhouse" stepchildren do better financially than their natural children. This produces guilt and anxiety.

Sexuality can become another cause of concern for the stepfather. Women may feel that their spouse finds their daughter more attractive than themselves. Men who suddenly find themselves with a teenage daughter may have difficulty. Many authors (Smith, 1953, Maddox, 1975, Simon, 1964, Visher and Visher, 1980, Bernard, 1956, Group for the Advancement of Psychiatry, 1973, Roosevelt and Lofas, 1976) discuss the lack of any clear cut incest taboo in stepfamilies.

Some say being a stepfather is harder than being a stepmother, some say it is easier. Bohannon and Erickson (1978) state that successful stepparenting begins not with remarriage but with what goes on during the period of single parenting. During the period of single parenting many women develop more autonomy and self confidence. There was a need to pull together. It has been suggested (Bernard, 1956) that one of four things may happen: 1) father takes control, 2) father may be assimilated into the mother headed family, 3) both father and mother-and-children group can change, 4) the stepfather may be driven away. Bohannon and Erickson (1978)

suggest that difficulties often lie with hidden agendas. The woman and children may have clear expectations of the stepfather and not let him know. The children's hidden agenda includes the extent to which they will allow the stepfather to assume the trappings of the father's role. Usually there is one of three responses. 1) Adamant distaste for the stepfather. Sometimes the response is legitimate. He may not measure up to the natural father. This is particularly likely when the child is close to the natural father. The children may be fearful of losing their mother's love. 2) Initially the child is aloof but somewhat willing to interact. 3) The child is ready to accept the stepfather as father. Older children tend to see their stepfather primarily as mother's husband. For stepfathers whose stepchildren have sporadic contact with their natural fathers there is often difficulty with the children after visits. When there is frequent contact, there are loyalty problems for children.

It has been suggested that it takes about one and a half to two years for a stepfather to integrate into a new family (Stern, 1978). Most stepfathers are not prepared for this lengthy period of adjustment. The previously discussed myth of "instant love" makes the process more painful.

The stepfather who moves slowly and attempts to make a friend of the child before moving to control him has a better chance of having his discipline integrated into the sentimental order of the family. (Stern, 1978, p.52)

2. Woman in the Stepfamily:

The most common form of stepfamily is the one in which a woman with "inhouse" children marries a man who may or may not have children. As more fathers are now having custody of their children, women with "outhouse" children are remarrying men with "inhouse" or "outhouse" children. Also, more women who have not had children, are becoming stepmothers to their spouse's children. Jack Bradt (1981) refers to these women as virgin stepmothers. Much of the literature on stepmothers is anecdotal, written by stepmothers as they attempt to make sense of their experience and share it with others (Baer, 1972, Maddox, 1975, Noble and Noble, 1977, Roosevelt and Lofas, 1976, Rosenbaum and Rosenbaum, 1977, Spann and Owen, 1977).

As discussed earlier, myths affect the stepmother. In addition many stepmothers enter the stepfamily with a number of unrealistic expectations of themselves and other family members. One expectation is that of making up for the previous upset. Often a stepmother believes that she can make up for the pain that the children have experienced. Society tends to endorse this notion. Teachers and friends may well imply that now the children have a mother everything will be fine. There is no making up for, or eliminating previous hurt. That there is hurt... needs to be recognized, and time is necessary for healing to take place (Visher and Visher, 1980). Often a stepmother expects that

she can create a happy family. Spann(1977) points out that trying to keep everyone content is guaranteed to bring about "instant chaos". Expecting instant love leaves the stepmother feeling rejected and hurt (Simon, 1964, Schulman, 1972). The women in the stepfamily without stepchildren have less ambivalence than the women with stepchildren. However, there is no balance and she needs to be sensitive to and aware of the struggles of the stepfather.

The stepmother with children who live out of the house may feel guilty regarding her own children. She may well hold back from mothering her stepchildren as a result or she may go overboard and try to make up for what she did not give her own children. Some women who remarry with "in-house" children find it hard to strike a balance regarding their natural children and their stepchildren. In order to please their new spouse they may go out of their way to please the stepchildren. In such cases their own children may feel hurt, anger, and betrayal. Other women who have formed a tight unit with their own children find it hard to accept and love their stepchildren.

Duberman's findings showed that younger stepmothers did better with stepchildren than older women. Widowed stepmothers did better than women who were previously divorced or single. Stepmothers did better with children under the age of thirteen. Stepmothers do better when their own children lived with them. The most difficult relation-

ship is the stepmother-stepdaughter relationship. She suggests that the relationship with stepchildren hinges on frequency of interaction and the attitude of the stepchild, a complex variable.

Smith (1953) suggests that one of the reasons that it is generally more difficult for stepmothers than for stepfathers lies with outside interference from the husband's relatives. It may well be that the grandparents took care of the children during the interim period. Situations in which the grandparents are living in the same household as the new couple are particularly difficult. There are frequently in-law problems in a first marriage. In a remarriage situation these difficulties can be compounded. It generally takes for one to three years (Simon, 1964) for a stepmother to be intergrated into a stepfamily. It takes time, patience, reasonable expectations and a sense of humor.

3. The Couple in the Stepfamily:

One of the first decisions facing the new couple is where they are going to live. Usually the wife moves into his house. Difficulties immediately arise, she feels that she is living in his house. She may bring her furniture which looks out of place in his. It takes time to negotiate what's mine, what's yours, and what's ours. If he moves into her house he may find it uncomfortable to carve out his own place.

When two families join together the family whose house they're living in generally has more power. Children may have to share bedrooms whereas previously they didn't. It is generally agreed that the best solution is to move into a new place. He and she both have to deal with the fact that the present spouse has friends and acquaintances who knew the previous spouse.

There are legal considerations. Who has the authority to sign for medical treatment? Who signs the children's report cards? What name to use? If the spouse should die what provisions are made for the children? Will the non-custodial parent regain custody? He and she have likely experienced a sense of failure, and loss. Anxiety in a remarried relationship is natural. Often what happens is that the family becomes child focused. The new couple will have to allow for the reality of a relationship with the ex-spouse, and ex-in-laws. Remarriage is different to first marriage and attempts on the part of the couple to deny this reality causes pain, hurt, frustration, and disappointment to all involved.

4. Children in the Stepfamily:

Unlike the adults in a stepfamily who may or may not be stepparents, children in a stepfamily are always stepchildren. It is important to remember that it is the adults who chose to get married. "The children are either willing or

unwilling followers." (Satir, 1972, p.179). For the child there is sometimes the perceived loss of a relationship. There may be a loss of closeness that developed in the single parent phase. There may be a fantasy of reconciliation with the biological parent who was lost (Visher and Visher, 1980, Moynahan, 1981).

Children's reactions to divorce have been discussed. If the remarriage occurs very soon after the divorce or death, children bring a state of unfinished mourning to the stepfamily. They may well not be ready to accept the fact that their parent loves someone else. If there has been a long period of single parenting, a new tight unit formed.

The children have made many new adjustments and are integrated into a new family model. It may be very difficult for them to accept a new member. Jerry Diamond (1981) of the Jewish Family Services in Toronto, reports that often the marital couple is swept away by the relationship and the children are lost. The physical surroundings have changed, their parents have changed. They can't find a place for themselves.

Problems of identity arise. Negative remarks about either parent may cause a poor self-image in the child. Remarks such as "You're just like your father" when father has deserted the family injure a youngster's self esteem. Children often go through the separation syndrome of having to leave the custodial parent to visit the parent away from the

the custodial residence and vice versa. Visits far away across the country, or in another country leave the child raw and having to rework the original feelings of separation and abandonment. There is often guilt which a child suffers around the divorce or death. "If I had been good Mommy wouldn't have got sick and died." Children bring all these and other feelings to the stepfamily.

Just as stepparents suffer from the myths of cruel stepparents, so do children. Some are frightened of having a stepparent. Some fantasize cruelties that aren't there. They may be the subject of ridicule and teasing by other children. They may be the subject of pity by adults.

There may be an experienced loss for the child regarding his status in the family. The boy who has been the man of the family may find his position usurped by a stepfather; there can be a loss of home, and neighbourhood if there is a move; a loss of familiar surroundings, school and friends; there can be a loss of familiar rules and traditions. Birthdays and special events may be celebrated in a different manner. There can be a loss in the amount of contact with extended family, a loss of certain foods, a loss of a bedroom. Often children feel they are not gaining a stepparent but they are losing a parent.

There are loyalty conflicts for children. Am I being disloyal to my father by loving my stepfather? My father is being disloyal to my deceased mother by having re-

married. Is it O.K. to love four parents? Should I love one more than the other? I love my stepmother but out of loyalty should I love my father more? Can I love my new grandparents? Who do I give a gift to on Mother's Day, on Father's Day?

These children have membership in two households. For many of these children the experience is like culture shock (Visher and Visher, 1980). They move back and forth from two households, with different rules, expectations, and lifestyles. Some children are left feeling that they don't belong anywhere. Everywhere is strange.

Children are bothered by names. "What should I call my stepparent, Mom, Dad, Mr.--,Mrs.--,or by his/her first name?" What surname does the child use? His name may be different from his mother's with remarriage. They are bothered by how to introduce their stepparent. "Do I say my mother, my stepmother, Mrs.--?" "What do I say?" What do they tell their friends when their parent remarries?

Children in stepfamilies have to deal with their parent's sexuality. For emerging adolescents who are becoming aware of their own sexuality this can be stressful. Smith (1953) points out that for young children it is difficult as they have too many memories of their other parent. Adolescents find the adjustment particularly difficult, especially fifteen year old girls. "When children are straining to emancipate themselves from the home it is particularly dif-

difficult to accept the burden of new ties." (Smith, 1953, p.126) Older children, who are adults themselves report conflictual feelings (Smith, 1953, Duberman, 1975, Visher and Visher, 1980).

Sometimes the child is pleased about the parent's happiness. Sometimes the child then views his parent as being less of a burden to him.

When a child's parent remarries often he gets step-siblings. Duberman (1975) reports that stepsiblings get along best when they live in the same residence. In a step-family children may assume a new sibling position. The youngest may become the eldest. The only boy may suddenly have two stepbrothers. The all girl family may add a step-brother.

Changes in sibling roles are more likely to occur, the younger the two sibling groups are when they join. The older the siblings are at the time of the merger the more likely they are to stay apart in their daily dealings. The real siblings stick together, but there may be little interaction between the two sibling groups. (Toman, 1976,p.53)

If the marital relationship is strong and they accept each other's children, the children tend to get along. Generally, the smaller of the sibling groups has the most difficulty adjusting.

Often half-siblings have a positive effect on a stepfamily (Visher and Visher, 1980, Moynahan, 1981). The child appears to be considered a symbol of the parent's commitment to the relationship and often unites the family.

There are many variables at work in the integration of step-siblings into a stepfamily. Some of these include: the nature of the first marriage. Did it end in death or divorce? What was the period of single parenting like? To what degree is the child ready to join a new family? What was the age of the child at the time of divorce and remarriage? What is the nature of the family's social network? What is the economic state of the family? How does the child get along with his peers? How much room and respect do the members of the family give to the life that went before the stepfamily? I will now summarize the research findings on the stepfamily and suggest some possibilities for further research.

D. Research

A search of the stepfamily literature revealed few scientific studies. Studies focus on the stepparent-stepchild relationship and on the child's adjustment to remarriage.

1. Stepparent-Stepchild Relationship:

Janet Plogger (1947) studied the stepmother relationship. She found that stepmothers felt "it would be different" if the child were her own. They expressed fear of criticism and blame from friends and relatives.

Warner's study (1958) on stepmothers and natural mothers showed no difference in family attitudes.

Duberman (1975) studied eighty-eight families of remarriage. Of the eighty-eight couples, fifty-four percent rated the husband-wife relationship excellent, thirty-nine percent rated good, seven percent rated poor. Three variables were found to have considerable influence. 1) The education of the husband. If the husband had attended college it affected the relationship with the wife positively. 2) Prior marital status. For both men and women if the previous marriage ended in death, the husband-wife relationship of the present marriage ranked highest. For both sexes, if the spouse had not been previously married it affected the relationship adversely. 3) Social class: the quality of the husband-wife relationship was directly related to social class. The higher the social class the better the relationship. Age, sex, religion, or interfaith marriages did not affect the husband-wife relationship. Nor did the age, sex, or residence of the children from former marriages. Most people believed their second marriage to be better than their first.

Bowerman and Irish (1962) studied the adjustment of children: 1) living with both parents, 2) living with mother and stepfather, 3) living with father and stepmother.

Step-relationships proved more likely to have more stress, ambivalence, and lower cohesiveness than did normal homes. The reactions of adolescent children indicate that stepmothers have more difficult roles than do stepfathers, with the consequent implications for the family. Stepdaughters generally manifested more extreme reactions toward their parents than did stepsons. The presence of stepparents in the home affected also the adjust-

ment of the children to their natural parents, usually somewhat diminishing the level of adjustment. (p.121)

Messinger (1976) reported on a study of seventy couples married for the second time. The special areas of difficulty in first marriage were ordered: partner's immaturity, sexual difficulties, lack of marriage readiness, in-laws. Child rearing problems and finances were ranked low. In remarriage, the special areas of difficulty were identified and ordered: children, finances. Messinger suggests possible reasons for children being an area of difficulty in remarriage. It may well be that as a result of single parenting, mother and children have formed a closed system which the husband in remarriage has difficulty entering. If one or more members of a stepfamily had moved into the residence of the other spouse, the new members felt like invaders, and the old members felt displaced. Spouses felt caught between their loyalty to their new spouse and to their biological children.

Finances pose difficulties to the remarried family for a variety of reasons. Often remarried mothers feel embarrassed about the financial costs incurred by the new husband for her and her children. Men whose children were being cared for by their ex-spouse were reluctant to provide for the children living with them. Having had one divorce, women felt it necessary to keep some money aside in case of another divorce. Some men were reluctant to revise their

wills, insurance, and property assets reflecting a hesitation in making a commitment to the new marriage.

Messinger (1976) states "Our interviews with remarried couples frequently revealed guilt feelings about the lack of positive affect or indeed, even negative feelings 'toward' their partner's children." (p.196)

Sardannis-Zimmerman (1977) compared thirty-five stepmothers and thirty-five natural mothers. Stepmothers appeared to have more self-confidence than natural mothers. Stepmothers did not feel comfortable in their role as stepmother. Natural mothers felt closer to their children than stepmothers. Stepmothers felt less sure than natural mothers in disciplining their children.

Horowitz- Nadler (1976) studied the psychological stress of the stepmother. Stepmothers reported more intrapersonal conflict than natural mothers. They also experienced more anxiety, depression and anger in terms of family relationships. Reasons for the stepmother's stress were thought to be lack of support for the stepmother role within the family or within society.

Bohannon (1977) looked at a sample of one hundred and six stepchildren and eighty-four children raised by their biological parents. Stepchildren in general were just as happy, just as successful socially and academically as children in homes with both biological parents. However, stepfathers saw themselves as less effectual than natural fathers.

2. Research on Child's Adjustment to Remarriage:

Langer and Micheal (1963) report more stress for a child in a remarried family than in an unbroken family.

Bernard (1956) found no measurable effects of the married status of the parents on the student's personality. She suggests, "The disorganization that is said to characterize some children of remarriage may be part of a class syndrome rather than an inevitable concomitant of the relationships resulting from remarriage themselves." (p.311)

Duberman (1975) studied the stepsibling relationship. Of the forty-five families studied, twenty-four percent rated the relationship excellent, thirty-eight percent good, and thirty-eight percent poor. When both sets of children lived in the same household the likelihood of scoring excellent was higher than if they lived in separate households.

If the couple had a child together the stepsiblings were more likely to get along better than if they did not. Stepsibling scores were higher when father had less education than when he had more. Mother's education was not an influence. Young stepfathers seemed to have children and stepchildren who got along better than older stepfathers. Women's age was not a factor. If the parents had a good relationship the stepsiblings were more likely to do so. The stepsiblings got along better when there was a positive relationship between stepparent and stepchild. The lower the

social class of the stepparent the better the stepsiblings got along.

Other studies (Bowerman and Irish, 1962, Bernard, 1956, Langer and Michael, 1963) indicate the reverse. The higher the socio-economic bracket the better the children are able to integrate into the stepfamily, and the better the stepsiblings get along.

Wilson et al. (1975) attempted to answer the null hypothesis "respondents who have been raised in stepfather families will not be significantly different in selected social characteristics and social-psychological characteristics from respondents raised in families with both natural parents present." (p.526) Results overwhelmingly supported the null hypothesis. They conclude that a child raised in a stepfather family may have a positive, negative, or mixed experience.

3. Need For Further Research:

Needed are longitudinal studies that examine the reorganization of the stepfamily over time. Research is needed that examines how the well functioning stepfamily integrated. We need information regarding effective role taking for acquired parents and children. Empirical studies are needed that look at the stepmother and stepfather relationship. Walker and Messinger (1977) point to the need for both small and large case studies to test out hypotheses concerning re-

marriage. Information needs to be obtained to determine the incidence of divorce in remarriage. Little is known about the demographic characteristics of the remarried family. Case studies of families who have adapted to remarriage are needed to present therapeutic guidelines. Research is also needed in the area of adoption. Adoption, on the one hand, can be seen as commitment and establishing a legal relationship. On the other hand, it can be used as a ploy to cut off the child from his natural parent.

E. Clinical Considerations

It is important not to treat a stepfamily as though it is a pathological nuclear family (Visher and Visher, 1980, Fast and Cain, 1966, Jacobson, 1979, Peck, 1974). If as clinicians we approach the remarried family in the same way as we approach the intact family, we hinder its capacity to grow. Partners have made an emotional investment in the first marriage, which is not retrieved at divorce. Our culture however demands that a remarried person act as though he does not have any ambivalent feelings left over from the first marriage. Couples are allowed to have battles over custody, visitation, child support and alimony. But we expect that there are not feelings of ambivalence. In family therapy it may be necessary to help the partners examine some of the loyalty issues that stem from the first marriage (Peck, 1974).

The therapist needs to assess where the family is developmentally in the process of reorganization. It is important for the therapist to help the family separate out issues of divorce from issues of remarriage. Moynahan (1981) has identified the following developmental stages for the stepfamily.

1. Go Back: In the formation of the stepfamily, members should be allowed to deal with the mourning and loss of the biological family. It should be acknowledged by family members, that often dreams are lost as a result of remarriage. Stepparents and stepchildren, who do not realize their dreams, may become depressed.
2. Making Room: The family needs to recognize the importance of making room for the present members of the family. This room may be physical in terms of living space as well as emotional space. Each family member had a life before the creation of the stepfamily.

Much of what goes on in the present life will have a reference point in the past. There has to be room made for inclusion of the things that belong to yesterday. Among these, of course, are the in-laws or grandparents and relatives to the people getting the divorce. Room has to be made for the children to develop their own relationship with the non-custodial parent. (Satir, 1972, p.178)

3. Testing Power: This is generally the most difficult stage for the stepfamily. Members test the power of

one another and loyalty struggles may evolve. Parent child bonds predate the couple bond. New roles and positions are assigned. Time must be allowed for adjustment to new alliances.

4. Re-Commitment: There must be a recommitment to family relationships. There needs to be a balancing of relationships.
5. Acceptance: In order for the stepfamily to function well there must be an acceptance of the present situation and an acceptance of the losses.
6. Relinquish: The family needs to be able to unburden feelings of deprivation, relinquishing these for building a new family structure.
7. Growth Toward Integration: The family's goals should be towards growth and integration, letting go of old fads and freeing one's self to function inside and outside of the new family.

These stages do not operate in isolation from one another. A stepfamily may be dealing with several stages at varying times.

Stepfamilies tend to become child focused (Moynahan, 1981, Bradt, 1980, Visher and Visher, 1980). A genogram has been found useful in "shifting from a symptomatic individual to a family system conceptualization of both the problem and the solution" (Bradt, 1980, p.1). Where possible involve the "outhouse" parent. Hall (1981) writes of the need to bridge cut-offs.

A fairly accurate indicator of improved family functioning is that children's behavior often becomes symptom free at the same time that a parent or other key members of the family invest feelings in previously estranged relationships. This kind of exchange is particularly apparent in families where there have been cut-offs between the parents of symptomatic children and their parents or significant members of their families of origin. (Hall, 1981, p.96)

Often there is value in encouraging the stepparent to get together and discuss child rearing issues with the natural parent of the same sex (Lewis, 1980, Moynahan, 1981). In the process of distancing, the "outhouse" parent can be seen as a monster by the stepparent and vice versa. If the adults are in contact, the children have better access to their parent and aren't used as much. A child needs to be able to evaluate his parent himself. In reality custodial parents have to provide protection but protection doesn't mean cut-offs.

There is a triangular process e.g. the old triangle of father, mother, and child/children versus the new triangle of a biological parent, a stepparent and child or children.

The smallest relationship system in families and other social settings has three members rather than two. A triangle is the basic unit of interaction in a family's emotional system. When anxiety in a two-person relationship reaches a certain level, a third person is predictably drawn into the field of the twosome. (Hall, 1981, p.17)

The therapist needs to define the facts for the family. The triangles need to be identified. Coaching the family to change this pattern is paramount. Stepparents and stepchild-

dren often feel isolated and different, self-help groups and educational groups can be beneficial.

F. Conclusion

This practicum report focuses on the stepfamily that presents clinically. In fact, many families do not feel the need for clinical intervention. A discussion of the stepfamily would not be complete without looking at some of the advantages of this type of family structure. Despite all the difficulties inherent in remarriage, many families do well (Bernard, 1956). The stepfamily begins with hope. The stepfamily gives the children new male and female models. It has the potential for lessening possible neurosis and emotional breakdown which might result from the loss of a biological parent. Steplove is possibly less narcissistic than love given in the nuclear family. For example, in the nuclear family the message often sent from parents to child is "be like me". This kind of expectation is often missing in stepfamilies. Steplove is considered to be more generous than love given in a nuclear family. The commitment of the couple to the marital relationship is often particularly strong in remarriage.

Stepfamilies are often less claustrophobic than ordinary families. They offer more diverse ties to people outside the immediate family circle, which can be of great help to children as they make the transition to independent adulthood. Stepfamilies can be just as happy as other families, even happier. It just takes more work and an acceptance of a hard fact of life -- that while spouses are replaceable, parents are not. (Maddox, 1976, p.18)

CHAPTER THREE: PROBLEM CENTERED SYSTEMS THERAPY

As stated earlier I have been greatly influenced by the work of Dr. N. Epstein. The purpose of this chapter is first, to discuss the McMaster Model of Family Functioning as developed by Dr. Epstein and colleagues. It provides a conceptual framework for assessing family functioning. Second, to discuss Problem Centered Systems Therapy, the treatment model formulated by Epstein and Bishop. It "provides an operationalized guide to the assessment and treatment of families"(Epstein and Bishop,1981,p.444).

A. The McMaster Model of Family Functioning

The McMaster Model of Family Functioning addresses the conceptual issue of normal effective family functioning. The basis for this model stems from the work of Westley and Epstein (1969) as published in the Silent Majority : an intensive research with non-clinical families. The researchers studied the relationship between family organization and college student's emotional health. Westley and Epstein identified six dimensions along which families are organized: problem solving, communication, roles, affective responsiveness, affective involvement, and behavior control. On each dimension a family may range from most effectively functioning to most ineffectively functioning.

The McMaster Model of Family Functioning is based on a system's approach.

1. Parts of the family are related to each other.

2. One part of the family cannot be understood in isolation from the rest of the system.
3. Family functioning is more than just the sum of the parts.
4. A family's structure and organization are important in determining the behavior of family members.
5. Transactional patterns of the family system are involved in shaping the behavior of family members. (Epstein and Bishop, 1978, p.20-21)

Epstein et al. (1976) state "The primary function of today's family unit appears to be that of a laboratory for the social, psychological and biological development of its members."(p.1411) They state that families deal with a number of tasks in carrying out these functions. They group the tasks as Basic, Developmental, and Hazardous. Basic tasks are instrumental and deal with such things as food and shelter. Developmental tasks are those that are developmental for each member and for the family as a whole. Hazardous tasks include crisis, such as moves, illness, loss of job, and grief work.

The six dimensions of the McMaster Model (problem solving, communication, roles, affective responsiveness, affective involvement, behavior control) will be considered separately below.

1. Problem Solving:

Problem Solving is defined as the family's ability to solve problems to a level that maintains family functioning. "A family problem is seen as an issue that threatens the integrity and functional capacity of the family, the solution of which presents difficulty for them." (Epstein and Bishop, 1978, p.21-22) Family problems are divided into two types: instrumental and affective. Instrumental problems are mechanical in nature and refer to such things as housing and transportation.

Affective problems relate to issues concerning feelings eg. depression. Epstein noted that families who are unable to deal effectively with instrumental problems rarely deal effectively with affective problems. Families who have difficulty dealing with affective problems may be effective in dealing with instrumental problems.

There are seven steps to problem solving as described in the McMaster Model of Family Functioning.

1. Identification: Who identified the problem? Has the family correctly identified the problem?
2. Communication: Does the family communicate about the problems to appropriate sources within or outside the family?
3. Alternatives: What kinds of alternatives have family members come up with? Do they vary with the type of problem?

4. Decisions: Does the family decide to do something regarding a suitable action? Are the alternatives considered?
5. Action: Does the family carry out the alternative plan and to what degree?
6. Monitoring: Does the family have a mechanism whereby they can check if the action is carried out?
7. Evaluation: Does the family evaluate its method of solving a problem?

The McMaster Model postulates that families range along a continuum of problem solving ability. The more stages they can negotiate, the more effectively the family functions. Some are unable to identify problems and have long standing unresolved problems.

2. Communication:

Communication is defined as how the family exchanges information. A distinction is made between instrumental and affective communication. Communication is assessed along two continua: clear versus masked, and direct versus indirect. Clear versus masked: refers to is the message communicated in a clear manner? Direct versus indirect: refers to do messages go to the person or persons for whom they are intended? Thus there are four styles of communication: 1) clear and direct ("John I'm angry with you because you left the lights on"), 2) clear and indirect ("Kids make me mad

when they leave the lights on."), 3) masked and direct ("John you're so inconsiderate."), and 4) masked and indirect (Kids make me sick!").

Attention is paid largely to verbal communication. Non-verbal behavior is attended to when it is in conflict with verbal communication. It is postulated that the most effective functioning families communicate in a clear and direct manner.

3. Roles:

Roles are the repetitive patterns of behavior by which family members fulfill and carry out regular family functions. Families also develop their own roles which may be adaptive or maladaptive. An example of a maladaptive role would be that of a scapegoat.

The scapegoating process serves the special purpose of providing a displacement mechanism, ie., a means of avoiding conflicts in other more threatening areas. The scapegoat is active in drawing attention on to himself and is not simply a passive victim of other family members. Elaborate patterns can be seen when conflict occurs, for example, between the parents. A child in the family responds to this parental conflict by evoking negative behavior from a sibling, which has the effect of drawing the conflict away from the parental dyad onto the parent-scapegoat-child triad. (Epstein and Bishop, 1981, p. 460)

There are a number of functions that all families have to deal with in order to maintain an effective system. The McMaster Model identifies five necessary family roles.

1. Provision of Resources: The roles required to accomplish the tasks of money, food, clothing, and shelter.
2. Nurturance and Support: The ability to provide comfort, warmth, reassurance and support for family members.
3. Adult Sexual Gratification: The ability of the marital couple to achieve personal satisfaction and to satisfy the partner sexually.
4. Personal Development: Those tasks and functions necessary to support family members in developing the skills for personal achievement and growth.
5. Maintenance and Management of the Family System: Decision making functions, boundaries and membership, behavior control functions, household finances, and health related functions.

Other aspects are considered in relation to the role dimension. These are role allocation and accountability. Role allocation considers the family's pattern of assigning tasks. Does the person have the necessary skills? Does the person have the power necessary to do the job? Can the task be assigned to someone else if need be? Is task assignment done by discussion or dictum? Are tasks spread fairly? Is there cooperation and collaboration? Role accountability is the process in the family that assures that functions are fulfilled. How are individuals made responsi-

ble for tasks? Does the individual accept the responsibility? Do other family members monitor the fulfillment of the function? Do family members correct situations where tasks are not being fulfilled? "The more functions that are adequately fulfilled and the clearer the allocation and accountability process, the healthier the family." (Epstein and Bishop, 1978, p.25)

4. Affective Responsiveness:

Affective Responsiveness refers to the ability to respond to a range of stimuli with appropriate quality and quantity of feelings. Families who function effectively are able to respond with a full range of emotion. Emotions are appropriate to the situation. There is considerable variation as to what is an appropriate response.

5. Affective Involvement:

Affective Involvement refers to the extent to which family members take an interest in and value the activities of each other. The focus is on how much and in what way family members can show an interest and invest themselves in one another. Six types of affective involvement are identified.

1. Empathic Involvement: Interest in the activities of other members for the sake of the other.
2. Involvement Devoid of Feeling: Primarily an intellectual interest in the activities and concerns of the other.

3. Over Involvement: Excessive interest and or investment in each other.
4. Narcissistic Involvement: There is a response to the situations other family members are in, but the response stems more from self interest than interest in others.
5. Lack of Involvement: No interest or investment in one another.
6. Symbiotic Involvement: An extreme interest or investment in others. In such families, there is a marked difficulty in differentiating one person from another.

Empathic involvement is viewed as the most effective form of affective involvement, involvement devoid of feeling, narcissistic or overinvolvement less so, and lack of involvement or symbiotic involvement least effective. (Epstein and Bishop, 1981, p.465)

6. Behavior Control:

Behavior Control refers to the expectations of all family members and how these expectations are realized in actual behavior. Behavior in three types of situations is considered: 1) Physically dangerous situations, 2) situations involving psychobiological needs and drives, and 3) situations involving proper social behavior inside and outside the family. Four types of behavior control are noted. Standards set and latitude allowed for individual behavior determine the style.

1. Rigid Control: There is little room for negotiation or change of standard regardless of the situation.
2. Flexible Control: Standards set are reasonable and there is room for negotiation and change depending on the situation.
3. Laissez-Faire Control: Families in which anything goes.
4. Chaotic Control: There is a random shifting of standards and latitude so that family members do not know what standard will apply in a given situation.

Flexible behavior control is the most effective, followed by rigid and laissez-faire. Chaotic control is considered the least effective. In assessing this dimension allowance need to be made for the ages of family members. The treatment model evolving from the McMaster Model of Family Functioning, Problem Centered Systems Therapy will be discussed below.

B. Problem Centered Systems Therapy

This model provides the family with an approach to effective problem solving which they can use in the future. The model encourages open communication, the use of practical homework assignments, and pays attention to current behavior. It is designed for short-term, focused therapy of six to twelve sessions. Sessions are not necessarily weekly, during the treatment phase they may be once a month.

The focus of therapy is on the problems identified during the assessment phase and those which brought the family into therapy. It stresses the active collaboration of the family with the therapist at each stage.

The model differentiates between "macro stages" and "micro moves". "Macro stages" refers to sequential phases of the treatment process: assessment, contracting, treatment, closure. "Micro moves" refers to the interventions that take place during the macro stages, which may include such things as reframing, visualization, and paradoxical injunction (Epstein and Bishop, 1981). Each of the macro stages has a number of substages. The first substage is always orientation the purpose of which is to explain what the therapist is doing and to obtain the family's permission and agreement before moving from one stage to the next.

1. Assessment:

Assessment is crucial to Problem Centered Systems Therapy. Without a thorough assessment, Epstein (1981) cautions, therapists take too much for granted and dehumanize the client. The assessment stage may take several sessions. There are four substages.

a. Orientation:. The family needs to know what the therapist is going to do. The therapist and other family members need to know what the family expects and wants from treatment. What do they think is going to go on in family therapy? How did they get referred? The therapist outlines

his expectations. He lets the family know he will be asking many questions. The rationale for seeing the whole family is given. The family is told that some of the questions may be uncomfortable. The therapist tells the family that he will provide feedback. The therapist actively elicits questions and then obtains permission to proceed to the next step.

b. Data Gathering:. Data is gathered with regard to the presenting problem, overall family functioning, other investigations, and other problems. The therapist begins by asking about the problem which brought the family to treatment. He asks about the onset of the problem, duration, and precipitating influences. Who identified the problem? Who did they communicate it to? What happened? Are there any medical problems? Is any family member on medication? What are the side effects? The therapist then feeds back his understanding of the problem to the family. When there is agreement that the therapist has a clear picture of the problem, the next step is to explore overall family functioning.

The family is assessed along the dimensions of the McMaster Model of Family Functioning. Information is obtained regarding the family's strengths and limitations in these areas. The family is oriented to the process by the therapist who says something like, "Now that we have discussed the problem that brought you here, I would like to

get an idea of how you function as a family. During this stage I will be asking you many questions that may seem to have nothing to do with the problem that brought you here. These questions help me to get a picture of how you operate as a family. Do I have your permission to proceed?" If the family agrees the therapist then gathers information along the six dimensions of the McMaster Model of Family Functioning. Examples of the kinds of questions that the therapist may ask to get at each dimension follow.

To get at the problem solving dimension, the family is asked to identify a problem which they had during the past week or two. They are told that all families have problems and that what we need to learn is how they problem solve. After the problem has been identified the therapist explores the family's attempt at resolution. Identification: Who first noticed the problem? Are you the person who usually notices such things? What did you think was going on? Communication: Who did you tell? Is that who you generally tell? Did anyone else notice the problem? Did you say anything? What stopped you? Is that how it usually is? Alternatives: What did you think of doing about the problem? Did you have any other ideas? Did you tell anyone about them? Decisions: How did you decide what to do? Who decided? Is that how it usually is? Action: Once you decided what to do did you do it? Who did what? Monitoring: Did you check to see if the action was carried out? Who checked?

Evaluation: How do you think you did? Do you, as a family discuss how you handled a problem?

If the family presents an instrumental problem they are asked to think of a problem that concerned someone's feelings. The same procedure is followed to explore how the family handles affective problems. The family is asked if that's how they usually solve problems -- what was different in that situation?

To get at the communication dimension, in addition to observing patterns of communication during the assessment process, the therapist may ask a number of questions regarding communication. Are people in this family able to talk freely to each other? Do people in your family let you know that they understand what you are trying to say? How do they do this? Can you get your ideas across to the other members of your family? Are you able to tell other people about your feelings? Do they understand? How do you know?

How the family fulfills functions must be understood in order to evaluate the family role dimension. Examples of the questions that can be used to evaluate the role dimension follow: 1) Provision of Resources: Who brings in the money? Who buys the groceries? Who cooks the meals? Is it always the same person? Who buys the clothes? Who pays for the clothes? Do you have a car? How do you get around? 2) Nurturance and Support: Who do you go to when you're upset? Is that person helpful? Do you always go to that person? Is there anyone else that you can go to? Who comforts the chil-

dren? Do you do it in the same way or differently? 3) Adult Sexual Gratification: This information is obtained with the adults alone. How do you feel about the affectional and sexual aspects of your relationship? Do you both agree? Has your sexual life always been as it is now? Is it better or worse? 4) Personal Development: Who helps the children with homework? Who deals with the school? Who gets involved with the problems children encounter? Who's responsible for teaching manners? How do you help each other to follow your interests? 5) Maintenance and Management of the Family System: Who handles the money in the family? Who makes the final decisions? Who handles repairs to the house? Who keeps track of the health of family members? Have you decided on the size of your family? Who decided?

To assess the dimension of affective involvement the therapist asks questions of the following nature: Who cares about what's important to you? Do you feel they're interested enough? Are family members too concerned? Do you each go your own way?

To assess the degree of affective responsiveness in the family the following are examples of the kinds of questions that are asked. How did you feel then? Do the rest of you feel like that sometimes? Do you ever think that you don't feel things the way you should or the way others do? Which feelings do you not express? Are you a family that responds with many feelings?

The therapist tells the family that all families have rules and ways of handling behavior in certain situations. Then the therapist explores the dimension of behavior control. What rules are most important in your family? Are the rules clear? Can you give me an example? Do you have rules for bedtime, table manners, etc.? Do these rules stay fixed? Can you talk about the rules? Who enforces the rules? Who's the toughest? Do the parents back each other up?

The next step is to carry out any other investigations that might be indicated. Information may be needed in terms of school reports, the extended family, the work place, etc.

When other investigations have been completed the family is asked if there are any other problems that have not been touched on. If so, they are explored in detail. As stated earlier, Epstein (1981) allows for two or three sessions to do the assessment. He is emphatic about the need for a thorough history. When the data gathering process is completed the therapist moves on to the next substage.

c. Problem Description:. At this substage of assessment the family is asked to identify the problems it sees now that the assessment has been completed. The therapist adds any difficulties he has noted.

d. Clarification and Agreement of a Problem List:. In this substage the family is asked to negotiate a full or

partial agreement of the problem list. Epstein and Bishop (1981) indicate two types of disagreement that may arise. Family members may disagree among themselves in which case the therapist can attempt to negotiate an agreement. Or the family and therapist may disagree about the problem that the therapist has added to the list. With a full assessment completed the family and therapist move to the second macro stage.

2. Contracting:

a. Orientation:. As stated earlier the therapist explains and discusses each move to the next step. The therapist may say something like, "Now that we have a list of the problems, let's discuss what can be done about them."

b. Options:. The therapist outlines the options to the family. They might want to work on the problem on their own. They might not want to change. They might want to go into therapy. If the family agrees to go with treatment, the therapist then prioritizes the problems with the family and moves to the next phase of contracting.

c. Negotiate Expectations:. At this phase the family is asked how they will know when things are getting better. How they want each other to change. The therapist outlines his expectations such as "You will attend each session unless otherwise agreed."

d. Contract Signing:. A written contract is drawn up, listing the problems and expectations. The contract is signed by the therapist and all family members. It is emphasized that the bulk of the work will be done by the family. At the same time, the therapist makes it clear that he will work hard.

3. Treatment:

a. Orientation:. Permission to proceed is obtained from the family. The therapist says something like, "Now that we have agreed to work together where would you like to begin?"

b. Clarifying Priorities:. The therapist begins with the tasks most important to the family.

c. Setting Tasks:. Family members are then helped to negotiate with one another and set tasks. What could you do that would begin to help? If the family is unable to set tasks the therapist may suggest a task and see if the family is agreeable. In setting the tasks the therapist considers certain principles. Tasks should be assured of success, behaviorally described, start small and fit into the family system. Assignment of tasks should be balanced so the responsibility of completing a task does not rest with one or two members. Tasks should be oriented toward increasing positive behaviors. Once the tasks have been assigned, a re-

porter is designated. The therapist asks, "Who's the best person to come back and report on the family?"

d. Task Evaluation:. Have the family members done the tasks or not? If the task has not been accomplished it is important to find out how far they got with it and what positive efforts there were. Then new tasks are negotiated. Tasks are oriented towards increasing positive behaviors.

As a general principle, one should seek a consultation or terminate if a family fails to complete its tasks and/or demonstrates no improvement over a period of three successive sessions. (Epstein and Bishop, 1981, p.29)

4. Closure:

a. Orientation:. The family is advised that the expectations in the contract have been met and its time to stop treatment.

b. Summary of Treatment:. The therapist gets the family's perception of change and what brought about the change. The therapist then summarizes the family's perceptions and adds any additional points he might have.

c. Long Term Goals:. The family is asked what they see coming up in the future? They are asked, "If something goes wrong, how are you going to know? What are you going to do about it if things go off track?" The family's current status is reviewed and their ability to cope is reinforced.

The therapist clarifies the family's option of returning for help if necessary. Treatment ends at this point.

d. Follow Up:. A follow up session may be arranged. It is made clear that it is not a treatment session but for purposes of monitoring the family.

CHAPTER 4: THE PRACTICUM

The families I worked with showed courage and trust as we journeyed together. This chapter is about those families and the work we did. As I write of those families and our work I have a sense of approaching something almost sacred. All family members' names have been changed, the quotations were taken directly from tapes.

A. How We Met

My practicum was based at the Psychological Service Center at the University of Manitoba. A multi-disciplinary training facility for psychologists and social workers. I began in September 1981. As I had originally proposed to work with seven to ten families and by the end of September had only one family, I looked to other agencies for clients. I contacted Family Services, Child Guidance Clinic, Children's Hospital and St. Boniface Hospital. The Child Guidance Clinic referred three families, St. Boniface Hospital one family, and three more families came from the Psychological Service Center. Families came for service either by self-referral, psychiatric referral or school referral. I was supervised by Walter Driedger on the cases from P.S.C. (Psychological Service Center) and Child Guidance, and by Maria Gomori on the case from St. Boniface Hospital.

B. What Did They Look Like

The direct contact was with 41 people from 8 families. In 7 families there was at least one stepparent. In one family the child lived with her mother and was dealing with issues resulting from a breakup in the stepfamily. In 6 families the adults were married, in 2 they lived as if married and considered the relationship permanent. One family had a stepmother, 3 families had a stepfather, and 4 families had a stepmother and stepfather. Numbers of children ranged from 1 to 6. Two families had children from the present marriage. In three families, children had siblings who lived with the other parent. Some children had contact with their non-custodial parent and his/her extended family, others did not. In some families the children of one spouse visited their non-custodial parent while the children of the other spouse did not. Contact varied from phone calls once a year to twice weekly visits. In 4 families children lived with their mother and in 4 families children lived with their father. Six families lived in various areas of Winnipeg, 2 families lived within 200 miles of Winnipeg.

All families were at least second generation Canadian and considered themselves Canadian. They represented a wide variety of ethnic origins: English, French, German, Cree, Saulteaux, Scottish, and Danish. The religions in these families included: Roman Catholic, United Church, Anglican, Jehovah's Witness, and no religion. They represented

a number of different professions: nurse, lab technician, secretary, plumber, waitress, truck driver, transportation maintenance worker, engineer, and home manager. One family was on welfare, 3 families were "just getting by" and 4 families could be described as middle class.

Mothers ranged in age from 29 years to 41 years, fathers from 26 years to 47 years. Children ranged from 19 months to 21 years. The length of time of the first marriage ranged from 1 to 14 years. The length of time in the present relationship ranged from 3 months to 5 years. The period of single parenting lasted anywhere from 12 months to 9 years. During the time between the two marriages, children were cared for by their custodial parent, non-custodial parent, grandparents, great aunts, and neighbours.

C. What Did They Present As Difficulties

The problem which brought these families to treatment in each case concerned the behavior of one or more of the children. Only one family identified the child's problems as connected to the remarriage. Problems included: stealing, lying, bedwetting, hyperactivity, doing poorly in school, no friends, mood swings, and "he doesn't listen".

Rapidly a number of other difficulties emerged which indicated the child's behavioral problems were manifestations of other stressors on the family system. Each family reported financial difficulty. In some, financial problems

spilled over into other areas. There was not enough money for food, winter clothing, activities for the children, to go out for an evening, to pay a babysitter, to give the children an allowance. In two families stepmothers complained of their stepchildren stealing food within the home. Young children were left to babysit younger siblings. Some women complained of the inadequate amount of child support they received from former spouses. One woman received \$35.00 a month for 2 children. Some stepfathers resented having to support their stepchildren. In one family the stepfather resented money spent on gas for transporting the children to and from visits with their father. In another family the stepmother resented the fact that the former spouse could holiday in California on alimony payments, but they couldn't afford a weekend in Grand Forks. One stepmother resented bitterly that her daughter had to stop swimming lessons. His 4 children had come to live with them and there was no longer enough money.

Time was a problem in many families. "We never have any time alone together" was a common refrain. One woman who had lived with her daughter for 9 years moved in with a man and his three children. She spoke of the time it took to run the house, do the laundry, shop, prepare the meals, etc. At the end of the day she was exhausted and had no time or energy to spend with the man she loved. Families with older adolescents who went to bed late, said "there's never any

time for the two of us." Some families talked of not being able to spend any time with the children individually. Children complained their parent didn't have any time for them now. They were always busy with the other children or with the new spouse. Many stepparents put so much energy into matters concerning their children that they had no time for themselves. One father and stepfather felt guilty about the time he spent playing hockey. There seemed to be no time to unwind. Some women wanted time to watch the Soaps, read a book, do their nails, see a friend, talk on the phone, play Bingo.

Many families talked of confusion around names. Stepparents reported feeling good when their stepchildren called them Mum or Dad. Children called their stepparents by Mum and Dad, or by their first names. In one family the stepson had never called his stepfather anything but "you". Children expressed confusion about what to call their other parent of the same sex, and often referred to that person by his/her first name. Children with new grandparents didn't know what to call these people. In 6 families there was a variety of last names. One family of 4 had 4 last names. Some were adamant about being called by the right name, others seemed to adopt a family name, and some laughed at the confusion it created for other people. In all 8 families the children referred to each other as "my brother" or "my sister" whether they were siblings, stepsiblings, or half

siblings. Some families referred to the children as "mine, yours and ours", and others as "ours". Often a spouse called his present spouse by his former spouse's name. It was often difficult to determine which mother or father a child was talking about.

Many parents expressed feelings of inadequacy and failure. "No matter what I do it's wrong!" "I get blamed for everything." "His kids don't like my cooking." "I feel I have nothing to show for my life. I've failed at two marriages. I've failed with my kids and now I'm failing with her kids." "I guess the kids think I'm not good enough to be their father." "What am I doing wrong?" "I just can't get along with his son. I'm afraid he (husband) will leave." "Maybe he (son) would be better off with his father he's not happy with us. I must be doing something wrong." The children also expressed feelings of inadequacy and failure. "I guess it was my fault it didn't work out." "Maybe the fighting was my fault." "He didn't like me anyways." "She only looked after us because she had to. I was never good enough." Often, children attempted to relieve their stepparent's feelings of inadequacy and failure. "You couldn't do anymore." "I love you, you're not a failure." "You're nicer to us than our real Mum." "It isn't your fault, I'll try harder."

Many adults and children seemed to have a picture of what a happy family should be like. Inevitably this picture

was based on a nuclear family. Children talked of having a Mum and Dad and being just like other families now. Parents struggled to create family times before a sense of family-ness had developed. One stepmother agonized over Christmas. "It will be our first Christmas together. I want it to be just our family, George and the kids." The children wanted also to be with their non-custodial parent. Children living in a separate household to their siblings often felt torn.

Many stepparents inherited problems when they took on the task of stepparenting. Children felt lost, confused and unsettled. Some stepparents took it upon themselves to "fix up" the children and then felt a sense of failure when the children didn't respond. One stepmother said, "He knows it's different here. If he would just express his hostility towards his mother then we could get on with things." One stepfather said, "I've really got these kids in shape. I give them everything. I do things with them. They have no respect." These children had been physically abused, and had endured a very turbulent time prior to the remarriage.

Loyalty problems surfaced again and again. Some spouses felt the other was being disloyal when he/she sided with his/her child. Children expressed confusion about who to love. Some were afraid to express affection to their stepparent out of loyalty to their absent parent of the same sex. "He's nice but he's not my real father. When I grow up I'm going to live with my real Dad." Some were afraid to

express affection to their stepparent out of loyalty to their parent. "She's nice and she looks after us real good but I like my Dad best." Children with siblings in another household were afraid to get involved with the family. "This is never going to be my family until Sara comes to live with us." "What's happening to my brother? I know they're picking on him just like they picked on me." Subtle and not so subtle messages from parents and stepparents encouraged children to choose. Often the adults belittled the absent parent and then said, "She's your mother you must want to see her."

Many stepparents and their spouses reported they didn't know what they were getting into. "I had no idea it would be so difficult." "I've never seen my kids act like this before." "It wasn't like this before we got married. I always got along well with his kids." "I used to think his kids liked me and respected me -- well they don't." "We knew it would be difficult but I couldn't imagine it would be like this." Adults would question if they had made life worse for their spouse. "Maybe George is sorry he ever got into this." "It's so hard on Lynn, I don't know how to help her."

Some adults reported feeling ostracized by neighbours and friends. "We used to have so many friends. Now they don't want anything to do with us." One family had applied for a "family membership" and were refused because

they weren't a family. Being a resourceful couple they checked the dictionary definition of family and found they fell within the definition of family and obtained the membership. They were very, very hurt.

In some families children moved back and forth between two households. This often caused resentment and competition. Children would learn one way of doing things and then had to adapt to new expectations. Adults had to rediscover what it meant to live with an adolescent. Many families were dealing with divorce issues. Children expressed hope and desire that their "real" parents would reunite. Some children were used as the brunt of their parent's anger to the former spouse. "You're crazy -- just like your mother." "He's just like his father, sneaky and lies." In some families children did not have the freedom to visit. In two families the mothers had cut off the heads of the child's father in all the photographs. In both families the children didn't visit and had no idea what their Dad looked like. Some children were given the opportunity to express their feelings around the divorce and missing their parent, in others there was no such opportunity.

Different ways of parenting caused problems for some. Rules and expectations that were different than before caused difficulty. "Dad never made us eat all the food on our plates before you came here." Parents who had dealt successfully with their child over a particular piece of be-

havior were convinced that was the only way to deal with it. Some parents felt getting an allowance was contingent on certain activities, others felt it was the child's right.

Many stepparents reported giving a lot and getting nothing back. One stepmother told of a day she spent with her three stepchildren when they were ill. Her husband had been home most of the day. Lynn spent the day preparing meals, colouring, playing, soothing, comforting -- doing, doing, doing. She particularly spent a lot of time with the five year old. When her husband went out the five year old said, "I hate your guts." Lynn was devastated. When I asked her how it was different from the feelings she sometimes had around her daughter. She replied, "I don't know, it's just different. I feel like I don't get anything back." One stepfather reported doing many things with his stepsons but still felt like an outsider. It was difficult for these people to understand that the distance the children created was out of the child's fear of closeness rather than the stepparent's shortcomings. Often a parent would become angry with his/her child because he/she didn't appreciate the stepparent. "What's wrong with you boys? John is more of a father to you than your father ever was."

Some families presented as "normal" stepfamilies struggling with the process of reorganization. Others were clearly dysfunctional. Families with wife abuse, alcoholism, child neglect had their problems compounded by the struggles of reorganization.

D. What We Did

Families had been assessed and referred for family therapy by the Intake Team at P.S.C., by psychologists, and by psychiatrists. Families were seen at P.S.C., St. Boniface Hospital, and in their own homes. I worked with a co-therapist, Sharon Tritt with the family at St. Boniface. The number of sessions ranged from 8 to 15. I worked from the model of Problem Centered Systems Therapy. A discussion of some of the "micro moves" I attempted follow.

Genogram: (Moynahan, 1981, Bradt, 1980) After the initial orientation to family therapy and a discussion of the presenting problem, I did a genogram with 7 of the 8 families. I found this an effective way of getting information. Family members seemed to enjoy telling their story. Often information was provided that other family members didn't have. One child learned his father and his brother's father were not the same person. Some families gave information freely about their previous marriages while others were cautious. It allowed the family and me to get a picture of their family network. Stories unfolded about Aunt Margaret who took care of the children when they were little, etc. Children who knew very little about their stepparents got a great deal of information. One adolescent who knew little about his stepfather, learned that he spent the first three years of his life in a T.B. sanitorium, and had always been the black sheep of the family. It was interesting to ob-

serve who added members that others had forgotten. I recommend the use of a genogram. Families reported it was helpful. "No wonder we've got problems." It also enabled me to keep families straight. Many families had members with the same name. There were several Stevens, Robs and Scotts. In the early stages of therapy I put the genogram on the wall and added new information as it emerged. It was useful to know the connections between present family members and those they referred to. For example, was Aunt Martha mother's sister or sister-in-law, father's sister or sister-in-law, stepmother or stepfather's sister or sister-in-law, or a family friend?

Photo Albums: Some families were asked to put together a photo album of the family. One girl I asked to do this was presently living with her mother. For the previous seven years she lived with her stepmother, father and brother. She described her stepmother as a floozy who dressed in a sleezy way. The photos she brought were only up until the time she went to live with her Dad. There were many of her Mum and Dad together with her as a baby. She commented, "They must have loved each other then." Another family spent ages putting together an album. There were many photos of the stepfather and stepson doing things together: fishing, fixing a car, camping, playing. According to the boy "We never did anything together." Other families put together albums with no pictures prior to the remarriage.

One son searched the house until he found a photo of his Dad. He had never seen a picture of him before. One family included the photos of the mother's three weddings. One family had photos only of the two adults and the two children of the present marriage. One couple had no pictures of themselves and had them taken as a Christmas present to each other. I do not suggest that the photo albums were used as a treatment device which brought about change, but they were a useful means of gathering information. Family members reported it was fun, some children were annoyed there weren't more pictures of them. Some thought "it was dumb" and then proceeded to tell me all about the people in the pictures. One brother got quite angry about the number of presents his brother had in the photo of him in the hospital. Some children asked their parents to tell them about the wedding and when they were little. Some struggled eagerly to see who they looked like. There is considerable potential for the use of photography in work with families.

Bibliotherapy: Some families I gave books and articles to read. Particularly helpful were All About Families: The Second Time Around by Helen Lewis, and Stepfamilies : Myths and Realities by Visher and Visher. For some I xeroxed sections and articles I thought relevant to their situation. For one family I assigned the parents the task of reading an article and had the youngster who was always in trouble for not doing his homework report back. He said, "Mum read it

just before you got here." Several sessions later the parents said they read it and now realized they were normal. One stepmother, after reading Lewis' book said, "She could have been writing about us." I also recommended books for a variety of parent-child situations. I had difficulty finding helpful material. Often the material was directed to middle class families or was written in an academic style. One stepfamily found the Jehovah's Witness literature more relevant than anything I offered. Some families found literature on the divorce experience for children valuable.

Paradox: (Madanes, 1981, Fisher, Anderson and Jones, 1981) Paradoxical injunction is a technique that was effective with some. In one family the stepmother was extremely punitive and rejecting with her stepchild and quite permissive and loving with her own. I suggested she must really love those children since she spent so much time thinking up new punishments. I wondered out loud if her own children were jealous. I suggested that one child was probably beyond help and she should consider residential treatment. The following week she said I was wrong, he needed to be accepted and loved.

Self-Help Groups: I had originally hoped to form a stepfamily self-help group as a component of this practicum. Instead I chose to concentrate on family therapy. I have been involved in establishing the Winnipeg Chapter of the Stepfamily Association of America. One family has become quite in-

volved with this group. They came for help because of problems with her daughter. She couldn't or wouldn't accept the remarriage. Life seemed to get more and more difficult for this family. He had stepfather problems; she had stepmother problems. They felt quite desparate that their relationship would not survive the reorganization process. At the end of the last Stepfamily Association meeting he came to me and said, "You know if each one of us put all our problems into a paper bag and put them in the middle of the room and were told we could leave with any bag we chose -- I'd pick mine." At that meeting her 10 year old who'd been giving her mother so much hassle about the remarriage said, "I'm glad my Mum's remarried because when my brothers and sisters (stepsiblings) and I grow up we won't have to worry about them. They'll have each other to hold on to." Not all families were responsive to the idea of a self-help group. One woman joined Alanon and another joined a parenting group designed along an educational model. I'm convinced there's potential for self-help groups for stepparents. There is only one in Winnipeg. It has many professional, articulate, middle class families. This serves a need but more groups are needed throughout the city.

Play: Play was beneficial with many families. Repeatedly I was struck by a sense of caring amongst family members but they seemed bogged down with problems. Sometimes I wondered if they psyched themselves up to be miserable when we got

together. What often seemed to be missing was a sense of fun. With some families the homework assignment was to play. In one family, the mother had difficulty getting the children together. One child didn't eat with the family. Another child slept at a friend's house every weekend. The homework assignment was to play Monopoly (their choice) on Sunday evening, 7:30-9:30. This family now not only plays games together at home but also enjoy Badminton, Raquetball and Cross Country Skiing. With another family the father had been given the task of spending half an hour a day with one of his children. He couldn't do it, felt self-conscious, didn't know what to do. We had three sessions of play. Dad and the children played a variety of games together and learned to have fun. In the meantime the stepmother went out to play Bingo. Now, not only do the adults play with the children but also with each other. In another family the wife felt that her husband didn't like her children. In the session he played Bingo with the children while mother and I observed. She saw her husband in a different light, as her son sat on his knee playing.

In another family, one child had gained three siblings and was finding it difficult to share. She expressed the fear of losing what was hers. While the parents observed through a one way mirror the children and I played with blocks. We talked about what was different when they put their blocks together. They could build better things.

The little girl was perceptive, not about to be the subject of a social worker's interpretation said, "Yes, we can do some things better when we're all together but sometimes I like to build by myself." With another family, towards the end of what had been a very frustrating session for all of us, I noticed a pool table at the end of the room. I asked them if they would like to play a game of pool with each other. There was a dramatic change in how they spoke to each other as they were playing. They left the building laughing and the following week asked what had happened to the pool table. This family was very task oriented, they report much more fun and joy in the family now. I found through play, family members were better able to enjoy each other. Sometimes, instead of picking away at each other, they laughed together.

In using play it is important to be clear of the purpose. It is all too easy just to play with the clients. There's probably some value in that but I was interested in: A) Enabling stepparents and parents to play with their children. B) Having the adults play together. C) Bringing some joy into the family. D) Teaching such things as sharing.

Role Play and Modelling: Role play was another technique I found useful. With one family we role played the stepmother talking to the mother. The stepmother needed medical information about the children and been afraid to ask for it. In one family the stepfather had trouble confronting his son.

I role played the confrontation with him. I'm not so sure the stepson is grateful at the moment, but the stepfather no longer has a stepson who walks all over him. Doubling was another technique I found useful. Particularly with children who were afraid to express themselves. I used doubling also with adults who tended to intellectualize under stress. With one family I role played the I.P. with the co-therapist. The youngster seemed quite relieved and surprised to discover we knew how angry he was with us and his parents. We became more sensitive to this boy, and less frustrated by his lengthy silences.

Re-establishing Old Connections: (Hall, 1981) For some families making contact with the non-custodial parent and their extended family had positive effects. In one family a meeting between the child's mother and her former mother-in-law proved helpful. In another family the stepmother said her difficulties with one of the stepchildren stemmed from the fact he wanted to go and live with his aunt in Calgary. I suggested she write the aunt. The aunt wrote the little boy and made it clear that she loved him and he could not live with her. Difficulties continue in this family but the stepmother says she no longer feels in competition with the aunt. Some families were not prepared to have the children reconnect with family. Stepparents were often uneasy about meeting the other parent of the same sex. Some felt supervised. The biological parent seemed more reluctant about

the child linking up with his/her parent than the stepparent.

Strengthening Subsystems: (Kashet, 1980) During the assessment phase it often became clear that certain subsystems needed strengthening. In one family, the stepmother asked for help with three of her four stepchildren. The father had had custody of one child for three years and of the other three for one year. Part of the problem was the children didn't know their father, he felt uncertain with them. I saw the father and his children alone, the marital couple alone, and the family as a whole. With another family, family work was done primarily with the couple. Their problem stemmed from fear of failure. They knew they were putting the children in between them and needed to work at building their own relationship.

Homework: Homework assignments form the treatment component of Problem Centered Systems Therapy. Often homework assignments included having the marital couple spend time together not discussing the children. All families were child focused, yet all adults spoke of wanting more time with one another.

Behavior Modification: (Herbert, 1978, 1981) Behavior Modification techniques were used with some families. I had difficulty getting the behavior defined clearly. Often the child would change the behavior but the parent did not follow through with the reward. In one family one problem was

the children would listen to their stepfather but not their mother. The children loved charts and stars. This family now has laundry charts, charts for cleaning up the bedrooms and charts for "getting along" between 8:15 and 8:30 in the morning. The children have changed their behavior in these areas. The mother reports she is better able to handle the children. There continue to be many behavioral problems with the children. However, there are severe marital difficulties and the stepfather does sabotage his wife's parenting attempts.

E. Case Illustrations

1. The Brown Family:

This family consisted of Cindy, 31, and her daughter Lori, 14. Cindy works part time as a nurse and studies full time. Lori is a student in Grade 9. Also living in the home is Bob, 32, Cindy's boyfriend of two years. Lori is also a member of a stepfamily. Her stepfamily members are her father, Sam, 34, brother, Harry, 11, and stepmother, Kay, 27. Cindy and Sam were married in 1967, divorced in 1974. Sam married Kay in 1974. In 1976 the children went to live with Kay and Sam.

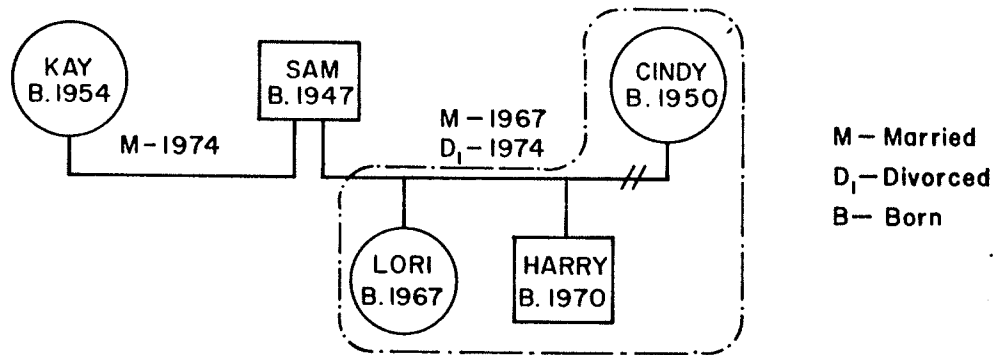


Fig. 4:1 1974 - 1976 Lori and Harry lived with Cindy.

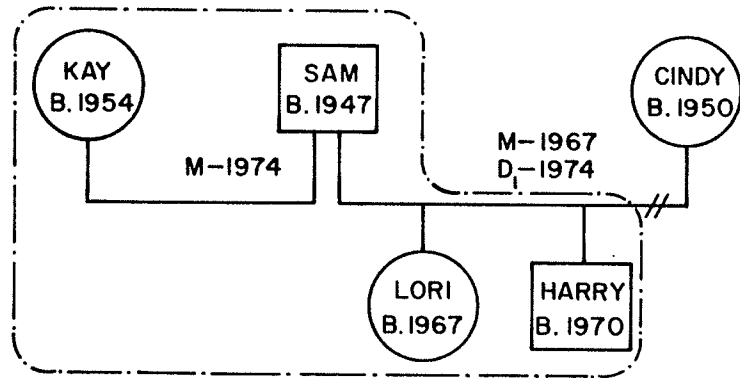


Fig. 4:2 1976 - to August 1981 Lori and Harry lived with Kay and Sam.

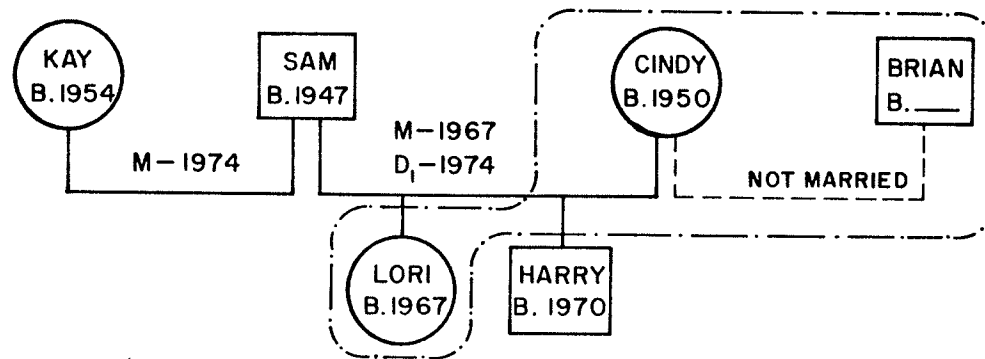


Fig. 4:3 August 1981 Lori went to live with Cindy and Brian. Harry continued to live with Sam and Kay.

Assessment:. As I had seen the family on Intake at P.S.C., they were oriented to family therapy at that time. We decided not to include Bob in therapy as Cindy said her relationship with him was "about to end". The presenting problem as described by Cindy was Lori's depression, serious mood swings, lack of friends, and inappropriate behavior. She was especially concerned about a recent episode in which Lori had locked herself in the bedroom for several hours. Cindy said she couldn't get through to Lori. Lori said, "My mother's always on my case." Lori had returned to live with her mother two months prior to our first meeting. For the previous five years, Lori lived with her father, brother and stepmother. Lori did not get along with her stepmother and had been asking for a year to live with her mother. The move for Lori meant a new city, family, school, friends, and the loss of daily contact with extended family.

A genogram revealed the number of physical moves Lori, Harry and Cindy had had in the two years they lived together. Also, the amount of involvement Lori had had with her extended family. A number of losses in Cindy's life became apparent. It became clear that Lori had several significant relationships with members of her stepmother's family.

Exploration of the six dimensions revealed the following: 1) Problem Solving -- Lori and Cindy were able to solve instrumental and affective problems but often got

stuck at the action stage (see Chapter 3). 2) Communication -- Their style of communicating was direct and masked. Neither checked out what the other was saying for fear of hurting the other. Cindy was taking a communication course and often assumed she knew what Lori meant. 3) Affective Responsiveness -- Lori and Cindy were able to respond to each other with a full range of feeling. At times Cindy hid her pain and at times Lori hid her warmth. 4) Affective Involvement -- could best be described as empathic. At times there was over-involvement. 5) Roles -- As a single parent Cindy often felt overloaded and Lori said she was asked to do too much. Cindy was unsatisfied with her sexual relationship with Bob. Both Cindy and Lori were adjusting to a new situation and had to develop new roles. 6) Behavior Control -- was flexible. Problems arose from the newness of the situation, i.e., Lori had to learn what Cindy expected and vice versa. Some of Cindy's expectations were different from those of Lori's stepmother and father. Lori and her mother were able to discuss the differences and negotiate a compromise.

It was particularly important with this family to determine where they were in the process of reorganization. Lori brought to the situation unresolved feelings of guilt, anger, disappointment, and a sense of failure. Cindy expressed excitement, anxiety and ambivalence. Cindy was concerned that Sam would not allow Harry to visit since Lori was living with her.

One problem Cindy identified was her relationship with Bob.

We agreed to work on the following problems: 1) To help Lori express feelings of loss and move into her new home. 2) To help Lori deal with unfinished business around her father and stepmother. 3) To help Cindy parent an adolescent. Many of her expectations were too high. 4) To build Lori up to visit with and talk to her father. 5) To help Cindy separate from Bob. 6) To help Cindy feel better about herself as a mother.

Contracting:. We contracted for two joint sessions, four individual sessions for Lori, and a further joint session. In the first two session we worked on communication and clarified the expectations each had of the other.

Treatment:. In the third session (Lori alone) Lori expressed some of the angry feelings she had toward her stepmother and father. She said she felt she lost her Dad when he remarried. She said she loved her stepmother at first and then it stopped. She said she was having trouble making friends at school. We identified three areas for work: 1) To express and explore confused feelings around her stepmother and father, 2) to work towards a visit with her stepmother, father, and brother, 3) to feel more comfortable at school and with friends.

In the fourth session (Lori alone) Lori brought a photo album. She brought pictures only up until the time her parents divorced, plus many photos of her grandparents. In the session she said, a friend of hers had been killed the previous weekend and her father didn't let her know. "My Dad didn't even know he was my friend. We never talked." We discussed how difficult it would be for her Dad to know what mattered to her if she didn't tell him. I suggested a meeting with Lori and her Dad. She said, "No way. She'd (stepmother) never let him come alone and I'm not going to talk to her." Lori did agree it might be a possibility in the future. She said, "In some ways I feel like they're trying to punish me. They forgot about my birthday. It really bothered me." We talked about guilt and blame and that she was putting a lot on her shoulders. She said she liked to write and I asked her to write a story about herself for homework.

In the fifth session (Lori alone) she brought in a poem "There is No Place For Me Here". She read it and said it wasn't about her now. She said she'd talked to her brother that week and he was having trouble with Kay. She felt hopeless and useless. I asked her what she wanted from someone when she told them a problem. She said "just to listen". I suggested that possibly her brother wanted a confidant and not a problem solver. She expressed concern for Harry and cried about missing him. She also said she

had just found out she had scoliosis and might have to wear a back brace. She said she had a visit planned for the following weekend and added, "I'm thinking of moving back there (the city) but I have nowhere to go." She was concerned about the visit, particularly what to do if Sam and Kay criticized Cindy. We role played until she found an option she was comfortable with.

In the sixth session (Lori alone) we discussed the visit. She felt it had been okay and she was upset afterwards. She talked about the fights she and her mother were having.

In the seventh session (Lori and Cindy), Cindy reported a number of changes she saw in Lori: less depressed, getting involved in school, outside interests, setting goals. Cindy had not shared these observations with Lori before. We talked about Lori's need to get that kind of feedback. Lori felt good about what her mother had to say and agreed with her. Cindy expressed frustration with Lori borrowing her clothes, leaving dirty dishes around, not cleaning up her room, etc. We had some discussion on parenting an adolescent. Cindy said there were problems with Bob. The night before there had been a big fight and Bob got "physical". Lori had had a friend sleeping over. Cindy was concerned the news would get back to Sam and Kay and "they'll come for Lori". Lori said, "I wouldn't leave because of that." Cindy said she was getting out of the rela-

tionship with Bob. It would mean a move and she would have to work more shifts. Both Cindy and Lori were concerned as it would mean that once a month Lori would be by herself for six nights in a row. Lori said she was scared and didn't want to be by herself. They discussed the possibility of Lori going to live with her grandmother in Alberta. Throughout the discussion we worked on communication and problem solving. It became clear that part of Lori's depression and anger was at her mother for not having a solid plan. Lori said, "I should have waited another year before going to live with Mum. I knew it wouldn't work out."

We contracted for two further individual sessions for Lori and one with Lori and Cindy together. However three days later Cindy phoned and asked for an individual appointment. She was quite distraught, said she had decided to send Lori to her Dad's for Christmas, to live with maternal grandparents in the New Year, had made plans to move out, and hadn't told Bob. She was afraid Sam would find out and keep Lori at Christmas time. She said both she and Sam had lived with the fear that the other would take the children. We talked about her need to level with Bob and to talk to Lori.

In the eighth session (Lori and Cindy) we discussed the plan and their feelings around it. Lori expressed concern that her Dad didn't know and would be angry with her when he found out. Most of the session was spent with Lori

trying to convince her mother to tell her father. We looked at alternatives to Lori moving to Alberta: a student boarder to help with the rent and to keep Lori company, a friend of Lori's could sleep over, Lori could return to her Dad's. However, Cindy had made a decision and would not consider alternatives. I suggested to Cindy that she get in touch with Sam's mother and get help from her in telling Sam and Kay. Cindy thought that might be a good idea, since the woman was sensible and had always liked Cindy.

As there was only time for one further session before Lori left to spend Christmas with her Dad, we discussed termination.

Termination:. In the ninth session (which had been scheduled for Lori and Cindy) only Lori came. Cindy had to work. We reviewed the work we had done together. Lori said she felt okay about spending Christmas with her Dad but would rather be with her Mum. She said she was looking forward to living with her grandparents. We spent a fair amount of time reviewing her strengths and looking at the resources she had to handle the future. She said, "I'm going to miss everyone but I'll be okay." When I asked her what she had gained from therapy she said "I can talk to my Dad and Kay now and I'm not scared of them...I made new friends at this school so I know I can do it again...I'm not afraid of myself...I don't feel lost anymore...I get along better with my Mum now she's not on my case as much." I

asked her what she liked about therapy, "Having someone to talk to that understands." What she didn't like, "Some of the dumb questions, the tape recorder and the video equipment."

Early in the New Year Cindy called to say Lori didn't go to live with her grandparents but was living with her father, stepmother, and brother. Cindy had phoned her mother-in-law. The result was, in Cindy's words, "It's amicable city now. The old doll tore a strip out of me and then phoned Sam and Kay and tore a strip out of them. She told us it was time we stopped messing up the kid's lives or else she was going to take them." Following the phone call the three adults and children met. Lori decided to move back to her Dad, stepmother, and brother. The adults were able to work out a reasonable visiting arrangement. Cindy said, "We've buried the hatchet -- about time." We arranged for a final interview.

In the tenth session (Cindy alone) we discussed her experience with therapy. She was relieved to have separated from Bob, said she no longer felt a failure as a mother, and was missing Lori desperately. She said she felt empty and was concerned about her own promiscuous behavior. Family therapy was terminated and I recommended Cindy consider individual therapy to deal with issues surrounding her relationships with men.

Two weeks after that session Cindy telephoned she was suicidal. By the time she got hold of me the crisis had passed. She had someone with her and the pills had been taken away. I checked it out -- she had plans for the next few days, said she no longer felt desperate. It had been a reaction to an incident at work. One further phone call revealed that Cindy was going to spend a few days with her former mother-in-law and the children while Sam and Kay were on holiday.

Worker's Comments:. Therapy ended because of Lori's move. Children in stepfamilies have membership in two households. Visher and Visher (1980) write that children need to be able to have the freedom to move in and out of the households. There were a number of changes during therapy. Lori had the opportunity to live with her mother and learned it was not workable, not because of anyone's fault. She was able to see her father and stepmother in a more realistic way. She did connect with her father in a way she'd been unable to do before. The grandmother was able to do what I was not -- get the adults together. Definitely there is future work for Cindy and possibly issues will surface again for Lori. Hopefully she will be able to use what she learned in therapy to deal with them. If not, hopefully she will ask for help.

2. The Smith Family:

This situation involved two families that were in the process of becoming a stepfamily. The members of one family included Jim, 31, a construction engineer, Tammy, 7, Karen, 5, Kevin, 4. The children were in Grade 2, Kindergarten, and not at school respectively. The members of the other family were Winnie, 31, and Leah, 10, in Grade 5.

M — Married
D₁ — Divorced
B — Born

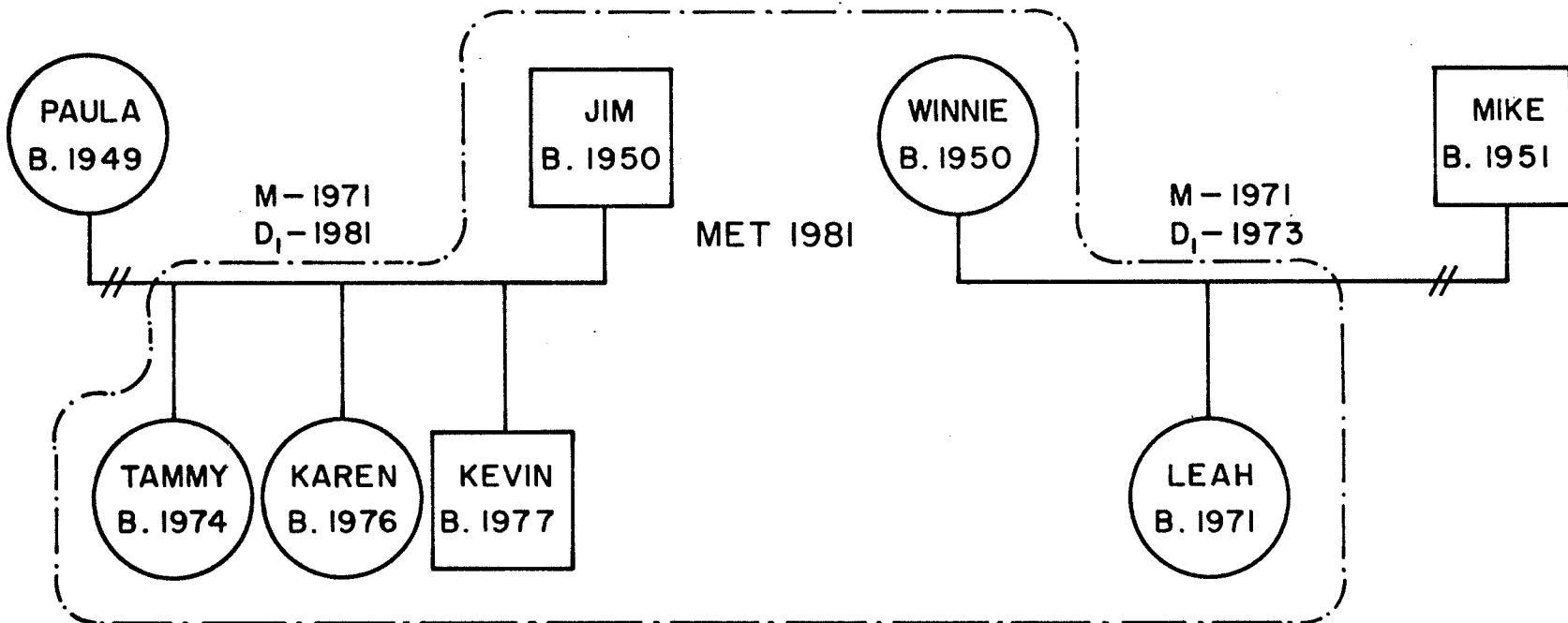


Fig. 4.4. The stepfamily consisted of Jim, Winnie, Tammy, Karen, Kevin, Leah.

Assessment:. Winnie and Jim requested help with Leah. She was upset and angry that her mother and Jim had decided to marry. When we first met, Jim and Winnie were living in separate households and spent the weekends together at Jim's house. Jim and Paula were not divorced. Jim and Winnie wanted to wait until custody and maintenance issues were settled before living together. The first interview was with Winnie and Jim. During that interview Winnie said she was having trouble with Leah. Leah was very uptight about the upcoming union. She was rude and hostile to Jim, fought with his children and had become very clingy to Winnie. Winnie acknowledged that during the nine years she had with Leah alone they had become very close. She had looked to Leah for companionship and affection. She recognized that they were overly involved with one another and didn't know what to do about it. She said, "Leah is the one who stands to lose the most by Jim and I getting together. She will have to move, change schools, and will no longer be an only child."

We arranged for a second session with all members of both families. In that interview Leah looked closer to 16 than 10. She was dressed in a fancy dress, hair piled on top of her head, dangly earrings, and carried a purse. She was very abrupt with her mother. Winnie related in a placating style and seemed quite embarrassed. Jim's children clung close to him, especially Kevin. Leah positioned her-

self beside me, across from her Mum and Jim. Karen sat on the floor while Kevin and Tammy went from one lap to the next.

We began with an orientation. Tammy and Karen thought they were there because Winnie was coming to live with them. Kevin didn't respond but talked about his birthday. Leah said, "I'm not going to talk." Jim shrugged his shoulders and Winnie began to cry. I gave them an explanation of why I wanted to see the whole family. I told them what I knew about them, and how it had come about that their Mum and Dad had contacted me. I assured the children it had nothing to do with anyone being bad. They were about to form a new family, that would mean changes for everyone. Probably there were some things they would like about it and some things they wouldn't. The purpose of our getting together was to talk about some of these changes and the feelings people had. I let them know I see many families like theirs and was a member of a stepfamily myself.

A genogram was valuable in organizing the family data. Leah found out about Jim's family. I commented that they were both the eldest that they had something in common. She warmed up but was quick to add, "Yes, but I'm also the youngest." The genogram showed a large family network for Jim and his children and a much smaller one for Winnie and Leah. Leah said, "What am I going to do with all these new relatives? They don't even know me. They'll hug and kiss the other kids and I'll feel left out."

During that session Leah expressed several concerns. "I don't want to share my Barbie doll house. I'm afraid that Karen will break it. I know I'm too old to play with it but I still like it. "Mummy doesn't have any time for me. She and Jim are always kissing." "I don't know how to be a big sister." "I'll miss my old friends." "Everyone else in the family will have someone and I'll have no one." "Karen and Kevin don't like me." "Kevin and Karen and Tammy have a mother to visit. I don't have a father to visit." Winnie and Jim attempted to reassure Leah. Leah would not speak to Jim. "I'm not talking to you. I'm talking to my Mother." Winnie got angry. "Don't be so rude, if you'd just listen you'd see you have alot to gain from the situation." Each time Leah attacked Jim, Kevin crawled closer to his Dad as if to protect him.

We decided to continue the assessment process with an interview with the children alone and an interview with Winnie and Jim alone. Thus, the third session was comprised of the four children and myself. Leah came dressed in jeans, still with the earrings and purse. We played with blocks. It became clear that Leah loves to play. She immediately got on the floor and began to build. The children were able to play well together and individually. Karen hung back for awhile but did get involved. They built their dream house, bedrooms for all. Kevin added a garage and the others built a van to put in it. Then we discussed what had

gone on over milk and Leah's favourite cookies. We talked about how they played together at home. Leah said she could play with Tammy or Karen or Kevin but when they were together they didn't want to play with her. Karen said, "She's too bossy." Leah didn't know what her role was as a big sister. She took it upon herself to remind the others to say "please and thank you", which they didn't appreciate. Leah had a package of gum and offered it to me several times. She became quite agitated when Kevin and Karen wanted some and said there wasn't enough. All the children appeared more relaxed playing than talking. Leah asked for a session by herself and said there were some private things she wanted to discuss.

The fourth session was with Winnie and Jim. Additional information came, Jim had been subpoenaed to testify in his father's divorce case against his mother. They reported there had been quite a change with the children since the last session. The children were playing together more often, and Leah had said, "I wish we'd move in already." They identified a number of problem areas. 1) The very close bond between Winnie and Leah. 2) Time was a big issue, they never seemed to have time for themselves. 3) Tammy, Karen and Kevin returned from visits upset. 4) Tammy was having trouble at school. 5) Money was an issue. Winnie wanted to pay her own way but couldn't until her house was sold. She wanted financial protection. 6) Winnie

didn't know how to fit in with Jim's mother who had cared for the children during Jim's period of single parenting. 7) Jim had difficulty understanding the needs of a 10 year old entering puberty. I gave them two books to read, and assured them that what they were experiencing were the normal difficulties families go through in the process of reorganization.

We drew up a problem list for work and I made some suggestions for work at home. Areas for work included: 1) to give Leah the opportunity to sort out some of her ambivalent feelings around the blending of the two families, 2) to provide Winnie and Jim with realistic information about reorganization and to work on problem solving, communication and roles, and 3) to help them become less child focused. Work at home included: 1) reading, 2) to treat Leah as a 10 year old, 3) to give the children the opportunity to express their hurt, 4) to join the Stepfamily Association, and 5) to build into their week at least one evening for the two of them to nurture the romantic element of their relationship. These people were receptive to ideas and appreciated looking at many alternatives. I explained reorganization is a process over time. There is not one problem that can be solved and then all will be well.

Contracting:. We contracted for 3 individual sessions with Leah, followed by a session with Jim and Winnie.

Treatment:. By the fifth session Leah and Winnie had moved in with Jim, Tammy, Karen, and Kevin. Leah said, "things are better now." She spoke of difficulties adjusting to a new school and learning the new rules of the family. We played a game in which she knew one set of rules and I knew another. We attempted to set up new rules. We struggled and struggled. Leah got frustrated and said, "This is dumb, it's just like at home. You make the rules." We talked about privacy and the time it takes to find a place for yourself in a new home. She drew a picture of her family and included everyone.

By the sixth session Leah was looking more like a 10 year old. She was not interested in talking and wanted to play. "I'm bored! Let's play." After some negotiation we played Battleships. Leah commented she was missing her mother. I learned Leah liked puppetry and acting. She also said she was getting along better with the other children now. She still had trouble with Karen, "She's a slob. But we're getting along better. She had a dream last night and came into bed with me because she was scared. I guess we're getting closer."

I decided to have the seventh session with Leah and Winnie. Leah needed to tell her Mum she was afraid of losing her. Mother and daughter talked pretty openly to each other. We worked on communicating in a clear way and dealt with some behavioral issues. Winnie worked hard at accept-

ing Leah's feelings without feeling guilty and responsible for Leah's pain. Winnie and Leah agreed to get Leah involved in some puppetry and acting classes. Leah also expressed her concern about Christmas. "They open their presents on Christmas Day. My Mum and I always open ours on Christmas Eve. That's more fun." Winnie repeated to Leah she and Jim had worked that out. Presents would be opened both times. They were also making decorations for the tree and house with all four children. Leah became angry, put on her coat and announced she was walking home (25 miles). Winnie bit her tongue and said, "Leah I can't stop you but I'd like you to wait until we're finished." Leah proceeded to test Winnie to the hilt. Winnie hung in and didn't placate. Eventually Leah decided to wait in the waiting room. I supported Winnie for her patience and not giving in to Leah's unreasonable demands.

The eighth session was with Winnie and Jim. Winnie said Leah had been like a different child in the car on the way home from the last interview, co-operative, talkative and had shared the problems she was having with the children at school. In this session Jim and Winnie both said they were having fewer problems with the children. "The problem's not with the kids, it's with us." She got uptight when he criticized her child and he got uptight when she criticized his children. Both adults felt personally attacked. At the same time they knew it was natural. They

were concerned about putting the children between themselves. We reviewed what they had been doing at home. They had found the literature helpful, had joined the Stepfamily Association and were making a real effort to relate to Leah as a 10 year old. We spent some time dealing with Winnie feeling inadequate and rejected by the children. Jim and Winnie still hadn't been able to spend an evening a week alone. "There's no time." We discussed some of their anxieties regarding Christmas and Winnie having to entertain Jim's relatives whom she didn't know.

The ninth and tenth sessions were with Winnie and Jim alone. They were having difficulty not siding with the children against one another. We reviewed the problem, their attempts at solving it, and came up with alternatives. The eleventh session was set for three weeks later.

By the eleventh session both Winnie and Jim were feeling better. There were a number of things up in the air, eg, Jim's ex-wife hadn't shown up for the court hearing so the divorce was still unsettled. We looked at their attempts not to get pulled in by the children. It continues to be a problem but they recognize it and try very hard to deal with it. They find the Stepfamily Association helpful. Leah also attends the meetings and contributes to them.

Termination:. As we discussed termination they listed numerous other problems. Most of which all parents encounter. I told them termination was also going to be

difficult for me. I had grown very fond of them and had learned from them. I let them know they had accomplished their goals to some extent. They had learned to problem solve and this would help them in the future (Epstein and Bishop, 1981). The process of reorganization takes time and they could benefit from and contribute to the self-help group.

In the twelfth session, we again discussed termination and reviewed the changes they had made. I reinforced therapy being over didn't mean all their problems were over, but they were more effective at problem solving. We looked at a couple of issues that were coming up for them in the future and how they could handle them if they they ran into difficulty. I stressed that they needed to give all four children information as to what was happening with the divorce, otherwise the children would be left to their own assumptions and confusions. I stressed the need to consider alternatives when it came to problem solving and to continue to work at communicating in a clear and direct way. We also discussed the possibility of them being two individuals who parented the children rather than trying to be one. Neither Winnie nor Jim was pleased with the idea of termination. They felt a little better when I offered them a follow up appointment in a month. The understanding was that it was not for therapy but to monitor the family.

Worker's Comments:. This family presented many of the concerns the literature cites stepfamilies have. The commitment of the adults to one another was exceptionally strong. It is my feeling that there is great potential for members of this family to have a full and rich life together. They will need support and to be able to talk to other stepfamily members. The Stepfamily Association has the potential to provide them with this support. I had the opportunity to do some rewarding, preventative work with this family.

3. The Jones Family:

The Jones family was referred by Child Guidance Clinic for family therapy. Dave and Pat were a remarried couple: Dave with four children from a previous marriage, Pat with one child from her first marriage and two children from her second marriage. The school reported behavioral and academic difficulties with all of Dave's children.

- B - Born
- M - Married
- S - Separated
- //, D_i - Divorced
- ☒ D - Died
- △ - Miscarriage
- ☐☐ Twins

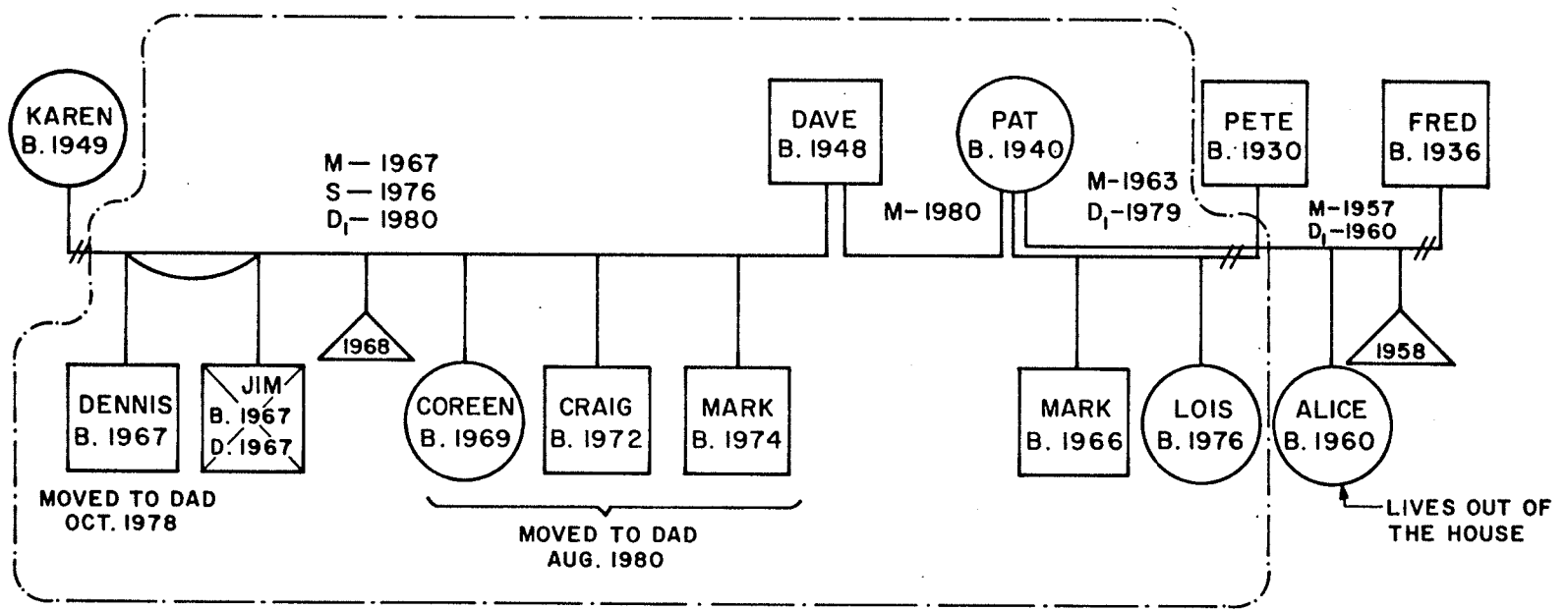


Fig. 4:5 The stepfamily consisted of Dave, Pat, Pete, Lois, Mark, Mark, Craig, Coreen, Dennis.

Pat married Fred in 1957, they had one miscarriage, and then a daughter Alice. In 1960 Pat and Fred divorced. In 1963 Pat married Pete, they had Mark and Lois. They divorced in 1979. Dave married Karen in 1967. They had twin boys, Dennis and Jim. Jim died as an infant. Then they had a miscarriage followed by the birth of Coreen, Craig and Mark. Dave and Karen separated in 1976, divorced in 1980. Karen had custody of all four children until October 1978. At that time Dennis went to live with Dave. Dave and Pat were married in March 1980. Their family consisted of Dave, Pat, Mark, Lois and Dennis. In August 1980, Coreen, Craig, and Mark went to live with their father.

Assessment:. The first meeting was in the Jones' home. This had been arranged on the phone as transportation was a problem for the Jones' and they desperately needed help (I needed families). At the first meeting Pat, Dave, Dennis, Craig, Mark, and Lois were present. Pat and Dave sat on the couch and had the children sit on the floor. I was asked to sit on a chair. Pat constantly told the children: "sit straight", "stop fidgeting", "get your thumb out of your mouth", "don't bother your brother", "don't rip your runners". We got through the introductions and I asked them to tell me their understanding of the reason for family therapy. What did they hope to get out of family therapy? Pat answered, "We need to get Dave's kids straightened out. You people helped a friend of mine's son with the same prob-

lem." Dave said, "I don't know. There's a problem with the kids." Pat added, "We've got a problem. Dennis tell the lady what you did." And so it continued. The presenting problem was Dennis steals, lies, wets the bed, Craig steals, has been arrested for Break and Entry, Mark wets the bed and is starting to steal. About halfway through the interview two more children appeared, Mark and Coreen. When I showed considerable surprise and a confusion Pat explained "there's no problem with these kids they don't need to be here." There were 2 Marks in the family. This was handled by referring to them as big Mark and little Mark.

I established some ground rules. All family members would be present unless otherwise agreed. Family members were to talk for themselves and not for others. I also sat on the floor and gave the children permission to move within limits. I explained that little people need to be able to move their bodies around.

A genogram produced considerable information. Some of which appears in Fig. 4:5. It allowed me the opportunity to organize the family history and shifted the focus from Dennis, Craig and little Mark to the family as a whole. Some of the relevant information included: Dave had been in prison, Pat had a drinking problem and has cirrhosis, big Mark and Lois have contact with their father. Dave's former wife lives in another province and there is no contact between her and the children. Dennis, Coreen, Craig and lit-

tle Mark had been physically, emotionally, and sexually abused while living with their mother. Coreen, Craig and little Mark joined the family 5 months after Pat and Dave were married. Pat had been sexually abused by her brother and father. Dave was the blacksheep of his family. Dave's parents live next door to Pat and Dave.

The first two sessions were spent gathering data and assessing the family along the six dimensions. It was extremely difficult to assess the family along the dimensions as Pat kept side tracking and bringing up new problems. Problem Solving: The Jones' had difficulty solving both affective and instrumental problems. They had difficulty managing what little money they had. They had trouble identifying problems. Only some people seemed to know there was a problem. Often Pat communicated with big Mark about a problem rather than with Dave. They had few alternatives, Pat made the final decisions. Sometimes plans were carried out, often they weren't. Communication in this family was masked and indirect. There was considerable difficulty with roles, many of the functions described under this dimension in Chapter 3, were not adequately filled. Dave refused to discuss the affectional and sexual aspect of their relationship. Affective responsiveness: although the family did respond with a full range of feeling, often emotions expressed were not appropriate to the situation. For example Pat would talk about little Mark's stealing and laugh. Therby

praising his cleverness. When Craig cried, there was no response. Affective involvement seemed to swing from over involvement to involvement devoid of feeling. The style of behavior control was chaotic and punitive.

During the second session Dave announced he had gone to court that day and he and Pat had been awarded permanent custody of the children. During the session, Karen phoned. Dave let her know that he had custody of the children. Craig and little Mark wept because they wanted to talk to their Mum. We arranged to continue the assessment in the next meeting.

Pat was not at the next meeting. No one seemed to have any idea where she was. There were numerous phone calls from her to big Mark. If someone else answered the phone she hung up. We used the time together to deal with the situation at hand. What did Dave and the children think was happening with Pat? The children had no idea or wouldn't say. Dave said, "It's too much for her but I won't discuss it in front of the kids."

We arranged to have the next session with Pat and Dave alone. Dave agreed that they would come to P.S.C. and big Mark was to babysit.

In the fourth session I attempted to complete the assessment and draw up a problem list. I was unable to do so for several reasons., I felt overwhelmed by the family and became anxious to problem solve. Two, Pat was quite de-

pressed and was prepared to use the session only to ventilate. Three, we kept jumping from one problem to the next. In my desire to be helpful I offered alternatives that were constantly rejected. "We've tried that, the kids are just plain bad."

In supervision we identified my concerns and ways of sticking with one problem. The strategy devised was to target on the parenting issues, to help Pat and Dave pick one area for work, offer them some education regarding stepfamilies. By now I was concerned about the punitive ways they handled the children: excessive grounding (Dennis had been grounded from sports for six months for stealing, Craig was not allowed upstairs because he stole from the fridge, the children were not allowed to go out on H'alloween because of wetting the bed, and little Mark was strapped for getting up early and waking the others).

From the information I had gathered and from observation, I devised the following list of problems which I presented to Dave and Pat in the fifth session. 1) Parenting issues: age appropriate ways of dealing with behavioral problems. 2) Marital issues: Pat resented having three very troubled children thrust on her. Pat and Dave's desire for more affection and companionship from one another. 3) Issues that all families face in the process of reorganization. 4) Structurally, Pat was overinvolved and Dave underinvolved with the children.

Contracting:. We agreed to help Dave become more involved with his children. The children had not only to get used to a stepmother but also had to reconnect with their father whom they had not seen for four years. We contracted for alternate sessions. One week with Dave and his children the next week with Pat and Dave. After six sessions I would meet with the entire family. I gave Pat and Dave some material to read, about stepfamilies and parenting. They agreed Dave would do the disciplining of his children, Pat was happy about the prospect and expressed relief at not having to be the "wicked stepmother". Dave wondered if he could do it. "I'm not an emotional person. I don't like to get mad at the kids and I don't know how to show affection." We agreed to deal with these concerns in the sessions. They refused to join a self-help group or go to stepparenting classes.

Treatment:. In session six (Dave, Dennis, Coreen and little Mark) Dave said he was having trouble disciplining the children because of Pat's interference. Through techniques of role play, modelling, reframing and play therapy we dealt with a number of issues. I defined discipline as meaning to teach. Dave let his children know what he wants to teach them as they grow up. We looked at some of the problem areas and worked on the dimensions of problem solving and communication. We negotiated homework assignments and established a reward system.

Pat and Dave cancelled their next session. On the telephone Pat listed a variety of problems. Coreen is sullen, Dave doesn't notice when the children misbehave, Mark steals food, Craig stole a calculator from someone's car, money is tight, the stove, fridge, washer and dryer need fixing and "How are We going to be able to buy presents for Christmas?"

Session seven was with Dave and his children. Craig announced "I broke my promise I stole food." I had made a classic error. The homework assignment was to stop something rather than to do something positive. Because he told a lie, Craig hadn't had any lunch or supper that day. Dave said he knew Craig didn't have lunch but he didn't know he hadn't had supper either. Dave was much more involved in this interview, played with his children and told them about the divorce and shared some of his feelings about not seeing them for so long. He let them know that he was very happy to have them live with him. We set up new homework tasks.

In session eight (Dave and Pat), we reviewed how it was going with Dave's increased involvement with the children. Dave said, "fine." Pat said, "It was great while it lasted." Pat said, "We have to talk about Craig. He's our biggest problem -- we don't know what to do about the stealing." Pat considered Craig's stealing a personal attack, she was concerned what others would think of her. She exclaimed, "I feel I'm failing with Craig." We discussed a

number of issues. "My kids are better than yours'." The fact that they have little time alone, and both want it. Pat commented Dave's kids show no affection to each other or to her. When I wondered out loud if anyone ever told her she was a very caring mother she began to sob. With direction and help, Dave said, "Babe no one could do anymore than you do."

I pointed out possible reasons for Craig's stealing and let Pat know she did not have the power to control it. Craig was a very troubled little boy. I asked where and by whom does Craig feel loved. Dave didn't reply. Pat said, "I don't know. I really don't love him." I asked if they would like Craig out of the house. Perhaps the juvenile authorities could deal with him. Pat said, "No, I'd never give one of my kids away." Then, she began to discuss Craig's strengths and loveable characteristics. She said, "You know, I've been thinking perhaps if he were to join cubs or take art lessons he might like that." This was the first time Pat expressed any genuine caring for Craig. I offered to get scholarships at the Y.M.C.A. for all children. They were thrilled.

Dave and Pat cancelled the next three sessions but we had many phone conversations. The children were enrolled in a variety of activities, the bedwetting had stopped. Craig and little Mark had stopped stealing food, and Coreen was less sullen. Dennis had been caught stealing at the

Seven Eleven and had been strapped and grounded to the basement for two months.

The ninth session was six weeks after session eight, in the Jones' home. The interview was with Pat and Dave with the children floating in and out. They said they had a wonderful Christmas with 117 presents under the tree! Things were going better with the children. Dave's former wife had sent presents for the children. Dave was more involved, the bed wetting had stopped. Pat said she'd had an increase in her child support. Pat and Dave were finding time to spend alone together. Pat giggled and said, "We had a real good time last night." Dave turned scarlet and said "I don't want to discuss my sex life." I offered to enroll the children for camp and to get scholarships. Pat was excited and she and Dave proceeded to dream about what they would do while the children were away. During the six week interval they read the material I gave them. They found it helpful. Pat said, "It's normal what we feel -- feeling competition with each other about the kids."

We contracted for another session in a month, they cancelled three appointments. Over the phone I asked if they wished to terminate or to continue with therapy. They wanted to continue but not now. They refused to come in for a termination interview. An appointment has been set for a month from now.

Worker's Comments:. The Jones' presented a host of stepfamily problems the literature identifies. Pat expected to give and receive instant love. She had difficulty handling rejection from her stepchildren. Like many stepparents she had a tendency to come on too strong. Dave felt guilty about the abuse his children received and guilty about the difficulties he'd imposed on Pat. They struggled to work out rules for family behavior and were in conflict over different ways of parenting. Pat and big Mark had formed a very strong bond, under stress Pat used that relationship to keep out Dave. The children struggled with feelings of divided loyalties, loss and guilt.

Although some changes did occur and Dave and Pat report feeling better there are a number of concerns I have. The children do not get the nurturing they require. The sexual and physical abuse has not been dealt with. Punishment continues to be extreme, malicious, and inappropriate. Dennis, Craig and little Mark do not have friends. Lois gets lost in the crowd and is very demanding. The couple's bond is tenuous.

Where did I go wrong? I attempted treatment before the assessment was completed. We did not establish a working contract. Homework assignments often asked too much of family members and so were not carried out. The family was not thoroughly oriented to family therapy. I did not make my expectations clear. Future help will be required. This

is a large system with many problems. The Stepfamily Association could be helpful to all members. They are not prepared to attend. The Child Guidance Clinic will continue to monitor the children at school and offer resources such as camp, activities and Christmas hampers.

F. What Happened To Me

During the course of the practicum I felt anger, joy, fear, curiosity, love, excitement, helpless and powerful. The overriding feeling was enthusiasm. I attribute that to my own strength and knowledge, the support and direction I received in supervision, the trust families had in me, and a very caring and supportive, personal network. I have identified four areas and in no particular order that I consider important as I reflect on what happened to me.

1), As a student social worker I often struggled with -- am I doing this for the client or to meet practicum requirements? Never before had I worked with families for academic reasons. I found it anxiety producing, inhibiting, and freeing. The anxiety was self-generated. I often wondered if I was doing enough, doing it right, was I going to finish in the time frame I had set, what if the clients won't fill out the questionnaires, etc. Am I learning enough skills? Do I have any skills? Inhibition was also self-generated. Apprehension of being evaluated often left me afraid to try some things I thought might be helpful.

Fear of not doing it right, hurting the client, and looking stupid stopped me.

On the other hand, as a student I felt free. I felt a responsibility to myself and the client and not to an agency. When I tried new things I was encouraged and given the room to do so. Suggestions were made to try interventions I had never heard of. As a student I didn't feel "I've got to do something" rather it was "I'm going to try something".

2), I experienced considerable difficulty as I tried to work with a recently acquired body of knowledge about stepfamilies and a model of therapy new to me. At times I felt like a pendulum swinging from "the stepfamily literature says" to "Epstein says". How do I integrate the two? Working with a new model was exciting. At times I felt uncomfortable. I would find myself talking to a family and thinking "Oh my goodness what does the model say to do now?" Generally I would reconcile it by going with the flow and drawing on what I had integrated from readings and practice experience. There were times when I felt stiff and unnatural. Having worked for sometime out of a semi-psychoanalytic approach, it was a challenge to use a systems approach. I am, of course, much more comfortable with the model now and will continue to work with it. Much of what I had read about stepfamilies I hadn't yet tested in the real world. A client would say something and it would register with me.

"I read about that, what did the author say?" Fortunately the families I saw presented the themes addressed in the literature. I learned to make the connections and apply what I read to the situation at hand.

3), I had difficulty providing time limited service, based on my reality rather than on client need. Most of my work experience had been with long term clients. The practicum forced me to work in a more active manner, and to work at increasing linkages for the family. I felt more like a parachutist than a mother or aunt. Child welfare work often left me feeling like a worn out relative of the family. The short term nature of the work forced me to maintain a focus. I had to ask the question, "What do I hope to accomplish in the time we have together?" I think it enabled me to trust the family's resources to a greater extent than I have before. Most families needed short term service. Those who required longer service were referred to the appropriate source.

4), There were advantages in working out of a multi-disciplinary center. I had the opportunity to discuss cases with people who had a variety of interests and specialties. Especially valuable for me was taping my work. I became painfully aware of the selective nature of my memory. There were times I thought I'd really "blown it". When I listened to the tape, the interaction had only lasted a few minutes and in fact work had been accomplished. At times I remem-

bered doing something marvellous only to discover when listening to the tape it had had little effect. I became aware of the monologues I deliver. Body language and the tone and pitch of my voice made it clear when I was being incongruent. I learned to distinguish what is my "style" from what I do that is based on a theoretical rationale. I learned to work more effectively with families. Through supervision I became more accountable, was introduced to new ideas, and became more conscious of defining the problem for work. From the families I learned about myself and my own unfinished business. I had confirmed the resourcefulness, capacity for change, and courage that humans possess. Through the people and our work together I learned to appreciate a little more the possibilities my humanness holds for me.

At the beginning of the practicum my belief was that work with stepfamilies did not require different skills to other family forms, but a knowledge of the stepfamily's unique situation. After working with these families I am convinced that to do justice to these people in therapy, the therapist requires a vast repertoire of helping skills and an understanding of the stepfamily experience.

Therapists and counsellors often ask and are being asked about the unique characteristics of stepfamilies. While the techniques of working with the individual, couples, and families may be similar with intact families, single-parent families, or stepfamilies, goals, common problems and specific interventions may be quite different. It is important to be aware of the differences because most families sense quite clearly that there is a difference. (Visher and Visher, 1980, p.253-254)

CHAPTER 5: EVALUATION

An evaluation of family functioning was done through the Family Assessment Device, client feedback, therapist's observations, supervision, and observation of other sources eg. school, referral source. This chapter includes: 1) A discussion of the Family Assessment Device, 2) An evaluation of the families, 3) Consideration of the suitability of Problem Centered Systems Therapy for social work practice, 4) An evaluation of my use of the model, 5) Identification of knowledge gaps, and 6) Recommendations for work with stepfamilies.

A. Family Assessment Device

I am grateful to Dr. Epstein for the opportunity to use the Family Assessment Device (F.A.D.) in return for demographic material and completed questionnaires. The F.A.D. is a questionnaire which measures family functioning along seven scales: the six dimensions of the McMaster Model and general family functioning. There are 60 items on the F.A.D. Some describe healthy functioning while others describe unhealthy functioning. Examples of questions in each of the seven scales follow:

Problem Solving: We resolve most everyday problems around the house.

-----S.A.-----A.-----D.-----S.D.

Communication: When someone is upset others know why.

-----S.A.-----A.-----D.-----S.D.

Roles: When you ask someone to do something you have to check that they did it.

-----S.A.-----A.-----D.-----S.D.

Affective Responsiveness: We are reluctant to show our affection to each other.

-----S.A.-----A.-----D.-----S.D.

Affective Involvement: If someone is in trouble, the others become too involved.

-----S.A.-----A.-----D.-----S.D.

Behavior Control: You can easily get away with breaking the rules.

-----S.A.-----A.-----D.-----S.D.

General Functioning: We can express feelings to each other.

-----S.A.-----A.-----D.-----S.D.

All family members over 12 years are given the questionnaire at the beginning and end of therapy.

Of the 8 families, one refused to fill out the questionnaire. In a second family, only the adults completed the posttest questionnaire as the 17 year old boy had moved to another province. The reason for the questionnaire was discussed with family members in the first session. It was administered during the first session. All 7 families completed the questionnaire in the final termination session.

The manual for scoring includes the mean score of a sample of 296 individuals from 112 families

of clinically presenting families and the mean score of a sample of 209 university students. "The six dimension scales all correlate with general functioning, but otherwise are essentially independent of each other." (Epstein, Baldwin, Bishop, 1982)

I chose to compare the seven families at time one (T.1.) and time two (T.2.). They were also compared to the clinical and student samples at T.1. and T.2. "On the F.A.D. a score of one represents a healthy response and four represents an unhealthy response. Thus, scale scores will range from 1.0 (healthy) to 4.0 (unhealthy)." (Epstein, Baldwin, Bishop, 1982.)

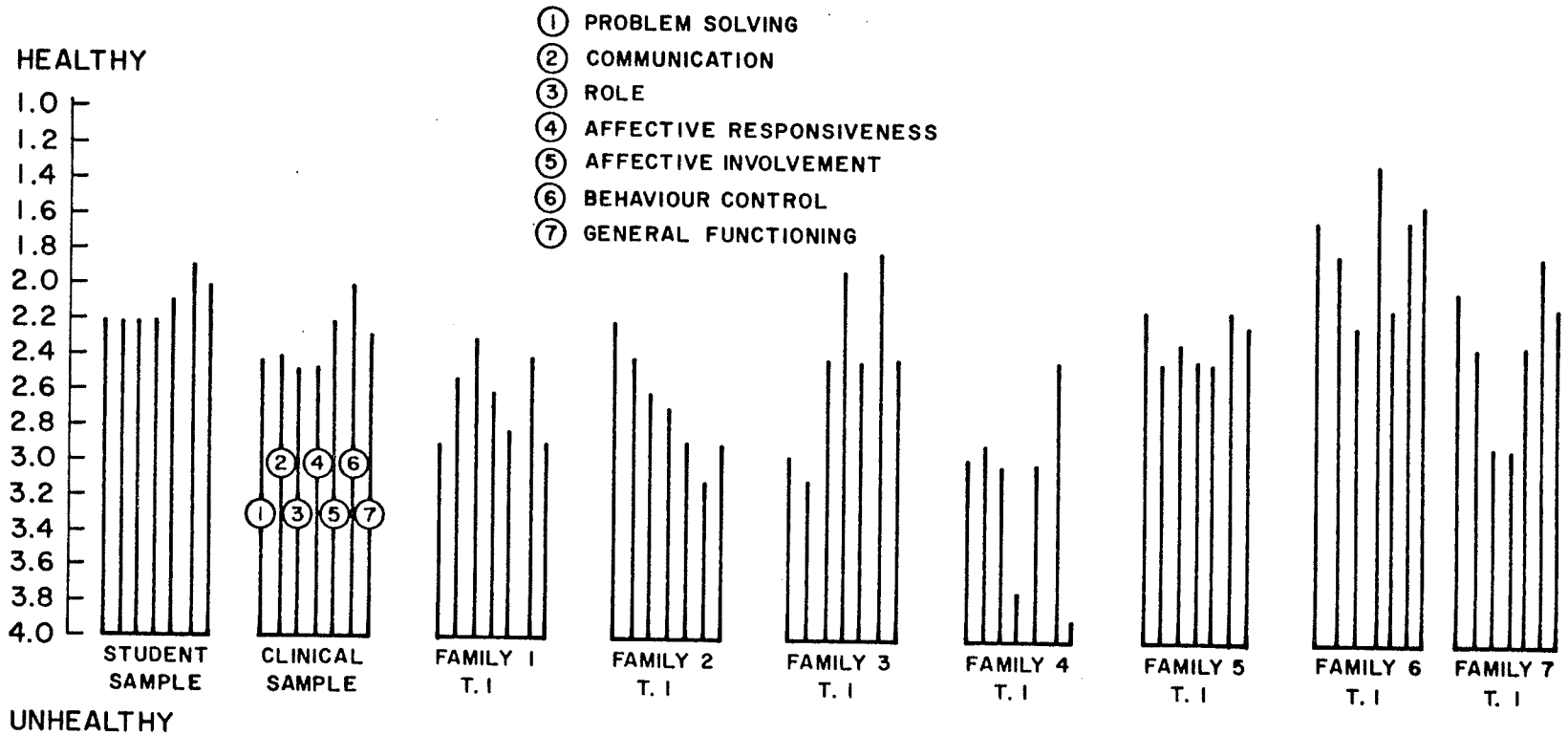


Fig. 5:1 Shows the F.A.D. scores along the 7 scales for the student sample, the clinical sample, and the 7 families at T.1.

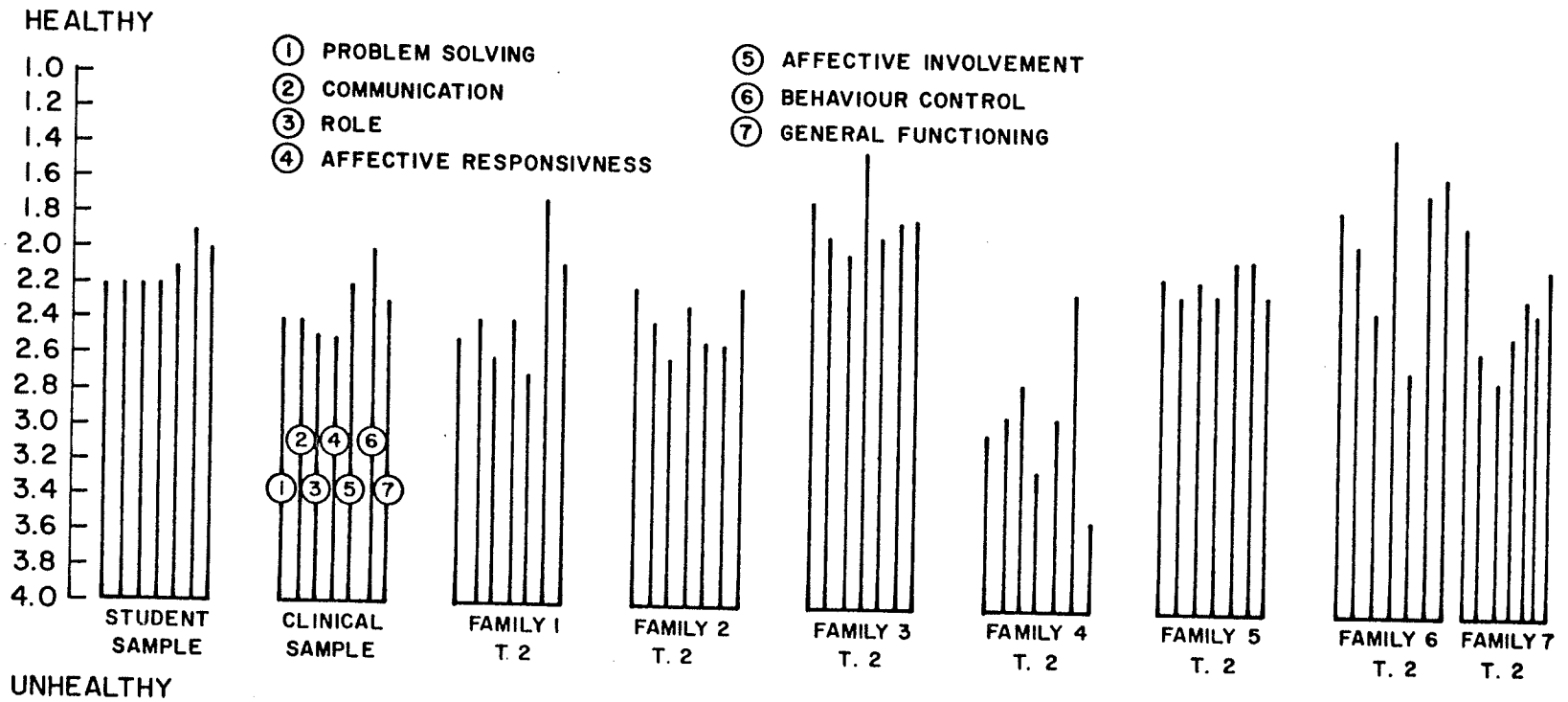


Fig. 5:2 Shows the F.A.D. scores along the 7 scales for the student sample, the clinical sample, and the 7 families at T.2.

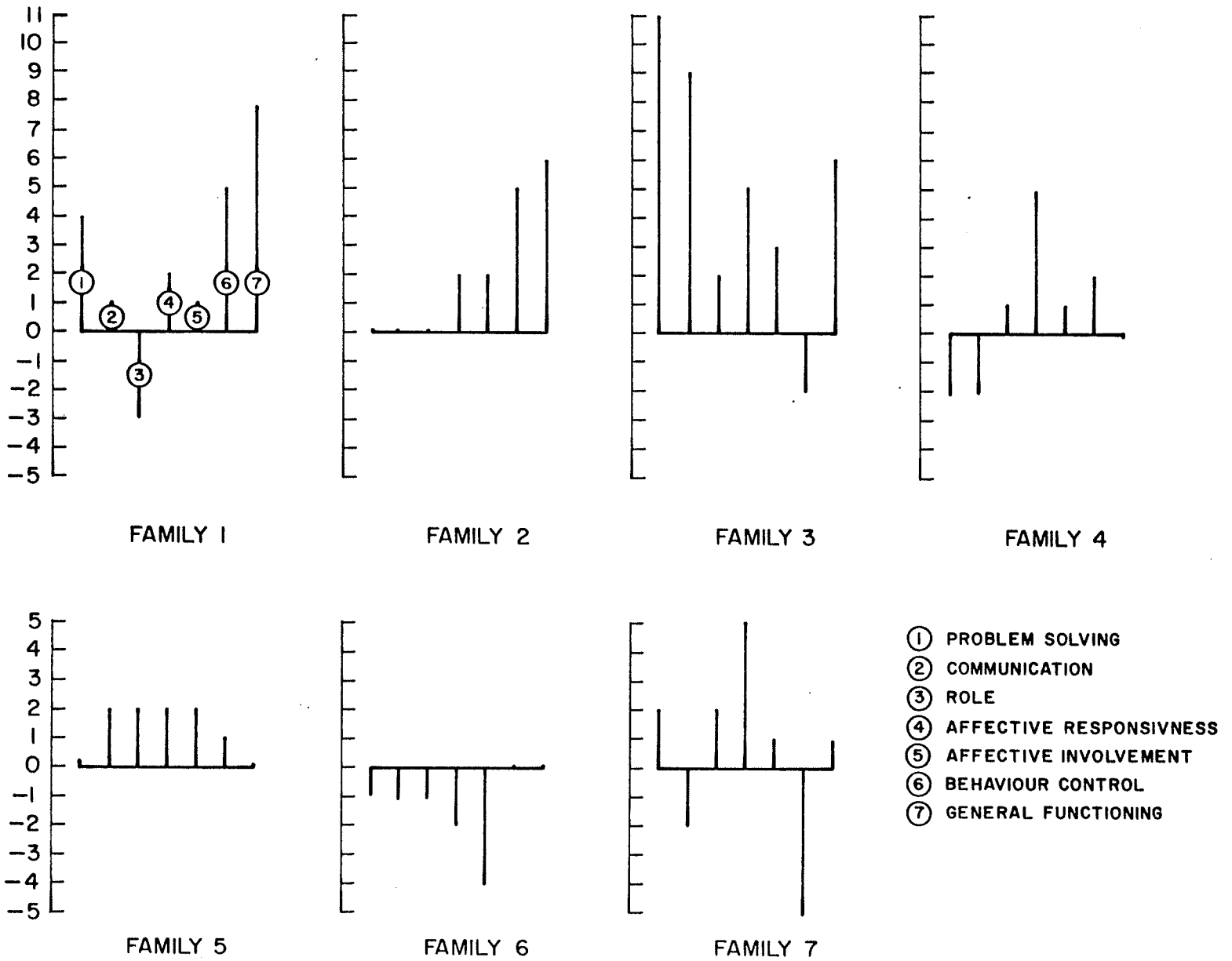


Fig. 5:3 T.1. to T.2. change on all 7 F.A.D. scales. The positive direction being the desirable direction.

All families showed a generally negative picture at T.1. relative to the student sample. There were some exceptions for example, Family 6, scored the same or "healthier" on all scales. The negative picture was not uniform on all items. On the Problem Solving dimension for example, 4 families scored "healthier" than the student sample. All families showed a negative picture relative to the student sample on the dimension of General Functioning. All families fell within the range of the clinically presenting families at T.1. Some families scored themselves as functioning less effectively than the mean of the clinical sample. Family 4, for example scored less "healthy" on all scales.

At T.2. several families scored closer to the student sample than they had at T.1. For example Family 3, at T.2. scored higher than the student sample on all dimensions. Several families showed change from T.1. to T.2. on the F.A.D. Two families were found to be functioning the same or more effectively in all areas. At T.2. four families functioned more effectively in some areas and less effectively in others than they did at T.1. Dramatic change was shown by Families 1,2,3, and 7.

Change from T.1. to T.2. was shown as: 1) Problem Solving: Three families showed positive change, two families no change, one family negative change. 2) Communication: Three families reported positive change, three families negative change, and one family no change. 3) Roles: Four fam-

ilies showed positive change, two families negative change, one family no change. 4) Affective Responsiveness: Six families reported positive change, one family negative change. 5) Affective Involvement: Six families showed positive change, one family negative change. 6) Behavior Control: Four families showed positive change, one family no change, and two families showed negative change. 7) General Functioning: Four families changed positively, three families remained the same.

Fig. 5:3 shows the change from T.1. to T.2. of Family 1. The family moved toward healthy functioning on the scales of Problem Solving, Communication, Affective Responsiveness, Affective Involvement, Behavior Control, and General Functioning. The family moved toward unhealthy functioning on the Role scale.

Client feedback indicated some changes. "We've had a dry bed for 3 months now." "Dave and I are getting out more now." "The kids are doing real well in school." "There's been a big improvement." "We can handle most of the problems now." "It's just Craig's stealing that's a problem." "I don't get grounded as much." "I can talk to my Mum about problems with my friends."

Feedback from the teachers, principal, and school psychologist indicated serious behavioral problems with two of the children. The family perceive themselves to be functioning at a more effective level than I do. Punishment is

close to abuse: food is withheld, the children are strapped, etc. The marital relationship appears stronger, the children are more connected with their father than at the beginning of therapy. I suggest that a possible reason for less effective functioning on the Role scale at T.2. is directly related to what took place in therapy. Family members became more aware of difficulties they had with the role dimension and possibly perceive it as more of a problem than they did at the beginning of therapy.

Fig 5:3 shows Family 2 moved toward healthy functioning on the Affective Responsiveness, Affective Involvement, Behavior Control, and General Functioning scales. The family remained the same on the Problem Solving, Communication and Role scales.

All members of the family stated therapy was helpful. "I can handle the kids now." "I'm more assertive." "School's going good -- I know where I'm headed." "We don't fight so much." "Mum's not on my case as much."

Much of therapy focused on enabling the mother to set guidelines with the children. Improvement on the Behavior Control and General Functioning dimensions indicate this happened. During therapy, one child ran away for several weeks and returned. The family were able to handle the crisis effectively. I perceive this family with greater problem solving ability than they do, and I anticipate behavioral problems with the adolescent daughter.

Fig. 5:3 indicates positive changes for Family 3, on all scales other than Behavior Control. There was significant change on the Problem Solving and Communication scales.

Family members reported change and more effective functioning on most dimensions. "I know I can trust her now." "We can figure out our own problems." "Mum's not trying to be my sister anymore." F.A.D. scores indicate less effective functioning in the area of Behavior Control. This had not been an area of major concern at any point in the therapy process. The family did learn effective problem solving and communication skills.

Fig. 5:3 shows that at T.2. Family 4 was functioning less effectively on the Problem Solving and Communication scales; the same on General Functioning and more effectively on the Role, Affective Responsiveness, and Affective Involvement, scales.

Although family members reported changes during therapy at termination they reported dissatisfaction with family functioning. "They still don't listen to me." "I have to do everything around here." "It's not how I'd like it to be I guess I just have to accept it." "Nothing's any different he (stepfather) is still an a--." "Things are better for me now -- the family's the same." "It helps to sit and talk."

Teachers, the principals, and Child Guidance Clinic reported marked improvement with the two adolescent boys

both academically and socially. The family's verbal responses and F.A.D. scores differed from my observations and perceptions. The physical abuse stopped. There was greater co-operation between all family members. Family members learned to speak for themselves and not for one another. The marital relationship appeared stronger, there was less fighting, they expressed affection and appreciation to one another. I suspect that family members compared themselves to a nuclear family and saw their family as functioning inadequately. When I shared my observations, family members agreed and offered explanations for the changes: more money, the Church, and therapy.

In Fig. 5:3 Family 5 showed positive change on the Communication Role, Affective Involvement, and Behavior Control scales. There was no change on the Problem Solving, Affective Responsiveness, and General Functioning scale.

Family members reported changes that were consistent with the increased effectiveness noted on the F.A.D. "He (stepson) talks to us now, I don't have to try and read his mind." "I feel lighter now -- I know my Dad cares about me -- he shows it." "We can talk to each other better now." "I feel closer to my son." "We're (husband and wife) closer now." "I don't feel I have to do it all myself now."

The school teacher reported changes in one son, less absences, improved marks, "generally a happier kid". Mother terminated with her psychiatrist and indicated family therapy had helped with her depression.

Changes that I observed were consistent with what family members reported and the F.A.D. scores indicated. Communication patterns became more clear and direct, father became more involved with his son, and the son became more involved with the family as a whole. Mother had less need to control by the time of termination and gave more control to father. Power in the family shifted from the adolescent boy to the marital couple. All members said that therapy was helpful and expressed confidence in being able to handle things in the future.

Fig. 5:3 shows negative change for Family 6 on all dimensions other than behavior Control and General Functioning which showed no change. This family began therapy at the early stages of reorganization. Within a month, both adults expressed concern that "things are falling apart". By the time of termination they indicated "things are much better now." "We're not putting the kids in between us as much now." "He (husband) got mad at me and called me names -- it was great -- he used to just walk away." "The problems we have now are the problems all families have."

The family perceived themselves as functioning fairly effectively at both T.1. and T.2. according to the F.A.D. scores. At the beginning of therapy both adults expressed great anxiety, a tremendous desire to please one another, and many, unrealistic expectations of themselves and one another. Both adults were afraid of failure and had an

idealized picture of what a "happy" family should be like. I suspect they responded to the F.A.D. as they would like their family to be rather than how it is. The four children were all under 12 so their responses were not obtained. Possibly if the children's perceptions of the family were included the scores would be quite different. Changes that I observed included: clearer communication, the family became less child focused, greater skill and confidence in problem solving.

In Fig. 5:3 Family 7 demonstrated positive change on the Problem Solving, Role, Affective Responsiveness, Affective Involvement, and General Functioning scales. Negative change occurred on the Communication and Behavior Control scale.

A number of changes took place in this family during therapy. The husband's two children went to live with their mother, and plans were made for one of the wife's children to live with his father. The wife started to work outside the home, while her husband remained unemployed. Both adults reported an escalation of behavioral problems with her son.

Family members differed in their opinions as to whether any change took place during therapy. "Nothing's different." "It helped talking about things." "I spend more time with the kids now -- they need me." "We know what to do about our problems."

My impressions were that change had taken place in several areas. 1) The adults acknowledged marital difficulties and expressed that as the problem rather than the children's behavior. 2) Both parents were less punitive with the children. 3) There was greater expression of feeling amongst family members. 4) The adults recognized the children needed the opportunity to live with the other parent.

As there has been no follow up to date on the families there is no evidence of the durability of the gains made during therapy. Gurman and Kniskern (1981) suggest a one year follow up should be considered minimal to determine the durability of the gains achieved. By using the F.A.D. at T.1. and T.2. I was able to measure change that took place during treatment. The evaluation component of the practicum was not designed to measure change because of treatment. It must be noted that the instrument measures how family members perceive their family. This raises the question of possible difference between perception and behavioral change. To measure change, one must consider not only the F.A.D. but also goal attainment and observed behavior. Much has been written on issues concerning research in family therapy (Gurman and Kniskern, 1981, Woodward et al., 1981). Epstein, Bishop and Baldwin developed the F.A.D. as a result of their perceived need for an instrument to measure family functioning.

What I found interesting was that the results of the F.A.D., on the whole, were consistent with what family members reported and what others and myself observed. The questionnaires were scored by hand after termination. As I read family member's responses a number of things came to mind. 1) I wondered if family members understood the questions. Often the response was the direct opposite of what I observed. 2) Frequently the responses of the children were the direct opposite to those of the adults. 3) I wondered if family members responded in the way they would like their family to be, or in the way they thought their family should be, rather than how it is. 4) I discovered perceptions that individuals had of their family that weren't expressed during the assessment process. Possibly a device such as the F.A.D. would be helpful during assessment to point out discrepancies among family members' perception of the family; and discrepancies between the therapist's perception of the family and family members' perception.

C. Suitability of Problem Centered Systems Therapy for Social Work

Problem Centered Systems Therapy is consistent with social work practice principles. Many basic texts devote sections to assessment, contracting, intervention, and termination (Siporin, 1975, Compton and Galloway, 1975, Pincus and Minahan, 1973). Open collaboration between client and therapist, sharing of the client's and worker's perception of the

problem, contracting for work, mutually establishing goals, negotiating homework tasks are basic to social work practice and Problem Centered Systems Therapy.

Often family therapy is one component of the total treatment plan for the family. As I worked with families I often wished I could do "pure" therapy while another social worker would manage the case and deal with other matters. However, as social workers there are many professional roles: enabler, broker, teacher, mediator, advocate, socializer, and authority. All these roles, and family therapy are encompassed in the concept of family practitioner. With multi-problem families of lower socio-economic status it is often not possible nor wise to concentrate solely on family therapy. The family may well need resources which relate to their basic physiological needs, housing, money for food, clothing, a telephone, etc. The social worker may need to intervene with the school and monitor the child's progress at school. Referring clients to appropriate resource such as doctors, lawyers, educational groups, other agencies often requires more than giving the client a name and phone number. It means discussing the reason for the referral with the client, checking out if the group is appropriate for the client, arranging transportation, providing follow up, etc. With one family considerable time was spent discussing suspected child abuse with the pediatrician, hospital, teacher, Children's Aid Society, Windsor Park Resource Center, Osborne House, etc.

I maintain that Problem Centered System Therapy is a suitable model for social workers practicing family therapy. The practitioner will have to consider whether he defines himself as a family therapist or as a social worker who does family therapy. The model will be useful for the social worker doing family therapy, reality will dictate whether or not family therapy is the treatment of choice. Future knowledge will hopefully enable one to assess what model of therapy is best suited for what family.

D. Evaluation of My Use of the Model

The model of Problem Centered Systems Therapy is deceptively simple. What appeared to be very straightforward and clear on paper and in workshops, turned out to be quite complex in practice. Although my skill at applying the model increased during the practicum, I continue to learn and appreciate its subtleties. I encountered difficulty with each "macro" stage.

Assessment: Many times I attempted to do treatment before the assessment had been completed. By not getting sufficient information, at times, I assumed the problem to be different than what it was. With one family the husband appeared initially, to be underinvolved, angry and disconnected to the rest of the family. I was puzzled that homework tasks were completed successfully and still there was no change. I later learned that he had had a severe ear in-

fection during those early sessions and couldn't hear. He was angry all right. Angry at not being able to hear! During the assessment I had learned one son was diabetic and asthmatic and on medication, a second son had a heart problem, a third son had speech difficulties, the wife was asthmatic and on numerous medications, but I had neglected to ask the husband about his health and if he was on medication.

Often I neglected to feed back to the family what I observed after they had been assessed along the six dimensions. This meant that I, at times, operated with a hidden agenda. Problem Centered Systems Therapy stresses the need for open collaboration between the therapist and family members.

At times during the assessment process I attempted to problem solve before completing the assessment. Clients are not as interested in being assessed as they are in receiving some immediate relief from their pain. At times I was able to provide relief by explaining that in order to help I had to have a clear understanding of their situation. At other times I lost focus and had to re-orient the family in the next session.

Contracting: I had the most difficulty with the contracting stage. When this stage was handled successfully, treatment flowed relatively smoothly. When not handled successfully, we seemed to jump from one problem to the

next. Supervision sessions were often spent discussing the problem for work. When I neglected to complete this stage, much of the treatment stage was spent re-contracting and re-negotiating. With time limited, focused therapy it is especially important to complete the contracting stage. Often I seemed to deal with the "problem of the week" rather than relating it back to the problems identified during the assessment process.

Treatment: Prior to this practicum I had had limited experience with homework assignments as a component of treatment. Some tasks were well negotiated and completed. In some families, many tasks were not completed. At times the task was too difficult, often it asked a member to stop a negative behavior rather than begin a positive behavior. Sometimes family members would agree to a task in a session and then not follow through. I had difficulty assessing with the family, how far they got, and what happened. At times I dismissed it as though it wasn't important. Sometimes I paid too much attention to the task and insufficient attention to what was happening for them at the moment. In one interview, I reviewed the homework tasks with the children and mother. Tasks had been successfully completed. All members praised one another and began to engage in a discussion about handling these tasks in the future. After some time, (25 min.) the youngest boy announced that they were moving to Osborne House that evening. The family was in crisis and

work needed to be done to ensure their safety and protection. I had been so determined to evaluate the homework tasks that I hadn't even asked, "What has this week been like for you?" With some families, fortunately I was more sensitive and skillful. Some expanded on the tasks assigned and seemed to incorporate them into their general family life-style.

Termination: To separate without anxiety and fear is an ongoing goal of my growth process. My own difficulty with separation is often reflected in my work. At times I terminate too abruptly, and at times I have a desire to hang on. The time framework of the practicum, supervision, and my commitment to personal growth enabled me to terminate in a responsible manner. I followed the steps of the termination stage as outlined in Chapter 3. Two families were referred to other resources, six families were terminated. In one family, individual therapy was recommended for one member.

E. Gaps In Knowledge

Having completed a thorough review of the literature and having worked with stepfamilies I am aware of knowledge gaps in the field.

1. Children in stepfamilies have membership in two households. In 5 of the 8 families the child had lived with or wanted to live with the other parent. To date we have insufficient knowledge as to when it is advi-

sable for a child to move to the other parent's home. We need further knowledge in this area so that as clinicians we can facilitate the child's needs rather than having him feel like a ping pong ball and the parents thinking that they are inadequate.

2. We need further knowledge about what the stepfamily structure means to relatives. Often an uncle feels he has lost a nephew because of remarriage. We need to know more so as to enable children and adults not to lose their connections to one another because of remarriage.
3. We need further knowledge concerning which are the problems all parents face and which are those idiosyncratic to stepparents and their children.
4. What are the particularly vulnerable populations within the stepfamily structure? To date we know little about how the effectively functioning stepfamily has reorganized. Future knowledge might indicate the relationship between age, the nature of the period of single parenting, social networks, and the effectively functioning stepfamily.
5. We need to know more of the benefits of the the stepfamily to its members. Longitudinal studies are needed which address such issues as incidence of separation and divorce in remarriage, and over all adjustment of stepfamily members.

6. We need to understand more fully the investment that the marital couple has in the marriage. Repeatedly I was struck with the commitment adults had to one another. They were determined to work at the relationship. There was a determination not to give up.

F. Recommendations

There is no magic or simple prescription for therapists to follow as they work with stepfamilies. The recommendations I propose are not intended to be the definitive word for work with stepfamilies. Rather, they are offered as suggestions for social workers as they intervene with this increasing population.

1. It is important to conceptualize families as a stepfamily, a single parent family, nuclear family, etc. Each family has its own needs and characteristics. Often I have heard a therapist describe a family and then as an after thought comment "He's a stepfather."
2. I strongly recommend the therapist appreciate and recognize that stepfamilies, single parent families and nuclear families are variations of family structure. We don't expect a nasturtium to grow and develop in the same way as a rose. We don't consider a nasturtium to be a deviant rose. They are two varieties of flowers. In attempting to be helpful to variations of families we need to understand their differences in the following ways.

1) structure of the system, 2) purpose of the system, 3) tasks of the system, 4) nature of bonding of the system, 5) adults in the system, 6) children in the system, and 7) sources that impinge on the system. (Engel, 1982, p.14)

3. Familiarity with the stepfamily literature is essential. It has been stated several times in this report that those working with stepfamilies must have knowledge of the stepfamily situation. A number of themes common to stepfamilies were discussed in Chapter 2. To work effectively and respectfully with stepfamilies one must not merely pay lip service to, but understand fully the meaning of the following to stepfamily members: a) myths of instant love, the wicked stepmother, instant familyness, b) divided loyalties, c) boundaries, d) roles, e) lack of societal norms, and f) expectations.
4. Common to all stepfamilies is the reality that the parent and child had a life together prior to the formation of the stepfamily. The nature of that experience determines what each member brings to the new family. Therefore, I recommend that during the assessment process the therapist gather information about that period of time. a) What happened during the period of time between separation and divorce? In one family there had been 13 reconciliations before the divorce. This fact helped explain why the children found it hard to accept the new relationship as

permanent. They clung to the fantasy of their parents reuniting. b) If the previous marriage ended by the death of a spouse then it is important to know if the death was sudden, or was it a lengthy illness. Is the death of the former spouse and parent a subject that the family can discuss? c) It is important to know if the children have always lived with the same parent. If not, then it is important to know the circumstances under which they came to live with their other parent. How long did they live with each parent? d) What was the period of single parenting like for the children and the parent? How long was it? Who looked after the children? What changes took place during this period? Did it mean that mother went out of the home to work? Did it mean a move to a new home? What were the visitation arrangements? Did the family maintain contact with family and friends? e) How long have the marital couple of the remarriage been together? Did they live together before the marriage? How long have they been married? Were the children prepared for the new marriage? Who attended the wedding? f) Since the remarriage, have family members kept in touch with previous relatives, in-laws, etc.? g) Where did the adults learn how to be stepparents? Were they stepchildren? Are there other stepfamilies in their extended family? One woman re-

ported, "I was jealous of my mother when she remarried, I was 25 and wasn't married. So my daughter (age 10) must be jealous." h) Is the anger the child expresses to the stepparent actually intended for the parent? Often the child is angry at his/her parent and gets at him/her through the stepparent.

5. I recommend an increasing variety and depth of helping skills. In addition I recommend the clinician be cognizant of how other disciplines such as sociology and law view the stepfamily.
6. And finally I recommend the clinician have an appreciation of the energy it takes to form a stepfamily. If as helpers we bring respect, openness, hope, joy, and a willingness to share our humanness possibly we can enable families to dance with zest and creativity.

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