

What's Different about Working with Stepfamilies?

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Abstract

This article explores the problem of adjustment to stepfamily life, and emphasizes ways in which treatment may need to differ for stepfamily members, as compared to interventions with birth families. The difficulties faced by family members, from subjective, gender-related, structural and life cycle perspectives are considered, and suggestions for clinical intervention are discussed. A list of books, websites, and support groups to use with stepfamily clients is included.

Introduction

Stepfamilies have become a familiar family form. One in three Americans is now a stepparent, stepchild, stepsibling, or some other member of a stepfamily (Larson, 1992). It is a family form in which adults, as well as children, may experience significant adjustment problems. For example, remarried couples with children are more than twice as likely to re-divorce as remarried couples without children (White & Booth, 1985), and adolescents in stepfamilies achieve academically no better than children in single parent families and significantly worse than children in first-marriage families (Jeynes, 1999). In addition, being in a stepfamily more than doubles the risk of juvenile delinquent behavior, compared to the risk for children residing with both biological parents (Pasley, 2000).

Many stepfamilies seek family therapy to deal with these adjustment problems. Both client and therapist need to be aware that the issues faced by stepfamilies are often distinct from those faced by traditional families. McGoldrick and Carter (1989) state, "Most people, including therapists, fail to recognize the need for an entirely new paradigm of family at remarriage to allow for the extremely complex new relationships and roles" (p. 399). Burt and Burt (1996) note, "To work successfully with stepfamilies, clinicians must have enough knowledge about how they differ from first-marriage families to validate these differences rather than view them as pathological" (p. 56). This paper will discuss the subjective experience of being in a stepfamily and the structural factors that

characterize stepfamilies. It will then consider some principles and strategies for clinical intervention. Though the discussion will be limited in scope, it is intended to give clinicians ideas on authors, resources, and techniques for further investigation.

Persons-in-the-Stepfamily-Environment *The Subjective Experience*

For many adults and children, the experience of being in a stepfamily is one in which basic social and emotional needs are not met, and fundamental expectations about family life are violated. Perhaps the most important reason this occurs is that people enter the stepfamily experience with expectations based on the first-marriage, traditional, nuclear-family model. Couples forming stepfamilies, experiencing the same euphoria as most couples at the time of their marriage, see themselves as able to swim any ocean, climb any mountain, or melt any hesitant stepchild's cold demeanor. Consequently, it is unusual for them to seek premarital counseling at this time. Parents generally do not talk to their own children about the changes occurring in their family, much less arrange for the children to receive guidance from someone with a larger perspective on stepfamily realities. A graduate degree in social work, psychology, or counseling does not immunize one against these difficulties. John and Emily Visser (1982) and Roger and Mala Burt (1996), among them, a psychiatrist and two Ph.D. clinical psychologists at the times they formed their stepfamilies, all describe being unprepared to deal with the intensity of the challenges they faced in their remarried family lives.

David Jacobson (1995), an anthropologist, describes the process of stepfamily formation in terms of family cultures. He describes the way a newly married couple carries out the task of establishing a family culture which reflects their mutual influence, and the way in which that culture becomes the definition of "normal" for children born into their household. In fact, a couple's marital world is strengthened and clarified through the process of parenting their children. By choosing what shared values and priorities

to demonstrate in their interactions within and outside of their home, they and their children gain a clearer sense of what their family is about.

A remarried couple has the same task of creating a marital and family culture as the first-marriage couple does, but the process is more complex, as it requires the individuals to “disassemble the micro-culture of their first marriage...” (Furstenberg & Spanier, 1984, in Jacobson, 1995). Jacobson describes this process as a cognitive and emotional reorganization. Independently and together, husband and wife reevaluate habits, attitudes, and activities typical of their earlier marriages, often discarding them in favor of new patterns and approaches that seem to fit the evolving new marriage. Jacobson also suggests that a new worldview or household culture may be developed between marriages, which then must be relinquished or transformed in the new marriage.

Goldner (in Jacobson, 1995) describes the merging of family cultures in remarriage as characterized by stress and resistance, and as “an inherently disorganizing experience that involves the total transformation of the individual’s intimate world.” Jacobson sees the marital couple, working on the construction of a marital world, as inclined to exclude others in the process of defining its boundaries. While during the early phase of a first marriage this frequently takes the form of excluding family and friends, in the remarried couple the most notably excluded persons may be the children (Berger, 1998). Alternatively, it may be the stepparent who is excluded, as the biological parent and children continue to live in their already-established household culture. Such a situation may undercut the successful establishment of the new marriage. The exclusion of children may occur not only because the couple is focusing on the marital relationship, but also because the children may be seen as representatives from an old and now rejected marital world. They are unwelcome ties to a different family culture (Jacobson, 1995).

As a result of this experience of “culture shock,” stepfamily members may have the experience of not being “at home” in their home. American culture offers us a cultural ideal for what a “home” should be. This ideal suggests that a “home” should be a place where one can relax and in which one is confident that one belongs. A “home” should have a flavor to it. It is the place a person knows the best. There should be a sense of belonging, a sense that, for better or for worse, it is center of the universe.

In the midst of stepfamily adjustment, a family member may not feel this sense of being “at home” anywhere. The need to have a sense of belonging to a family group is powerful and fundamental, but it is rarely met in the early stages of stepfamily formation (Papernow, 1993). A stepmother said:

It isn't that you feel uncomfortable for three hours on Monday, are rejected by a colleague at work on Wednesday, and feel as though you don't belong in the group at the party on Saturday. It's all those things at once, each day when you get up and go to breakfast with the kids and their dad, when you hear the phone ring only for your spouse, when you greet your stepchildren after school with no response from them, and spend the evening wishing you'd be welcome to help with homework or to play a game. *You don't go home to recover from the slights of the world; you feel slighted when you do go home* [Italics added]. (Visher & Visher, 1996, pp. 29-30)

It is the author's experience that stepfamily members are rarely able to gain the perspective to describe their experience as “culture shock.” They know only that they are terribly uncomfortable, and often look for someone to blame. Children, having only experienced one family culture up to this point, have no way of articulating what is happening to them. Even therapists, without the “family culture” perspective, may be alarmed by the intensity with which the family members are reacting to the changes (Burt & Burt, 1996).

Unrealistic expectations are a major cause of difficulty for these families (Berger, 1998; Burt & Burt, 1996; Papernow, 1993; Visher & Visher, 1996). Stepparents may expect themselves to love their stepchildren, or to be loved by them, from the start. Biological parents may expect the same thing of the stepparents and of their children. Both husband and wife may expect a sense of *family* to be established quickly. Both may expect that their stepfamily will soon feel, act, and look like a first-marriage family. Adults blending families may expect that the children will get along well after only a short adjustment period. Husband and wife may both expect that a non-custodial parent will “back off” and allow them to act as though they are the child's only family. One spouse may expect the other to understand financial

obligations to first-marriage children. The other may expect that financial obligations to the new family will come first. Some family members may expect step-grandparents and step-grandchildren to accept each other easily. Often, and most unrealistically, family members expect that what seem like trivial details to them (how the towels are folded, who gets to throw "junk mail" away, whether people say "good morning" to each other routinely or not) will seem trivial to the others as well, and what seem like important issues to them will seem important to others as well.

Gender Role Issues

The expectation is that women will take responsibility for the emotional and relational life of the family. It is ubiquitous, culture-wide, and indeed, multicultural (Carter & McGoldrick, 1989). This traditional expectation may be particularly unrealistic with regard to stepfamilies. It may prompt the wife to attempt to control relationships between her husband and his children or her children, or between siblings or stepsiblings. She may end up vying for this control with her husband's ex-wife, or an older daughter or stepdaughter. This struggle may give rise to triangles that would not exist in a first-marriage family, and may serve as an irritant for relationships already difficult to establish or maintain, such as those between stepmother and stepdaughter, or between biological mother and stepmother. This taking of responsibility on the part of the wife may also prompt her husband to step back from his relationships at a time when his own children have a strong need to connect with their father. Experienced therapists in this area recommend that the nurturing role and the disciplining role are best maintained by the biological parent of a given child, regardless of the parent's gender (Kelly, 1995; McGoldrick & Carter, 1989).

Gender role issues such as these, the reliance on the first-marriage family model, and a lack of other models, can all contribute to an experience of considerable role ambiguity for stepparents. In addition, a lack of cultural norms related to names, definitions, and relational expectations can give rise to significant stress and confusion over how to be a good stepparent (Berger, 1998).

Children: The 3 Ls

While the stepparents are trying to figure out just

what a good stepparent is or does, the children in remarriage are experiencing what Visher and Visher (1996) refer to as the "three Ls": loss, loyalty conflicts, and lack of control (p.150). All three concerns are important for stepchildren in general. Issues of loss may be primary for the youngest, while pre-adolescents often experience intense loyalty conflicts, and adolescents find their lack of control over the changes in their lives the most difficult.

Loyalty conflicts may be present in all stepfamilies, even when the absent parent is deceased. A child may experience a sense of disloyalty to the remarried parent if he does not easily connect with the stepparent. On the other hand, it may seem disloyal to him to accept or develop affection for the stepparent; some children feel so much guilt and anxiety over their developing affection for a stepparent that they act rejecting toward that stepparent as a defense. This may create an unsettling situation in which the more effective the stepparent is in connecting with the child, the more rejecting behavior the child displays. It is important, also, to recognize that both children and adults bring to the stepfamily-formation process an experience of loss in family relationships that are often both profound and fresh. Children are almost always carrying some unresolved grief over their parents' divorce (Kirk & Herman, in Visher & Visher, 1979). Other losses by family members may include loss of a spouse or a marriage, of a dream of a lasting future together, of a family unit, of the daily presence of a loved parent, of a particular home, a daily routine, a neighborhood, a school, or a group of friends. For a child who lives with a single parent for an extended period after her parents separate, a time some refer to as the "foxhole" period (Browning, 1994), remarriage may mean a loss of the "you and me against the world" bond that developed during that time.

An individual in a step family, then, may be characterized as dealing with unresolved grief, culture shock, possible loyalty conflicts, and his own and others' unrealistic expectations. In this context, satisfying normal human needs for a sense of belonging, of being loved and cared about, and of having some personal autonomy and sense of control can be very difficult (Visher & Visher, 1996):

The many interpersonal differences that surface every day can seem inconsequential to outsiders. However, until negotiation of

these differences and the passage of time lead to a sense of familiarity, all the family members are likely to feel unappreciated, out of control, and as though they do not belong. (p. 28)

The stresses associated with a failure to meet these needs can result in symptomatic behaviors for one, most or all members of the family. Given that intense feelings are a normal response to extreme stress, therapists are encouraged to view the sometimes intensely emotional behaviors exhibited by these families as normal (Burt & Burt, 1996).

Structural Issues

In addition to the subjective experiences of stepfamily members described above, structural factors inherent in stepfamilies strain the newly-forming family system. Browning says that while therapists in first-marriage families generally assume that child distress is a signal of marital distress, this assumption is unwarranted in stepfamilies. It may be due simply to stepfamilies' unique structural factors (1994).

A major structural factor relates to the ambiguous and permeable boundaries of the stepfamily. In a first-marriage family, all members would likely describe their family as having the same list of individuals. This congruence in their perception of family membership strengthens the family boundaries. However, in a stepfamily, the children often have dual family membership. In fact, there may be two or three subsets of children, all with a different list of family members. In addition, at least one biological parent, even if deceased, exists outside the family structure but remains important to a child in the family. Frequently this person has some relationship with, some responsibility for, and some rights concerning one or more of the children. As a result of this incongruence in family membership lists and the potential role of biological parents, the boundaries of the family are often experienced as weak, inconsistent, or unclear (Visher & Visher, 1979).

One boy, living with his mother and stepfather, was told that a family party was planned. He asked if his father would be invited. They said, "No, it is just for our family." He replied, "But Dad is part of my family!" (Burt & Burt, 1996, p. 40). Both children and adults may find it painful to deal with these ambiguities.

The fact that one or more parent-child relationship

predates the couple relationship, which has not had time to develop without children, is another potentially problematic structural feature. This gives the parent-child relationship a strength and a history that the marital dyad will not have, at least for some time. In a first-marriage family, the marital dyad creates a context for the rest of the family relationships. It occupies a position of primacy. In stepfamilies, the marital dyad may be experienced as existing on the same level as a sibling relationship. It may be just another dyad fighting for time and other resources within the family unit. As a result, the adults may feel they have to decide which comes first: the marriage or the parenting relationship. Often, a remarried biological parent has the sense that "since the kids were here first and, after all, they're kids--they're dependent and vulnerable," the parent-child relationship has a higher priority than the marital one. A stepparent, accustomed to a more traditional family model, may see it differently and assume that the marital relationship will be the axis around which the family revolves. The establishment of a strong couple bond under these circumstances is challenging (Visher & Visher, 1979).

When individual, dyadic, or group boundaries are ill-defined, triangles are likely to form. McGoldrick and Carter (1989) state that in addition to the standard triangles that form in first-marriage families (parent-parent-child; parent-parent-grandparent), they have encountered additional triangle types that may form in stepfamilies. These include the marital couple plus the ex-spouse; the pseudomutual remarried couple (acting as a unit in the triangle); one ex-spouse, and a child or the children as a group; husband, wife, and a child of one spouse; the pseudomutual remarried couple, his children, and her children; and finally, a parent, the natural children, and the stepchildren. The sheer number of people, along with the number of types of relationships, can create a level of complexity that is challenging for many stepfamilies to handle.

One consequence of these problematic structural features is the possibility that financial or legal issues may arise in a stepfamily that would be unlikely to surface in first-marriage families. These issues can add significant complexity to expectations and decision-making within the stepfamily unit. Legal obligations to a former spouse or children of the first marriage may give rise to resentments on the part of either spouse (Visher & Visher, 1979; Burt & Burt, 1996; Kelly, 1996). Successful stepfamilies inter-

viewed about their experiences stated that negotiating over family finances was a key achievement (Kelley, 1996). Legal issues, particularly adoption (Visher & Visher, 1996), insurance, pensions, and wills (Burt & Burt, 1996) can be quite stressful for stepfamilies.

Family-Life-Cycle Issues

In addition to the individual and structural issues facing the stepfamily, concerns around the family-life-cycle stage may be significant. In a stepfamily, individual-, relational- and family-life-cycle stages may be highly incongruent (McGoldrick & Carter, 1989). For example:

- A man with children in the “launch” stage may marry a woman with younger children in the “family building” stage. This difference in their family-life-cycle stages may create conflicts around priorities, and an unusually long list of family concerns to which the parents need to attend.
- A stepfamily in the process of forming needs time together to get to know each other and establish effective new rituals and procedures. If some of the children in this family are adolescents, with a developmental need to separate from family, it may be difficult to arrange sufficient family time for this formation process.
- The marital dyad may need a strong dose of “couple alone time” in its early phase, which may conflict with a need for whole-family time on the part of one or more of the children.

Implications for Treatment

Therapists who work with this population suggest that clinicians need to resist ascribing pathology to these often intensely emotional clients (Visher & Visher, 1996). In working with a client who is grieving the recent death of a spouse, clinicians would not describe an intense emotional response as a sign of pathology within the client, but would see it as a normal and appropriate response to a difficult situation. Working with stepfamilies requires a similar mindset:

If a therapist does not assume that the family reactions he or she is seeing are normal, it is easy to diagnose a borderline personality, a neurotic process, or character disorders. In fact, we view mild reactive

depression and anxiety as normal reactions to how out-of-control stepfamilies often feel. (Burt & Burt, 1996, p. 19)

Given this high level of affect, the question of who should be seen in therapy takes on great importance. The term “suprafamily” connotes a group of people all of whom might be considered “part of my family” by anyone in a household. This might include, for a given child, the parent and stepparent he lives with, any siblings and stepsiblings, a nonresidential parent and stepparent, if any, and even potentially grandparents or stepgrandparents (Visher & Visher, 1996). In the early years of family therapy with stepfamilies, some therapists brought in all members of a suprafamily for sessions (Burt & Burt, 1996). While there might be specialized situations in which this strategy is appropriate, the level of anxiety produced in such a gathering can make it difficult for anything useful to be accomplished, and Burt and Burt (1996) advise against this approach as a general rule. However, looking at a family through the lens of family therapy is not so much a technique as it is a mindset and a theoretical framework. Looking for systemic aspects of problem maintenance rather than only intrapsychic aspects is useful and, as Bowen insisted, can be done even with only one member of the family (Nichols & Schwartz, 2001).

Family members who may be seen in therapy include one or both of the adults, adults with one or more children, or any subsystem of the family. A therapist may mix types of sessions, seeing the couple twice, then perhaps a child alone, then a parent/child dyad, and so on. Seeing a subsystem in therapy is one way to strengthen the boundaries of that subsystem, and some family subsystems will need their boundaries strengthened more than others. Often in the early stage of stepfamily formation, the marital dyad will need to be strengthened. The marriage has begun without the luxury of a “couple only” phase as first-marriage couples do, and is coping with numerous extra stresses in its early years. It needs support to weather this period (Visher & Visher, 1979; Burt & Burt, 1996). As Booth and White’s (1995) study suggests, many marriages do not last through this adjustment phase.

Children who were previously quite open with their biological parent might be hesitant to open up in the new family culture, in which the rules

are not yet well established. Therapy with children alone may be necessary to get a child's concerns on the table, and follow-up therapy with the biological parent or the marital dyad may enable the child to express concerns directly to the adults (Herman, in Visher & Visher, 1979).

Laying the Groundwork

As suggested above, it is reasonable to expect that members of the family may feel unappreciated, out of their element, and out of control. It is difficult for anyone in this situation to begin extending empathy toward other family members until she feels heard and validated herself. Giving each member of the family the opportunity to describe the family situation as he or she sees it, without allowing discussion by other family members at this point, can be a good starting point. It can give the therapist an opportunity to model empathy, enable family members to feel heard, and crack open the rigid view of the family situation that members may hold as individuals (Papernow, 1993). Bowen advises limiting the conversation during family sessions to interactions between the therapist and individual family members, so as to keep the anxiety at a low level (Nichols & Schwartz, 2001). The larger the group, and the more subsystems that are represented, the greater the potential anxiety and the greater the need for crosstalk to be controlled.

Using genograms is also an excellent tool with stepfamilies. A genogram is a tool that is less emotionally charged than a stepfamily's conversation in therapy might be. It allows family members a visual experience of the complexity of their situation, and as such may help them to recognize just how big the task of adjustment is, which may help them establish more realistic expectations. It also facilitates discussions of family history in families with a low tolerance for discussing the past (Visher & Visher, 1996). In addition, many troubled stepfamilies have a tendency to focus their attention solely on an "identified patient" (Visher & Visher, 1979). Because of this, it might not occur to them to share important family information, because they see it as irrelevant: "We KNOW what the problem is; it's Johnny!" Burt and Burt (1996) strongly recommend using genograms with stepfamilies. Genograms may highlight this type of important but omitted data.

Developing Empathy, Problem-Solving Skills, and a Tolerance for Ambiguity

After the data gathering involved in making a genogram and some initial work allowing family members to voice their own views about the family situation, the therapist may be able to make progress in helping family members to share their feelings and experiences with each other. While empathizing with one's step-relatives or spouse may be challenging for many clients, it can be done, particularly in a context of empathy on the part of the therapist. Therapists may coach clients in specific behaviors, such as the "rote empathy" technique, designed to elicit overt empathic behavior. Once a step in the direction of empathy has been made, the family's problem-solving efforts will be much more fruitful (Papernow, 1993).

One pertinent clinical goal of a more psychodynamic nature may be facilitating the client's tolerance of ambiguity. Younger children, in particular, may have a difficult time with the idea that things done differently in their two households are not "right" in one house and "wrong" in the other, but simply different:

I find the children concerned about which set of parents ... is telling the truth or is "right," even in families where there is a minimum of conscious or unconscious parental manipulation of children. I find this has more to do with the child's ability to tolerate ambiguity than it has to do with conflict between the two sets of parents. There is almost always some anxiety reduction in the child when he comes to understand there may be two points of view and that both points of view may be valid. (Kirk, in Visher & Visher, 1979, p. 182)

Stepparents who are trying to be patient while their stepchildren warm up to them may have difficulty with the ambiguity of their "not an insider, not an outsider" role (Papernow, 1993). If ambiguity is more easily tolerated, a significant source of anxiety will be eliminated. To do this, the author contends that parents and children both need to decrease black-and-white thinking; an appropriate goal is to see multiple options, shades of gray, and degrees of acceptability.

Psychoeducation

Another important element of the work is psychoeducation, a feature described by stepfamilies as one of the most useful elements of their therapy (Burt & Burt, 1996; Pasley, Rhoden, Visser & Visser, 1996). Therapists can highlight the unique challenges stepfamilies face, and the need to readjust their expectations of instant love and closeness. Discussion of role ambiguity and permeable family boundaries can help normalize stepfamily stresses. The psychoeducation component may also include communication, negotiation, and conflict resolution skills, such as teaching parents how to conduct family meetings. Burt and Burt (1996) report great success with teaching remarried couples to do "triage," dividing their concerns into three categories: things that will probably get better even if they do nothing, things that will get better with attention, and things that probably will not get better no matter what they do. Once this is done, couples can see where to place their energies.

Some stepfamilies have a very difficult time supporting the relationship between the children and their other parent, and may even try to cut this relationship off. While this is not as common today as it was in the past, the issue still arises, and may even be part of an adult's barely-conscious agenda. For these families, an essential aspect of psychoeducation is sharing the results of several studies suggesting that children function far better if they continue to have consistent contact with both of their biological parents (McGoldrick & Carter, 1989).

Seven Phases of Stepfamily Development

Papernow (1993) has designed a comprehensive schema describing seven phases of normal stepfamily development which can be useful in therapy with clients. Identifying where their family is in the process can guide adults, particularly those who are not naturally reflective, to begin to get some perspective on their situation. It can serve powerfully to establish more realistic expectations.

Papernow (1993) describes the "Early Stages" (Getting Started vs. Getting Stuck) as including Fantasy, Immersion and Awareness. Then the family moves to the "Middle Stages" (Restructuring the Family), which includes Mobilization and Action. The "Later Stages" (Solidifying the Stepfamily) include Contact and Resolution. When couples learn

that the name of the first phase is "Fantasy," it underlines the idea that not only were their initial expectations of stepfamily life probably unrealistic, but that this is a normal starting point for most stepfamilies.

Papernow (1993) states that most families take at least five years to work through these stages. Some take much longer, however, and many never make it to the "Resolution" phase. Papernow tells stepparents that when they arrive at the "Resolution" phase, they will have finally reached the goal of becoming an "intimate outsider." While this is not seen as welcome news by many stepparents, Papernow tells them that "intimate outsiders" can often serve helpful functions that parents cannot.

Papernow's (1993) seven phases may also serve as a useful outline for the psychoeducational process. Papernow has identified tasks associated with each phase, as well as therapeutic interventions that are most effective at various phases, so a therapist may gain insight into the family issues and appropriate interventions by using the seven phases as an assessment tool.

Discipline

Discipline is often a difficult issue for stepfamilies. The consensus, not just among clinicians (Burt & Burt, 1996), but among healthy stepfamilies who were asked what advice they would give to newly-forming stepfamilies (Kelly, 1995), is that the family will function better if the biological parent takes responsibility for the discipline of his/her own children. When children respond well to discipline, it is more a result of the strong, healthy relationship they have with the disciplining parent than because a consequence was especially well chosen or timely. Without the establishment of a solid personal bond, efforts at discipline on the part of the stepparent will range from ineffective to disastrous. The stepparent needs to wait until such a bond has formed, which will probably take two years or more (Papernow, 1993).

Stepparents may be frustrated at the suggestion that they wait two years to share in the discipline of their stepchildren. To cope in the interim, some biological parents establish a clear set of rules with their children, and then "deputize" the stepparent to enforce them if the need arises in the parent's absence. The idea is that the stepparent is not making decisions about discipline but

merely carrying out the biological parent's decisions. This is more likely to be accepted by the children. Also, parent, stepparent, and all children may express their feelings, ideas, and needs at family meetings, which enable stepparents to feel as though they have some input into the rules of the house (Kelly, 1995).

A New Family Identity

In addition to supporting individual and marital dyad boundaries, the stepfamily as a group also needs support in developing a clearer sense of its identity, its family culture. A new stepfamily needs to create a sense of its boundaries – but boundaries in stepfamilies are dynamic and ambiguous (Berger, 1998). The ideal stepfamily boundaries are permeable to allow children to move in and out without threatening the family identity by doing so (Visher & Visher, 1996). One important task for the therapist is to assist the family in defining new traditions and rituals that fit their unique situation (Berger, 1998). These can be related to special events such as holidays or birthdays, but they can also be more related to the everyday. Obviously, it takes time for stepfamily members to get to know each other enough to know what will work as a family tradition, and adults who try to impose new traditions on other family members while they are still feeling like “strangers in a strange land” will not succeed. Some of the best traditions emerge spontaneously, but someone needs to notice that they are emerging and insure that they stay in place. The author contends that if the therapist helps the adults to be aware of the importance these new traditions can play, they are more likely to follow through. As time passes and more familiarity develops, traditions are not as difficult to identify or establish.

A therapist can also assist the stepfamily in helping the children to integrate the reality of their “dual family membership” into their individual identities, strengthening individual boundaries in the new context. For example, in one family with whom the author is acquainted, a “Book about Me” was made for a preschooler, including photos of both homes, both addresses and phone numbers, all parents, stepparents, siblings, stepsiblings, grandparents, and step-grandparents, as well as the child's daycare center, pets, and playmates.

Persons-in-the-Stepfamily-Environment

In summary, stepfamily members often feel hopeless, helpless, alienated, and “stuck” during the early phases of their development, and often much longer. The implications of this distress can be far-reaching. Clinical social workers who are knowledgeable about the subjective experiences of stepfamily members and the structural challenges their families face have an opportunity to provide these families with support in profound ways. They can do this by assisting stepfamily members in relinquishing their unrealistic expectations, coming to know and accept the new reality of their family life, and crafting new relationships for which they have few models. Creative problem-solving is an essential strength of a good clinician and a powerful antidote against the “stuck” experience of many stepfamilies. Connecting families with support groups and other resources can be a lifeline. The help clinicians can provide, if they are knowledgeable about these issues, can be of immeasurable value for all members of stepfamilies, and for the society around them.

References

- Berger, R. (1998). *Stepfamilies: A multi-dimensional perspective*. New York: Haworth Press.
- Browning, S. (1994). Treating stepfamilies: Alternatives to traditional family therapy. In K. Pasley & M. Ihinger-Tallmen (Eds.), *Stepparents: Issues in theory, research and practice* (pp. 175-198). Westport, CT: Greenwood Press.
- Burt, M. & Burt, R. (1996). *Stepfamilies: The step by step model of brief therapy*. New York: Brunner/Mazel.
- Carter, B. & McGoldrick, M. (1989). *The changing family life cycle*. Boston: Allyn & Bacon.
- Jacobson, D. (1995). Incomplete institution or culture shock: Institutional and processual models of stepfamily instability. In C. Everett (Ed.), *Understanding stepfamilies: Their structure and dynamics* (pp. 3-18). New York: Haworth Press.
- Jeynes, W. (1999). Effects of remarriage following divorce on the academic achievement of children. *Journal of Youth and Adolescence*, 28, 385-394.
- Kelley, P. (1996). *Developing healthy stepfamilies*. New York: Haworth Press.

- Larson, J. (1992). Understanding stepfamilies. *American Demographics*, 14, 360.
- Nichols, M.P. & Schwartz, R.C. (2000). *Family therapy: Concepts and methods*. Boston: Allyn & Bacon.
- Papernow, P. (1993). *Becoming a stepfamily*. San Francisco: Jossey-Bass.
- Pasley, K. (2000). Stepfamily Association of America. www.saafamilies.org
- Pasley, K., Rhoden, L., Visher, E. B., & Visher, J.S. (1996). Stepfamilies in therapy: Insights from adult stepfamily members. *Journal of Marriage and Family Therapy*, 22 (3), 343-357.
- Visher, E.B. & J. S. (1979). *Stepfamilies: Myths and realities*. New York: Citadel Press.
- Visher, E.B. & J.S. (1982). *How to win as a stepfamily*. Bristol, PA: Brunner/Mazel.
- Visher, E.B. & J.S. (1996). *Therapy with stepfamilies*. New York: Brunner/Mazel.

White, L. K., & Booth, A. (1985). The quality and stability of remarriages: The role of stepchildren. *American Sociological Review*, 50, 689-698.

Resources to Share with Clients

1. Stepfamily Association of America, support groups, website: www.saafamilies.org/, and their short publication designed for stepfamilies, entitled *Stepfamilies Stepping Ahead* (Burt, M., Ed., 1989).
2. Stepfamily Foundation
website: www.stepfamily.org
3. *Developing Healthy Stepfamilies*, by Patricia Kelley (1995) based on interviews with 20 well-functioning stepfamilies; not written for stepfamilies, but sharing excerpts with clients may be helpful.

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