stepping in, stepping out:

creating stepfamily rhythm

Joshua M. Gold

American Counseling Association
6101 Stevenson Avenue, Suite 600
Alexandria, VA 22304
counseling.org

stepping in, stepping out: creating stepfamily rhythm

Copyright © 2016 by the American Counseling Association. All rights reserved. Printed in the United States of America. Except as permitted under the United States Copyright Act of 1976, no part of this publication may be reproduced or distributed in any form or by any means, or stored in a database or retrieval system, without the written permission of the publisher.

10 9 8 7 6 5 4 3 2 1

American Counseling Association
6101 Stevenson Avenue, Suite 600
Alexandria, VA 22304

Associate Publisher Carolyn C. Baker

Digital and Print Development Editor Nancy Driver

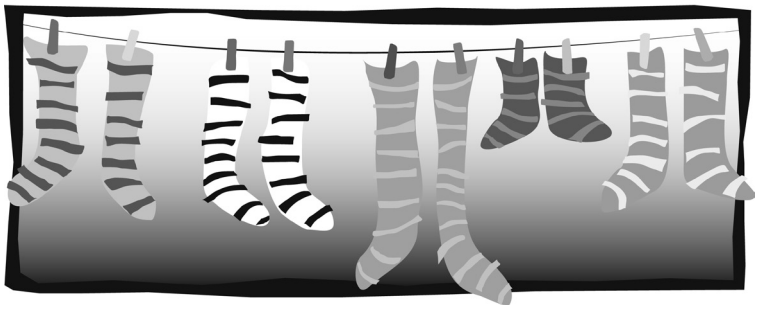
Production Manager Bonny E. Gaston

Copy Editor Ida Audeh

Text and cover design by Bonny E. Gaston

Library of Congress Cataloging-in-Publication Data

Gold, Joshua M. (Joshua Mark)
Stepping in, stepping out: creating stepfamily rhythm/Joshua Gold.
pages cm
Includes bibliographical references and index.
ISBN 978-1-55620-331-2 (pbk.: alk. paper) 1. Stepfamilies. 2. Family counseling. I. Title.
HQ759.92.G65 2016
306.874'7—dc23 2015023361



Contents

Preface v
About the Author xiii
Acknowledgments xv

Chapter 1
Introduction: What We Know About Stepfamilies 1

Chapter 2
Developmental Schemas of Stepfamilies 13

Chapter 3
Marital Issues in Stepfamilies 25

Chapter 4
Stepparenting 37

Chapter 5
Stepfather Families 51

Chapter 6
Stepmother Families 63

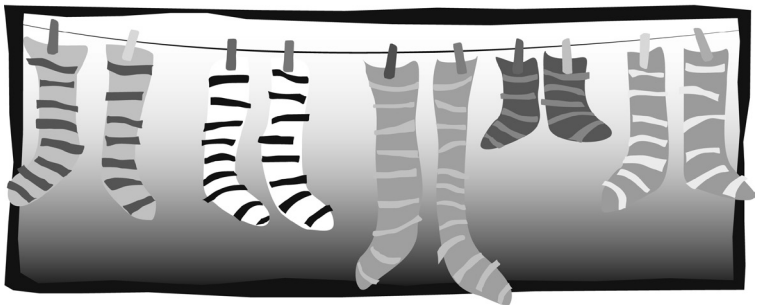
Chapter 7
Mutual-Child Stepfamilies 75

Chapter 8
Extended Stepfamily Constellations:
Relationships With Ex-Spouses 87

Chapter 9
Extended Stepfamily Constellations:
Relationships With Stepgrandparents 101

Chapter 10
Future Directions in the Study of Stepfamilies 115

References 121
Index 131



Preface

In the 1970s, U.S. viewers watched as *The Brady Bunch* (Schwartz, 1969–1974) homogenized two families into a perfectly blended home, as if nothing in the world was unusual or in any way challenging about the circumstances. In 30-minute sequences, siblings resolved benign disputes of jealousy, bad manners, and mindless pranks as if they had always been together and treated both parent and stepparent with apparent respect and affection. America bought it, romanticizing the uniqueness of that family. Today, there is nothing unique about combined families, the numbers having risen dramatically in the last 45 years (Gosselin & David, 2007; Jones, 2003; Lewis & Kreider, 2015). The rise in combined families has opened our collective eyes to just how fictitious the television stepfamily depictions of *The Brady Bunch* (and later *Eight is Enough*; Moore, 1977–1981) truly were (Carter & McGoldrick, 2005a; Jones, 2003). While the growing numbers of stepfamilies have reduced their uniqueness as a family unit, growing interest in these families as worthy of scholarly and clinical study has uncovered the distinctiveness within each stepfamily.

The dynamics of each stepfamily is shaped by the personalities involved and the dynamics of previous relationships. The diverse composition of stepfamilies (biological parent, stepparent, child, stepchild, mutual child plus one, or perhaps two ex-spouses plus extended present and ex-family members) generates multiple levels of initial tension around the simultaneous adjustment to new and multiple roles and relationships. Conflicts are rooted in insecurity, brought on by the uncertainty of how to enact these roles while living them at the same time. Similar dynamics apply to those grown children whose parents remarry (Harris, 2014). Children coming into a combined family are most often those who have experienced either a divorce between their natural parents or the death of a parent. Their emotional senses have been brought to new heights. The foundation they

once held as stable and solid is gone, and life is no longer routine (Jones, 2003). Stepparents often find themselves the brunt of these frustrations and fears. This is uncharted water for everyone; "our culture lacks any established patterns or rituals to help handle the complex relationships of acquired family members" (Carter & McGoldrick, 2005b, p. 417; Gold, 2009).

In addition to the stepparent–stepchild relationship, clinicians must remember to attend to the marital relationship, which tends to be overshadowed by the stepparent roles (Halford, Nicholson, & Sanders, 2007) and to the effects of having "my," "your," and perhaps "our" children all sharing the same home. Yet one more issue revolves around how ex-spouses can collaborate as effective coparents, resolving whatever acrimony remains from the marriage for the sake of long-term shared child rearing (Mahoney, 2006). What must become clear to clinicians is that the old myths of the stepfamily drastically interfere with effective clinical understanding and therapeutic assistance to these family constellations. Therefore, clinicians must educate themselves beyond comparisons with nuclear families to truly appreciate the unique strengths and challenges in working with a family system whose numbers are predicted to become the dominant family form in the United States in the 21st century (Jones, 2003).

Because the numbers of stepfamilies are increasing, their rate of failure is a matter of concern. In the United States, the divorce rate for first marriages for both parties hovers at about 50%. That figure includes both formal divorces and those permanent separations that do not result in divorce (Stanley, 2015). More than 60% of second marriages fail. Stepfamily formation is not culture-bound but appears throughout all cultures, signifying the diversity of this family form and its identified struggles. Success in a stepfamily is more difficult than in a nuclear family; all the more reason for directed research and practical publications to assist clinicians to honor the unique dynamics in stepfamilies and to have a resource to guide thoughtful, practical, and empirically validated interventions (Jones, 2003).

This final thought forms the purpose of this work. Clinicians in training and those in practice need to understand the evolution of stepfamilies; use a developmental schema to pinpoint and legitimize normative transition issues and to diagnose those issues that exceed normative patterns; distinguish marital and stepparenting issues; grasp the similar and differing issues facing stepfather, stepmother, and mutual-child stepfamilies; learn short-term interventions supported with empirical validation to intervene effectively with both subsystems; and understand how to integrate extended family members' needs, such as those of ex-spouses and grandparents, into clinical service and how to prepare the stepfamily to appreciate its unique growth and yet common challenges.

Current Resources for Counseling Stepfamilies

This review and analysis of available assets was conducted in 2013 and updated in Spring 2015. The available publications tended to fall into two categories: clinician-focused works (very few) and self-help books (many).

The search for existing training books revealed two 2011 publications. One book presented a psychological model focusing on this topic, advocating dividing the stepfamily in order to treat each member separately. The book offered typical diagnostic classifications of differing stepfamily members with suggestions for treatment. This orientation seems congruent with the authors' professional orientations as psychologists but inconsistent with the family or systemic focus that is offered in this book. The second book offered a description of stepfamilies based on sociological precepts, but it could not provide family counselors with strategies or interventions suitable for this population.

The wealth of self-help books that were evaluated consistently offered behavioral interventions for families and couples but scant direction for clinicians as to how to understand and facilitate interpersonal problem solving. The popularity of these self-help books clearly confirms that they fill a need. However, the self-help genre seems to overlook family member insight as a precursor to family behavioral change, a position that I adopt in this book.

A Family Systems Clinical Approach

This book and the interventions proposed in the various chapters are grounded in the principles of family systems and in the notion that issues, and their resolution, arise between individuals rather than within one person. This distinction implies that the focus of attention, therefore, cannot be simply on an individual (e.g., the "stepdad" or the "stepchild") but rather on the interaction of the entire stepfamily on a single confounding issue, such as discipline or conflict resolution. This statement suggests that the self-help approach, though attractive, is unlikely to be helpful because it is based on the assumption that the key issue rests in the enactment of mutually agreed-upon roles and functions.

For example, if a father and son are in conflict about an issue, there is no doubt or ambiguity surrounding the parent–child relationship. Father has been a parent, in some fashion, since the son's birth and holds all the rights and responsibilities of a parent. The son, likewise, has experienced only this father and has been reared within the "son" role specific to this family. Moreover, those role definitions and enactments reflect socially acceptable expressions of being a father and a son, with referents in social institutions such as extended family, church, and so on.

In the case of a stepfather and stepson, however, none of these certainties exist. There is no history of relationship or experience being "fathered" by this adult; and, in fact, the fathering was probably provided by another male figure, the biological father. The question can be raised as to what role definition and enactment coincides with the creation of the stepfamily. Further, the child may still have contact with the biological father and has a preexisting notion of "son" with that adult. This conundrum could be simply resolved by adherence to social dictates on how to fulfill the stepfather and stepson roles. However, no such social mores around

stepfamily roles exist. Instead of the certainty of widespread established relational descriptions and enactments, as pertains to nuclear family roles, there exists ongoing ambiguity and confusion as to how to make the best of the stepfamily situation. The lack of institutionalization of the stepfamily roles is an issue that I explore in this book.

Given the absence of guidance, social "myths" describing the differing stepfamily roles fill the vacuum of social guidelines. Assuming that each stepfamily member "creates" his or her own "stepfamily myths" about interacting with the various persons within that family unit, attention to those myths, as a way to explain the conflict-ridden behavioral patterns, must precede any attempts to change the pattern themselves. This exercise then allows each person to learn the discrepant myths that characterize the interaction styles of each family member. In addition, the creation of conjoint stepfamily myths allows each member to contribute to this "script" for how to be a stepfamily.

Narrative Therapy: Rationale and Possibility

Narrative therapy is the clinical lens for this entire book and the suggested interventions contained in each chapter. In this section, I provide a brief six-step synopsis of this model; interested readers should refer to Morgan (2000) and Phipps and Vorster (2015).

1. *Identify Dominant Social Narratives*
   A key assumption of narrative therapy is that knowledge is constructed rather than discovered (Nichols, 2011), and any event can embody multiple meanings and interpretations. Santos, Goncalves, and Matos (2011) suggested that clients "mis-identify with socially-constructed and maintained stories that are proving problematical in their lives" (p. 131). According to Goldenberg and Goldenberg (2013), our problems are maintained through stories we tell about ourselves and the world we inhabit, which explain our current actions and affect our future. These narratives tend to be negative, self-defeating myths, so that what we notice fits into a preestablished story. If the meaning and perception are changed, then new action will follow. Williams and Kurtz (2009) described "story-telling as a way to transmit family and cultural values that guide personal expectations and actions" (p. 174). They cautioned about the "impact of cultural experience on the members of diverse groups who remain outside the dominant cultural narratives of any culture" (p. 175), such as stepfamilies, whose structure and functioning are seen as poor in comparison to that of the nuclear family.
2. *Deconstruct the Dominant Social Narratives*
   "Problems arise as people subscribe to narrow and self-defeating views of themselves and the world" (Williams & Kurtz, 2009, p. 176). Nichols (2011) claimed that people struggle against a problem and that they can separate from the problem by identifying unique outcomes

or experiences when the problem is resisted or they act in ways that contradict the problem story. Williams and Kurtz (2009) argued that any situation or relationship holds endless possibilities for alternative meanings, which lead to alternative ways of acting, as individuals behave in response to selected information, meaning, and significance. This recognition of exception or unique outcomes dismantles the "thin" descriptions imposed from dominant social narratives, which lead to disempowering descriptions and obscures the positive characteristics of the relationship (Goldenberg & Goldenberg, 2013).

3. *Reauthor the Narratives That Guide Stepfamily Functioning*
   The key aspect of reauthoring dominant narratives seems founded less in radical revision than in discovery of what is lived daily. Additionally, narrative therapists believe that clients have the competencies to construct positive stories. Alternative plots seek to contrast differing lights on similar situations, implying that the challenge and emotional pain rests not in the event or the other person but rather in the perception made of that event (Goldenberg & Goldenberg, 2013). The resource for these new narratives is found within family interactions themselves (Santos et al., 2011) by bringing to light and magnifying trivialized unique outcomes. These outcomes, too often ignored, offer a template for a preferred style of meaning making and interaction. As exceptions to the dominant narrative, these alternative outcomes seem deviant, while, all along, it is their very message that contains the seeds of change. Nichols (2011) suggested anchoring these new perspectives by asking clients to focus on more optimistic accounts of experience through effects questions (e.g., How does this new view affect you? Your attitudes? Your ideas about yourself? Your relationships?).
4. *Turn Narrative Into Action*
   According to Santos et al. (2011), new experiences are based on the removal of the constraints of dominant narrative, allowing clients to envision and reflect on alternative ways of acting. The emphasis on unique outcomes and their "thickening" (Goldenberg & Goldenberg, 2013) entails their emphasis over the problem-focused dominant narratives and provides clients with personally created and implemented relational styles. (Here, *thickening* denotes the more positive narratives or stories that clients create to offset the dominant social narratives that portray negative experiences.) Therefore, the focus is greater on "remembering" rather than "remediating." Reinforcement of these more positive experiences can be found in the reflection-on-action moments advocated by Santos et al. (2011), in which the focus of evaluation turns from the "other" to the "self" and is related to enactment of the new self-constructed narratives. Nichols (2011) described the importance of finding audiences to support one's progress and to confirm one's change.
5. *Evaluate Positive Change and Growth*
   Clients now have two narratives for any situation: the original problem-focused dominant narrative and the newly created unique outcome-based narrative. Given the relative novelty of the second narrative,

diligence is required to firmly anchor that fledgling perspective and remain positive in one's orientation. Clients can be asked to identify mechanisms that prevent change and markers of stability (Santos et al., 2011). These markers of sabotage are not meant to legitimize non-change but to provide an anticipatory point of reference for which the client can plan resistance. Markers of stability demonstrate positive change and foster perseverance and applied effort.

6. *Anticipate Setbacks and Future Challenges*
   Williams and Kurtz (2009) warned clients to recognize the pervasiveness of problem-oriented narratives. These generalities may interfere with clients' best-intentioned actions. However, anticipation of setbacks is part of normalizing this process of experimentation and success, and clients are to be congratulated on their recognition. The greater the emotionality of the situation, the greater the potential for setbacks, urging clients to "emote" after the interaction, rather than during or before, and to honor the challenge of personal direction and change in the face of an obdurate and persistent widespread message of how to be a stepfamily and stepfamily members.

In summary, narrative therapists share four common assumptions about people (Nichols, 2011):

1. People have good intentions.
2. They are profoundly influenced by external discourses.
3. When they distance themselves from their problems, they are able to develop empowering stories.
4. They are capable of de-internalizing dominant cultural myths.

Narrative therapy has been used in empirically validated studies on a range of topics, including attention to relationship therapy, mental illness, anorexia/bulimia, gay and lesbian issues, and substance abuse (Williams & Kurtz, 2009). However, attention to stepfamily functioning has yet to be documented (Jones, 2003), an omission I hope to correct through this book.

Issues of Diversity

Any significant contribution to the professional literature on stepfamilies in the 21st century, and beyond, must consider the effect of cultural diversity on these families. This theme is included in all the training, ethical codes, and accreditation standards that govern the professions of likely readers of this book. The central question, then, is which issues of diversity are relevant. I reviewed the glossary of the most recent standards adopted by the Council for Accreditation of Counseling and Related Educational Programs (2015) and found the following 11 terms under the heading of *multiculturalism*: racial heritage, ethnic heritage, cultural heritage, socio-economic status, age, gender, sexual orientation, religious/spiritual beliefs, physical abilities, emotional abilities, and mental abilities.

To determine which of these categories is relevant to the understanding of stepfamily dynamics, I conducted a literature search and cross-referenced each term with *stepfamily* to secure the broadest response; I found scholarly work focusing on African American stepfamilies, Latino stepfamilies, gay stepfamilies, and lesbian stepfamilies. Therefore, I will refer to these four groups to discuss diversity in stepfamily dynamics.

Roadmap and Audience

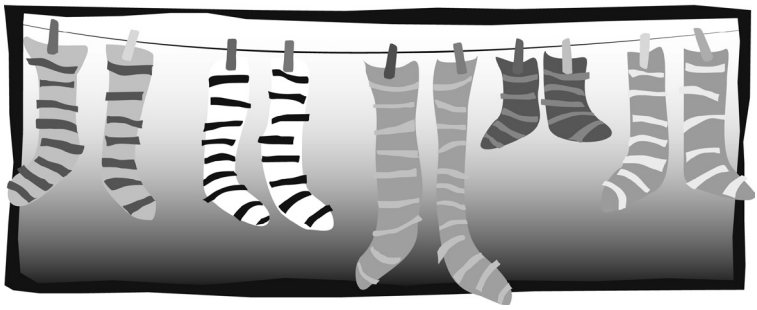
This book on stepfamilies and stepfamily membership is organized in the following manner. It begins with an introduction to stepfamily demographics and what is known and believed about them as families (Chapter 1), followed by a presentation of developmental schemas of stepfamilies (Chapter 2). Attention then turns to marital issues (Chapter 3) and stepparenting issues (Chapter 4) before focusing on specific types of stepfamily constellations: stepfather stepfamilies (Chapter 5), stepmother stepfamilies (Chapter 6), and mutual-child stepfamilies (Chapter 7). The extended stepfamily constellation members (ex-spouses) are discussed in Chapter 8; grandparents/stepgrandparents are the focus of Chapter 9. The concluding chapter offers directions for future professional development. I approach this topic from a narrative therapy orientation, assuming that recognizing dominant scripts around stepfamily roles and functioning must precede reauthorship of those family ideals, leading logically to interventions designed to promote behavioral change (Jones, 2003). I supplement the text with first-person accounts from stepfamily members that were posted on stepfamily-oriented sites. Each chapter ends with a list of resources for both clinicians and family members that are readily available on the Internet.

The intended target audience includes all counselors and mental health professionals seeking to provide understanding, legitimization, and facilitation of stepfamily development. A review of professional training standards across disciplines such as counseling, social work, psychology, and marriage and family therapy indicates a need for sensitivity to diverse family issues. This book is intended to focus on stepfamily dynamics through the lens of systems thinking and narrative therapy, with the concomitant assumption that readers of this book have sufficient foundational knowledge in both topics. If not, readers are strongly urged to acquire such seminal knowledge in order to make full and proper use of the information in this book. I also believe that, given its practical orientation, the book would be a welcome addition to the professional libraries of practicing clinicians. For those who have completed graduate degrees and licensure and seek guidance in how to conceptualize and intervene with stepfamilies, this book will serve those missions well.

Conclusion

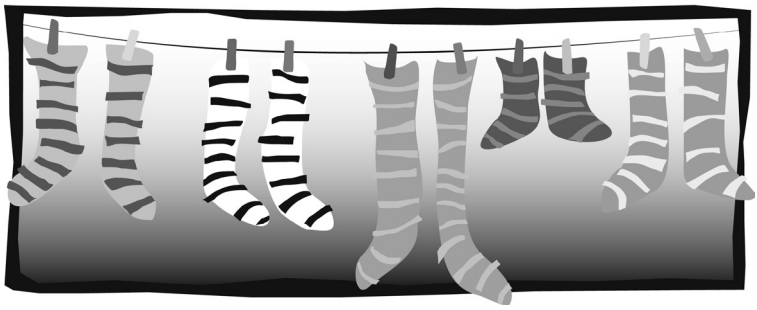
Mental health clinicians will work with members of stepfamilies during their careers. Working with this family constellation places unique demands on clinicians; it is incumbent on them to concisely define those values and

competencies that will foster successful stepfamilies and offset the high dissolution rates of second and subsequent marriages. "These are values that honor and respect kinship ties based on affection and moral responsibility, rather than biology alone" (Jones, 2003, p. 235) and, by so espousing these values and enactments of these values in each stepfamily, improve the stepfamily experience for all concerned.



About the Author

Joshua M. Gold, PhD, is a professor in the Counselor Education Program at the University of South Carolina. He completed his doctoral study at Kent State University in 1991 and then served on the faculty of Fairfield University for four years before joining the faculty at the University of South Carolina in 1995. He is a member of International Association of Marriage and Family Counselors and a contributing editorial board member of *The Family Journal*. This book marks a reflective milepost for him in a career that began in clinical work with stepfamilies, which was the focus of his dissertation research and then remained a research thread during his tenure as a professor.



Acknowledgments

A scholarly work is improved by integrating the thoughtful feedback provided by expert reviewers. I gratefully acknowledge all who served as reviewers for different parts of this book. I also honor the support and guidance provided by Carolyn Baker, Nancy Driver, and the professionals at the American Counseling Association who helped me hone the thesis of this book. Their patience and input were critical to its evolution as I worked to strengthen the content while allowing my voice as an author to emerge.

My faculty colleagues in the Counselor Education program at the University of South Carolina have always encouraged my efforts as a professor; their steadfast support means a lot to me. Several graduate students in the educational specialist and doctoral degree programs at the university were interested in the topic of stepfamilies; they played a role in encouraging me to write this book.

This book reflects a blending of professional and lived experiences. When I began my clinical work almost 30 years ago, I was introduced to the complexities of stepfamily life and marveled at the commitment, dedication, and heartbreak that characterized stepfamily life. Those therapeutic successes and frustrations fueled my decision to focus on stepfamilies for my doctoral research, which I completed almost 25 years ago at Kent State University; I am grateful that my doctoral committee honored my interest. I have continued with the research theme over my career as a faculty member and expanded its relevance over the past decade in my role and experiences as a remarried spouse to Hope, a stepfather to Aia and Della, and father of Will, my child with Hope. It has been fascinating to me to integrate my professional knowledge and lived experience in the creation and evolution of this book.

This book has truly been a team effort. While my name will appear as author, I could not have written it without the contributions of the individuals mentioned above.