Stepfamilies in Family Practice

Lorraine E. Wood, MD, PhD, and Steven R. Poole, MD
Denver, Colorado

Stepfamilies have several important structural features and developmental milestones that differ from the nuclear family: complex relationships, ambiguous roles and expectations for family members, wide variety of previous family experiences for the various members, changes in support group and living arrangements, unresolved grief, and lack of institutional support. These features influence physical and mental health. The family physician must be aware of how stepfamily problems are likely to present and how to assist the stepfamily members with their problems. This paper describes an approach to recognition and management of stepfamily problems, anticipatory guidance for prevention of problems, and a number of patient education resources.

In recent years great emphasis has been placed in family medicine on understanding the "whole patient" within the context of his or her family.[1-7] The focus on the family reflects its important role in influencing both the physical and psychological health of its members. The traditional, nuclear family, however, is no longer the only family structure that the family physician encounters. Single-parent families and stepfamilies are only two examples of different family types seen today. Family physicians will, therefore, need to become familiar with alternate family structures and the different kinds of problems that they generate for family members.

With the increasing divorce rate (reported to be anywhere from 25 to 50 percent), the number of stepfamilies, or "blended" families, that will be seen in family practices is rapidly increasing.[8-13] An average of 80 percent of divorced spouses will remarry, the majority within three to five years.[12] The largest proportion of the remarriage population is made up of divorced persons who have remarried other divorced persons.[9] The majority of these remarriages will involve children.[12]

Stepfamilies are not like nuclear families, consisting of two parents and their biologic children.[8-13] Stepfamilies have structural differences, different developmental tasks, and a greater potential for conflict and stress than traditional nuclear families.[14-19]

The family physician may be one of the first persons consulted by such families in times of crisis. The purposes of this paper are (1) to examine the stepfamily, (2) to describe how its unique characteristics may lead to problems for both parents and children, and (3) to make suggestions regarding the family physician's role in anticipatory guidance and the recognition, evaluation, and treatment of family problems.

The Stepfamily

Not only are the structural features and developmental tasks of stepfamilies different from those of the traditional nuclear family, but stepfamilies may also differ considerably from one another. Some stepfamilies incorporate one previously unmarried adult into a single-parent family. Some attempt to integrate a divorced, childless adult into a

From the Departments of Family Medicine and Pediatrics, School of Medicine, University of Colorado, Denver, Colorado. Requests for reprints should be addressed to Dr. Lorraine Wood, Department of Family Medicine, University of Colorado School of Medicine, 1180 Clermont Street, Denver, CO 80220.

single-parent family. Some blend two single-parent families. In other cases, remarriage follows the death of a spouse. In spite of these differences, there appear to be certain characteristics and potential strains that are found to some degree in all stepfamilies. These characteristics seem to put the family members at greater risk for stress, conflict, anxiety, and depression.[14]

Source of Stress in Stepfamilies

The traditional nuclear family ideally begins with the marriage of a man and a woman who have become emancipated from their families of origin. Later, children are integrated into the family. In contrast, the stepfamily usually involves the relatively sudden merging of parts of two families, which may be quite different in terms of lifestyle, experiences and backgrounds, extended families, ages of family members, and spoken and unspoken expectations. In addition, the logistics of custodial relationships, visiting arrangements, and finances can become quite complex. The assumption that simulating a nuclear family will bring stability to these heterogeneous families is in fact a myth.[10] The complexity and variability of these "instant families" appear to add considerable stress to the lives of the family members.[14]

Loss and Grief

Many stepfamilies are formed within a relatively short time after either a divorce or death. Often there has been a lack of time for either the adult or the children to acknowledge their loss and to sufficiently grieve. Circumstances around divorce can inhibit adequate grieving as well.[20] The sense of loss is experienced not only in regard to people but also in regard to material possessions, home life, extended family, neighborhood, and friends. Loss of self-esteem also can accompany divorce or becoming a "stepchild."

Remarriage underscores the finality of these losses and can bring the sense of loss and grief to the surface again. The pressure for children to act as if the new parent "belongs" can intensify their grief and accompanying anger. Well-meaning attempts by a stepparent to develop a close, parental relationship can have the same effect.[14,20]

Childhood behavioral problems usually are manifestations of grief, depression, or anxiety,[9,21] and may begin shortly after separation or divorce and re-emerge or intensify after remarriage.

Loss of Social Supports

Divorce and remarriage involve losses of more than just a spouse or parent; they can also mean moving and the concomitant loss of old friendships. Relationships with the new and the old extended family may become strained. Sometimes family and friends feel a need to choose between ex-spouses or feel uneasy around the new spouse. Children may feel embarrassed or worthless and avoid old friends. Divorce and remarriage can separate family members from their social supports and produce a sense of isolation; this isolation may, in turn, contribute to stress, conflict, and sense of loss.

Ambiguity of Role Expectations

One of the greatest sources of stress and anxiety in stepfamilies arises from the ambiguous expectations of family members for themselves and others.[15,20] Stepparents often feel unsure of their responsibilities, roles, or rights with their stepchildren and with one another. Stepchildren's feelings about stepparents are often ambivalent or poorly thought out and not well expressed. Without conscientious efforts at honest communication, there is a high risk that roles will remain unclear, particularly since there are no societal ground rules for such families.[14]

A great deal of confusion centers on how family members are supposed to feel about each other.[13] The "instant family" does not breed "instant" affection, love, and respect, even though such feelings are often assumed to be a part of the traditional family. Both stepparents and stepchildren feel guilty when they find that they do not feel the way they think they should about their new family members. For example, new stepparents may experience depression and withdraw or become angry when their unrealistic expectations for affection are not fulfilled by either their new children or their new spouse.[12,13] Children may experience a renewed sense of loss when they recognize that

their new stepparent cannot match their biologic parent.

Competition

Although there can be a certain amount of competition in the traditional family, competition appears to be a very strong component of stepfamily relationships.[14] New stepparents must cope with feelings of jealousy and guilt arising from demands for the time and attention of the new spouse. Children experience similar feelings in having to share their biologic parent with a relative stranger. They may also have to share their physical territory and possessions with new stepsiblings with whom they have not yet developed a comfortable relationship. This sense of competition can exacerbate stress and conflict in the family.

Children can serve as go-betweens between noncommunicating, angry parents. In this role, children become vehicles for parents expressing anger, gaining retribution, or competing.[9] The children exposed to severe conflicts between their parents in this way experience guilt and anger as they try to struggle with their divided loyalties.

Negative Image and Poor Terminology

The language used to describe stepfamily relationships has not developed as rapidly as has the number of new stepfamilies.[12] Terms such as *stepmother* and *stepchild* have many unfortunate negative connotations, whereas other terms, such as *stepgrandparent* and *stepaunt*, for example, have vague meanings. Children are often placed in situations where they are forced to address their new family members and may experience considerable anxiety as they struggle for the appropriate terminology. They may say, "This is my stepmother," or, "She's not really my mother. She's my father's new wife." Such introductions often create tension. Thus, even the semantics may contribute to bad feelings and distancing.[14]

Lack of Institutional Supports

Formal institutionalized occasions, such as PTA meetings, graduations, and other "family" events, can pose problems because it is assumed that the nuclear family is intact and the child involved will be with his or her biologic parents.[13] Stepparents often feel ignored, discounted, and uncomfortable on such occasions. The stepparent, unlike biologic parents, is not recognized in society with such occasions as Mother's Day. These highly emotionally charged events can create confusing, conflicting feelings for all family members. This lack of institutional legitimation for stepfamily relationships has the effect of creating a conspiracy of silence about their existence.[14]

The Effect on Children

Several large-scale studies have demonstrated that the risk of poor mental health consequences is higher for children in reconstituted families than for those in single-parent families.[10] Though this risk may be open to debate, other tendencies are clear: (1) the older the child, the higher the risk of behavioral problems, and the greater the difficulties in smoothly blending new members into the family, (2) stepfathers are accommodated more easily than stepmothers, and (3) the higher the socioeconomic level of the family, the better the prognosis for successful integration.[10] These data alert the family physician to the need for anticipatory guidance.

Role of the Family Physician

Family physicians are in a key position to be of assistance to families facing remarriage. They are often in a position to be able to anticipate problems and provide preventive counseling. They are also often one of the first resources contacted for problems that may be early signs of more serious individual and family trouble.

Common Presentations of Stepfamily Members

Family members experiencing difficulties related to stepfamily issues may present to their physician in a wide variety of ways.[22] Family members may ask for help with specific conflicts within the family: marital discord, interaction

problems between parent (or stepparent) and child, family arguments, or poor communication. Family members may also present with a wide variety of behavioral or psychophysiologic reactions to stress, conflict or loss: depression, anxiety, substance abuse, childhood behavioral problems, poor school performance, "acting out" in adolescence, spouse or child abuse, or stress-related disorders. Stepfamily-related problems may also be the underlying agenda for families in which a member makes frequent visits for vague complaints or for families making frequent visits for minor illnesses.

The Evaluation

The physician's evaluation is directed toward (1) identifying the problems, (2) elucidating the extent to which problems are related to stepfamily issues, and (3) determining whether treatment is needed and what type of treatment is indicated. The family APGAR might be useful in these early stages of evaluation.[23] The genogram,[24] a graphic display of the entire family structure, can also assist the family physician in understanding and recording the complexities of the family. The genogram can also serve as a focus to ensure the thoroughness of the historical review. The family physician should then briefly ask about behavioral changes or symptoms in each member of the family, including specific symptoms of depression. These symptoms should then be related temporally to specific events like separation, divorce, moves, major family conflicts, remarriage, and so on. It is important, also, to attempt to assess each member's perception of the problems and to delineate the quality of interaction between each family member (alliances and conflicts).

Case Illustration

Ellen is a 35-year-old woman who presented to her family physician with a two-month history of fatigue, insomnia, weight loss, and sadness. She had remarried three months previously to Norm after living as a single parent for five years. Her previous spouse had also remarried. At the time of her visit, she described a number of concerns, including financial problems (Norm's previous wife demanded additional support), difficulty disciplining Norm's son, her own son's poor school performance and difficulty in getting along with schoolmates, and strained relations with her new husband.

The complexity of this stepfamily and their relationships is apparent. The visitation arrangements and financial obligations were complex. Additional history obtained by the family physician revealed (1) temporal relationship between Ellen's symptoms and her son's symptoms and the remarriage, (2) the sources of conflict between Ellen and Norm, Ellen's son and Norm's son, Ellen and Norm's ex-wife, and (3) symptoms of moderate depression in Ellen and her son.

Treatment

The decision regarding whether to handle problems in a definitive way or whether to refer for consultation is a common issue for family physicians, and it can be a difficult decision for stepfamilies. The following are guidelines for referral: Families or individuals should be referred when (1) the problem is severe or longstanding (more than six months), (2) there are multiple problems in the family (many family members involved), (3) any parent-child relationship is significantly disturbed, (4) there has been family violence or anyone in trouble with the law, (5) there has been marital separation, (6) a child has repeatedly run away from home, and (7) any family member has a feeling that the situation is hopeless. The family physician may have other personal criteria for referral; however, those mentioned above are particularly applicable to stepfamilies.

Family physicians must be particularly aware of their own feelings and value system regarding divorce, remarriage, and reconstituted families.[20] When referring a family for professional counseling, the physician should determine whether the counselor has experience with and knowledge of stepfamily dynamics. For the family physician interested in reading further regarding treatment, a book by Visher and Visher[14] is recommended.

By merely asking patients about previous and current marital status and future plans for marriage and family, the family physician may gain valuable information and be able to provide anticipatory guidance to prepare family members for

stepfamily life. By acknowledging that stepfamilies may have problems because of their inherent structure and characteristics, the family physician then "allows" family members to discuss and evaluate their own concerns and problems.[14] (A list of selected suggested readings that can be helpful to adults or children contemplating remarriage or attempting to cope with it follows the References.)

Support groups for family members of stepfamilies that provide families with a forum in which to discuss their common problems and to receive support from people in similar situations are available in many parts of the country.[8,20] Such groups may not be appropriate initially for the very chaotic family, but they may be helpful later in the therapeutic process.[20] There are also a number of resources to assist people in developing such groups.[14,18,19]

The Family Physician's Role in Counseling

Evaluating Expectations

The family physician may take a few minutes to offer preventive suggestions or perhaps invite interested family members back to talk at greater length. One of the more helpful contributions will be debunking the myths and common unrealistic expectations and acknowledging that stepfamilies are particularly vulnerable to stress.[21] For example, many stepfamily members assume that (1) stepfamily members are supposed to automatically love one another, (2) stepparents ought to be able to replace the missing parent (provide the same love, fulfill the same expectations), and (3) the reconstitution of a "normal" family structure will automatically bring greater stability. These are myths. Successful transition often depends on recognizing these as myths and dispelling them.

Encouraging Family Communication

The most effective way of dealing with such myths, as well as with the other potential pitfalls, is to encourage regular opportunities for open, honest communication among family members, ideally beginning long before the remarriage. These family talks can become the forum for (1) expressing feelings, fears, wishes, and needs, (2) working out conflicts and solving problems, (3) deciding on the ground rules for the family, (4) defining roles and expectations, (5) acknowledging and expressing unresolved grief, and (6) providing mutual support and understanding. The family that is unable to get its members together for such talks and that has family members with significant symptomatology will probably need formal counseling.

Common Goals

In addition to these family talks, stepfamilies can strengthen bonds by identifying common interests and pursuing them together. Family occasions can also be "rotated" to ensure that each family member can encourage the others in an activity that he or she especially enjoys.

Acknowledgment of the Grieving Process

Perhaps the most important issue is the adequate acknowledgment of grief and the opportunity to express feelings related to that grief. The biologic parent is in the best position to assist the children, and spouses are in a position to help each another. Brief supportive psychotherapy may be helpful in every case, and psychotherapy is warranted for symptoms lasting longer than six months.[22]

Maintaining Old and Developing New Support Systems

To the extent possible, stepfamilies should consciously make an effort to retain old sources of support and nurturance: friends, neighbors, extended family. Conscious attention should be paid to the development of new supports for each family member. Parents may need to assist children in this.

Reducing Complexity

Since life in a reconstituted family is often complicated and stressful, attention should be paid to simplify life and minimize change to the extent that it is practical. An effort for simplicity applies

particularly to visiting schedules, shifting children's living quarters, moves, changing schools, and so on.

Reducing Parental Conflicts

Two other important anticipatory guidance issues involve children and biologic parents. Family physicians ought at least to counsel parents not to use their children as an intermediary or as a sounding board to vent negative feelings about the other biologic parent.

Whether family physicians choose to counsel a particular family or to refer, they can be of help to the family by offering some of the information described here. They can also be therapeutic simply by listening and empathizing with family members. In taking the history, family physicians can point out the relationships of symptoms or problems to the personal losses, stresses, and conflicts so that family members can understand what is happening to them and they can develop a foundation for beginning improvement. Family physicians can also point out alliances and conflicts. Regardless of whether referral is made, family physicians need to take the helpful step of encouraging communication.

There are also certain principles of treatment of stepfamilies of which family physicians should be aware: (1) the main goal should be to promote better communication between all members in the genogram and to clarify values and expectations, (2) treatment should start with the reconstituted couple in order to strengthen that relationship and use it as a focus of stability, (3) both biologic parents should be included in the treatment of children's problems and work toward consistency in management of the problems, and (4) the therapeutic process should work toward family therapy sessions.

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Suggested Reading

For Adults

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For Children

Stenson J: Now I Have a Stepparent and It's Kind of Confusing. New York, Avon, 1979

Fiction for Children

Green P: Ice River. Reading, Mass, Young Scott Books, 1975. A river accident brings Dell closer to his stepfather. Ages 9-12.

Baur MD: Shelter From the Wind. New York, The Seabury Press, 1976. Twelve-year-old Stacy runs away from home to find her real mother after her father remarries. Ages 9-12.