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# **Therapists' Perspectives of the Therapeutic Needs of Stepfamilies in New Zealand**

Ariana Marie Krynen

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## **Abstract**

In light of research evidence and therapists' views of the unique challenges experienced by stepfamilies, educational programmes and therapeutic interventions have been developed specifically to help meet the needs of these families. However, little research attention has been given to the difficulties stepfamilies present with to therapeutic services and the approaches adopted by therapists to address these difficulties, particularly in the New Zealand context. This qualitative study aimed to investigate therapists' perspectives of the therapeutic needs of New Zealand stepfamilies. In particular, it sought to provide insight into the difficulties New Zealand stepfamilies present with to therapeutic services, the therapeutic interventions therapists adopt to assist with these difficulties, and how these findings compare to the existing international literature and clinical writings. Finally, this study aimed to understand the therapeutic and support service needs of stepfamilies in New Zealand. This appears to be the first study to explore these aims.

Twelve therapists with experience working therapeutically with stepfamilies were interviewed in this thesis study. The therapists had worked with stepfamilies for an average of 18.5 years, providing services to predominantly European stepfamilies across New Zealand. Four of the therapists were male and eight were female. The therapists participated in semi-structured interviews focussed on exploring their views of the therapeutic needs of New Zealand stepfamilies. Qualitative methodology was adopted, guided by an interpretive approach. Thematic analysis was conducted on two data-sets: the difficulties stepfamilies present with; and the main therapeutic interventions adopted by therapists.

The results of the thematic analyses indicated that therapists view stepfamilies as presenting to therapeutic services with difficulties related to four main areas: unrealistic expectations; the ongoing impact of the original family; stepparent difficulties; and parenting the children together. These difficulties appeared to be influenced by the complexity of stepfamily living and individual and family differences. The therapeutic interventions adopted by therapists to assist with these difficulties largely centred on increasing awareness and insight; working with unrealistic beliefs and expectations; and assisting with skill development. While implementing these interventions, the therapists spoke about integrating psychoeducation and adopting an

individualised approach to their work, as well as being mindful of nuclear family models and ideology. Finally, the results indicate that there are limited stepfamily-specific services in New Zealand and that stepfamilies face a number of barriers in accessing available services. The therapists provided a range of suggestions for how the service needs for New Zealand stepfamilies could be met.

The findings of this thesis study are discussed in relation to the existing international literature and the interventions recommended for stepfamilies. The study also considers implications for clinical practice and future research directions. This study contributes to the existing body of stepfamily research, helping to inform the provision of therapeutic services provided to stepfamilies, both nationally and internationally, in order to enhance outcomes for these families.

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# **Chapter One – Introduction**

## **Brief overview of this study**

In the clinical and research literature, stepfamilies were historically compared to and subsequently provided with therapeutic interventions based on conceptualisations of how first-time families should function (Ganong & Coleman, 2017). Over the past forty years, therapists and researchers have made significant contributions in opposing this deficit-comparison approach, providing a more sophisticated understanding of the unique challenges and difficulties experienced by stepfamilies, including factors and processes that are important determinants of outcomes. In addition, educational programmes and therapeutic interventions have been developed to specifically address the needs of stepfamilies. Such tailored interventions for stepfamilies are essential given that therapists are likely to be working with a greater number of clients living in a stepfamily due to the increasing prevalence of stepfamilies in contemporary society (Bray, 2005). However, little research attention has been given to the difficulties stepfamilies present with to therapeutic services and how therapists are working with stepfamilies to meet their needs. Further, interventions for stepfamilies have largely been developed in the United States, and it is unknown what the service and therapeutic needs of New Zealand stepfamilies are, as well as what therapeutic approaches are most appropriate for stepfamilies families in the New Zealand context.

This thesis presents findings from a qualitative study in which semi-structured interviews were conducted with twelve therapists who have experience providing therapeutic services to stepfamilies of predominantly European descent in New Zealand. The aim of the study is to investigate therapists' views of the therapeutic needs of New Zealand stepfamilies. In this thesis study, therapists are regarded as key informants because of their expertise in working with stepfamilies. The findings from this study seek to help inform the provision of therapeutic services provided to stepfamilies both nationally and internationally, as well as highlight the service needs of stepfamilies in the New Zealand context.

The first chapter of this thesis provides an overview of the relevant clinical and research literature that forms the context for this study. Chapter Two outlines the study's methodology.

Chapters Three and Four present the results of the thematic analyses of therapists' observations of the difficulties New Zealand stepfamilies present with to therapeutic services and the main therapeutic interventions therapists use to assist with these difficulties. The findings from the analysis of therapists' perspectives on the service needs of stepfamilies in New Zealand are presented in Chapter Five. Finally, Chapter Six discusses the main findings and how these compare to the international literature and therapeutic interventions and interventions recommended for stepfamilies, considers the limitations of the study, and describes the implications of the study's findings for clinical practice and future research.

This chapter begins with an introduction of the definition of terms used in the study, as well as a brief overview of stepfamily statistics. A review of clinical and research contributions to understanding stepfamilies is presented, followed by a synthesis of the therapeutic models and interventions developed for working with stepfamilies. Finally, this chapter concludes with the current thesis study's research aims.

## **Definition of terms**

There are various labels used to describe stepfamilies, such as blended, remarried, reconstituted, second-time around, and reorganised (Ganong & Coleman, 2017; Pryor, 2014). The use of these terms appears to be in attempts to mitigate negative stereotypes or the stigma associated with the term 'stepfamily' (Pryor, 2014). However, 'stepfamily' is the term most often used by researchers and therapists, including this thesis study. In this study, 'stepfamily' will be defined as a family "in which at least one of the adults has a child (or children) from a previous relationship" (Ganong & Coleman, 2004, p. 2). This definition is inclusive of cohabitating couple relationships and those of legal marriage, as well as children who may live full- or part-time with their parent and stepparent. This thesis study also refers to 'first-time families' (Papernow, 2013), which describe any family that includes two biological or adoptive parents and their children living in the same household. Further, the term 'nuclear family' will be used to refer to the traditional family unit "consisting of a mother and father and their genetic or adopted children residing together in a household" (Ganong & Coleman, 2004, p.26).

Recognising the diverse organisation of stepfamilies, ‘simple’ stepfamilies are where only one partner in the couple relationship has a child and ‘complex’ stepfamilies refer to those where both partners have their own children from previous relationships. The stepcouple, used in this thesis study to describe the adult couple relationship, may also share a biological child or children. For simplicity, the term parent is used to refer to the biological or adoptive parent and stepparent denotes the parent’s partner who is not the biological parent. The non-residential parent is the child or children’s other biological parent who does not reside within the stepfamily, who will also be interchangeably referred to in this thesis study as the parent’s ‘former spouse’ or ‘ex-spouse.’ Further, a ‘stepmother family’ describes stepfamilies where the non-biological parent is the woman, and likewise a ‘stepfather family’ is where the non-biological parent is the man.

Finally, this thesis study investigates therapists’ views of the therapeutic needs of stepfamilies in New Zealand. The term ‘therapist’ is used to denote any professional who works in an applied setting with stepfamilies, such as educators, family therapists, social workers, counsellors, psychologists, and psychiatrists.

## **Demographic trends**

In the 1970s and 1980s, Western nations saw an increase in the number of stepfamilies formed through divorce, with these families becoming more prevalent than stepfamilies formed after the death of a parent (Ganong & Coleman, 2017). The second half of the twentieth century then saw a rapid increase in the number of stepfamilies, including stepfamilies formed via cohabitation and ex-nuptial birth (Pryor, 2014). In the United States, it is now estimated that 9 percent of married couple households and 11.5 percent of cohabiting couples have stepchildren (Teachman & Tedrow, 2008). Similarly, 9 percent of children in England and Wales live in stepfamilies (Office for National Statistics, 2014) and in Australia, stepfamilies comprise 7 percent of all families with children (Australian Bureau of Statistics, 2011).

Currently, the New Zealand census does not collect data specifically on stepfamilies; therefore, there is little information regarding national estimates of stepfamilies in New Zealand. However,

estimates of the prevalence of stepfamilies in New Zealand have been provided by New Zealand research surveys. For instance, a birth cohort of 1,265 children from the Christchurch Health and Development Study indicated that 18.4 percent had lived in a stepfamily at some point before the age of 16 years (Nicholson, Fergusson, & Horwood, 1999). Similarly, data from the New Zealand Women: Family, Education and Employment (NZWFEE) survey estimate that 18 to 20 percent of children had resided in a stepfamily before the 17 years of age (Dharmalingam, Peol, Sceats, & Mackay, 2004). Further, in a survey of almost 2,000 parents and caregivers in New Zealand, the Roy Mackenzie Centre for the Study of Families (2007) found that 10.9 percent were living in stepfamily.

More recently, Gath (2016) used data from the Survey of Family, Income, and Employment (SoFIE) to estimate the prevalence of adults and children living in stepfamilies in New Zealand. The SoFIE is a longitudinal, nationally representative sample conducted from 2002 to 2011 of over 22,000 New Zealanders. At the final survey wave in 2011, 9.3 percent of children and 7.5 percent of adults with dependent children were living in a stepfamily (Gath, 2016). Gath (2016) found that over the eight years of the SoFIE, 5.5 percent of adults and 11.8 percent of children had been living in a stepfamily in at least one wave.

It has been cautioned however, that estimates from national surveys and censuses of the prevalence of stepfamilies cannot be considered accurate national estimates of these families (Teachman & Tedrow, 2008). This is due to the various definitions of stepfamily used and the high proportion of cohabiting stepfamilies (Teachman & Tedrow, 2008). Nonetheless, these estimates suggest that stepfamilies are a prevalent family form both in New Zealand and internationally.

## **Outcomes for children in stepfamilies**

With an increase in the number of stepfamilies, there has been an interest in the impact of remarriage or repartnering on children and adults. Research has consistently shown that, on average, children in stepfamilies are at an increased risk for negative outcomes compared to children in first-time families (Amato, 2006; Bray, 1999; Ganong & Coleman, 2017;

Hetherington & Kelly, 2002; Jeynes, 2006). Identified poorer outcomes among these children have included behavioural (Breivik & Olweus, 2006; Hetherington, 2006), academic and educational (Brown, 2006; Jeynes, 2006; Tillman, 2007), and social and emotional outcomes (Amato, 2005; Hetherington, 2006). Outcomes for children in single-parent families and stepfamilies are comparable (Ganong & Coleman, 2017; Jeynes, 2006); however, some research has indicated that compared to children from sole-parent families, children living in stepfamilies do less well educationally (Hetherington & Jodl, 1994; Pryor & Rodgers, 2001), leave home at a younger age, and engage in earlier sexual activity (Rodgers & Pryor, 1998; Smith, 2008).

Several longitudinal studies have investigated outcomes for children following divorce and remarriage. In the Virginia Longitudinal Study of Divorce and Remarriage (VLSDR), Hetherington and colleagues (Hetherington, 1993; Hetherington & Jodl, 1994; Hetherington & Kelly, 2002) examined the effects of divorce and remarriage on children from age 4 to 15 years, with a 20-year follow-up period. Findings from the VLSDR showed that children living in stepfamilies had more externalising (aggression, antisocial behaviour, acting-out behaviour), internalising (dysthymia, depression, anxiety, social withdrawal, low self-esteem), and school-related problems than children from first-time families. These difficulties were marked in the first two years post-remarriage, and again during adolescence (Hetherington & Kelly, 2002). Similar findings were found in Bray's Developmental Issues in Stepfamily (DIS) research project (Bray, 1988, 1999; Bray & Berger, 1993; Bray & Kelly, 1998). In particular, at 6-months and 5 to 7 years post-remarriage, as well as at the 4-year follow-up, children in stepfamilies were found to have more stress, more externalising problems, and less social competence compared to those from first-time families (Bray, 1999; Bray & Kelly, 1998). The re-occurrence of problems at the 4-year follow-up was hypothesised by Bray (1999) as potentially coinciding with the children in the sample reaching adolescence where they are developing individuation and autonomy.

In New Zealand, outcomes for children residing in stepfamilies have been examined in the longitudinal Christchurch Health and Development Study (Nicholson et al., 1999). Findings showed that compared to peers from non-divorced families, children living in stepfamilies were at risk for adolescent offending, substance abuse and dependence, leaving school without

qualifications, emotional issues, early initiation into sexual activity, sexual activity with multiple partners, and suicidality (Nicholson et al., 1999).

Stepfamilies are also more likely than first-families to divorce or separate, particularly in the first five years (Bray & Kelly, 1998; Bumpass & Raley, 2007; Saint-Jacques et al., 2011). While there is a lack of data about stepfamilies in New Zealand, Dharmalingam et al. (2004) found 40 percent of children in their sample who were less than 10 years old at the time of stepfamily formation were not living in a stepfamily within five years. More recently, Graham (2010) found that of the 105 New Zealand stepfamilies who had been together for between one and four years and interviewed for the study, 25 (24 percent) had separated one year after being initially interviewed. These findings are concerning given that multiple family transitions, including the dissolution of the stepfamily, are associated with increased risks of poor outcomes for children (Adler-Baeder, 2007; Goodnight et al., 2013; Osborne & McLanahan, 2004; Pryor & Rodgers, 2001).

Research examining the outcomes of children living in stepfamilies thus far in this review has focused on comparison studies examining differences between these children and those from first-time families. Such comparison studies are based on the assumption of the ‘deficit-comparison’ approach (Coleman & Ganong, 1990; Ganong & Coleman, 2004, 2017), whereby differences in outcomes between children residing in different families are considered to arise from the family structure they live in. However, while children in stepfamilies are at increased risk for negative outcomes compared to children from first-time families, meta-analyses have shown that effect sizes related to the magnitude of differences between these groups of children are small (Amato, 2000; Dunn, 2002; Jeynes, 2006; Reifman, Villa, Amans, Rethinam, & Telesca, 2001). Further, Hetherington and Kelly (2002) concluded from the VLSDR study that approximately 25 percent of children in stepfamilies experience emotional and behavioural problems compared to 10 percent in first-time families. This highlights that the majority of children in stepfamilies (i.e., 75 to 80 percent) do not experience clinically significant problems (Hetherington & Kelly, 2002). Reflecting this, there has been a recent shift in focus toward examining dynamics and processes within stepfamilies that lead to positive outcomes and wellbeing. This has been termed the ‘normative adaptive’ approach (Ganong & Coleman, 2004, 2017). Within this perspective, stepfamilies are viewed as different from first-time families, but

neither dysfunctional nor successful. Instead, stepfamilies are seen as diverse with various resilience factors and processes that can lead to positive or problematic stepfamily functioning (Ganong & Coleman, 2017; Robertson, 2014). For example, in a New Zealand sample of 44 stepfamilies that had been together for at least five years, Robertson (2014) found that individual characteristics of positivity, realistic outlook, and temperament appeared to contribute to the stepfamilies' survival through the often early turbulent years. Further, family characteristics that appeared to promote resiliency included good communication, support, flexibility and compromise (Robertson, 2014). The following section outlines research conducted within the normative adaptive perspective, providing further insight into some of the factors and processes that influence outcomes for stepfamilies.

## **Stepfamily systems and characteristics**

The rise in divorce rates in the second half of the twentieth century gave rise to a subsequent increase in the number of post-divorce stepfamilies. At this time, few methodologically sound studies had examined stepfamilies and understanding of these families was limited (Ganong & Coleman, 2017). For example, in a literature review conducted in 1979, only 11 studies had been conducted with stepfamilies, which included unpublished doctoral dissertations (Espinoza & Newman, 1979). Thus, advancement in the understanding of stepfamilies was largely attributed to practitioner-scholars. Of particular influence were the writings of John and Emily Visher (1988, 1979), therapists living in a complex stepfamily, who founded the Stepfamily Association of America in 1979. These early contributions regarding stepfamily characteristics and functioning significantly shaped the conceptualisation of stepfamilies, with work from these seminal clinical writers still being used by researchers and therapists today (Ganong & Coleman, 2017).

Ganong and Coleman, (1987) emphasised the importance of therapists and researchers working together and influencing each other's work in order to provide a more rapidly developing and cohesive picture of stepfamily relationships. Since 1987, the gap between research and clinical literature has narrowed substantially (Ganong & Coleman, 2017). The following sections provide

an overview of both clinical and research contributions toward understanding stepfamilies, with particular focus on stepfamily characteristics and processes associated with outcomes. First, the family systems theory framework used to help guide our understanding of stepfamilies is briefly examined below.

## Theoretical Framework

A number of theoretical frameworks have been used to guide stepfamily research and therapy. These include family systems, social capital/social exchange, evolutionary, attachment, conflict, stress and resiliency, and parenting theories (Taylor, Robila, & Fisackerly, 2013). The most widely used framework is family systems theory (Taylor et al., 2013), which is also used to guide this thesis study. An overview of family systems perspectives is provided below.

### *Family systems theory*

As previously stated, family systems theory has become an important theoretical framework for researchers and therapists who have sought to understand the stepfamily structure, relationships between stepfamily members, and develop interventions for the challenges experienced by stepfamilies (Papernow, 2008). Family systems theory and systemic thinking has been influenced by sociologists, biologists, and family therapists, including biologist Ludwig von Bertalanffy (1968) and structural family therapist Salvador Minuchin (1974). The principles from general systems theory (e.g., von Bertalanffy, 1968) have had particular significance in influencing our understanding of families as an organised system (Cox & Pasley, 1997).

One prominent principle of general systems theory relates to the concept of wholeness and order (von Bertalanffy, 1968). Applied to families, this principle refers to the understanding that the family system as a whole is greater than the sum of its parts (Cox & Pasley, 1997). Thus, family members are considered interdependent, having influence on and inter-relating with each other as well as the wider system (Minuchin, 1988). The family system in first marriage families is made up of a hierarchical structure comprising smaller subsystems, including the parental, marital and sibling subsystems. Each subsystem is defined by a boundary and family members

develop rules for how to relate to each other within and across these boundaries (Cox & Pasley, 1997). Flexible but clear boundaries are regarded as being conducive to effective family functioning, while diffuse boundaries lead to enmeshment, and rigid boundaries lead to isolation and disengagement (Minuchin, 1974). Additional concepts of self-stabilisation and self-organisation describe how the subsystems and wider system compensate and reorganise in response to changes in the environment in order to maintain homeostasis, respectively (Cox & Paley, 1997). It is proposed that difficulties in the family system arise when family members adopt maladaptive behaviours or feedback loops in the process of maintaining the homeostasis of the family system (Minuchin, 1985).

Applying family systems perspectives, stepfamilies have been viewed as having a ‘suprasystem’ comprising of more subsystems than first-time families (Sager et al., 1983), including the stepparent-child, stepsibling, and ex-spouse dyads. Subsystems within this suprasystem have complex relationships and ambiguous hierarchies, boundaries, and roles (Ganong & Coleman, 2004, 2017). This is partly due to stepfamilies having a lack of shared history (Braithwaite, Baxter, & Harper, 1998) or middle ground (Papernow, 2008, 2013) upon which relationships are developed. Therefore, family roles must be negotiated and new family rituals and routines developed (Braithwaite, Toller, Daas, Durham, & Jones, 2008; Bray & Kelly, 1998; Papernow, 2013). Further, in contrast to first-families, the stepcouple subsystem in stepfamilies is not the parental subsystem (Ganong & Coleman, 2004, 2017). Thus, stepcouples must simultaneously develop a couple bond, maintain parent-child relationships, re-establish effective co-parenting relationships, as well as develop the stepparent-child relationship (Bray & Kelly, 1998; Browning & Artelt, 2012; Visher & Visher, 1996). Given this complexity, the integration process for stepfamilies is postulated to take between four and twelve years (Papernow, 1984, 1993, 1996). Achieving this is challenging as stepfamily subsystems often having competing needs and stepfamilies frequently have incongruent individual and family lifecycles (Bray, 1999).

These aforementioned processes in relation to stepfamily integration and functioning have been found to be more closely related to adjustment in children than family structure (Amato, 1987; Coleman, Ganong, & Russell, 2013; Ginther, & Pollack, 2004; Manning & Lamb, 2003). In addition, the stepparent-child relationship is particularly associated with family wellbeing, with

some research indicating that it has more of an influence than the stepcouple relationship (Adler-Baeder & Higginbotham, 2004; Bernstein, 2000). This differs from first-time families where the couple relationship is considered the ‘cornerstone’ of positive family functioning (Bray, 1999; Hetherington, 1999). However, as per family systems theory above, it is important to acknowledge that all stepfamily subsystems interact and affect one another and the family system as a whole. This is illustrated by previously mentioned research, which shows that well-functioning stepfamilies have a good couple relationship, parent-child relationships, and a workable stepparent-child relationship (Bray & Kelly, 1998). The functioning of the stepfamily system is also influenced by pre-stepfamily influences, which are discussed below.

### **Pre-stepfamily influences on stepfamily functioning**

To comprehensively understand the current functioning of stepfamilies, consideration of the context in which the stepfamily was formed is required. Encapsulating this Ganong and Coleman (2017) state that “stepfamilies do not begin as blank slates. The members are well into the process of writing their life stories when stepfamilies begin” (p. 37). These pre-stepfamily experiences, or life stories, appear to be largely influenced by the pathways and processes involved in forming a stepfamily (Ganong & Coleman, 2017; Pryor, 2014). As noted earlier, such experiences are seen to affect stepfamily outcomes, including relationship quality and individual wellbeing within stepfamilies (Coleman et al., 2013; Falke & Larson, 2007). This relates to the multiple transition perspective, which views divorce and remarriage not as single events but as a series of transitions that occur for family members (Amato, 2010). This section describes these pre-stepfamily pathways, and the implications of these for adults and children entering stepfamilies.

### ***Family processes prior to stepfamily living***

As stated earlier, the latter half of the twentieth century saw an increase in the number of stepfamilies formed following divorce (Ganong & Coleman, 2017; Pryor, 2014). These post-divorce stepfamilies, which form following a divorce and remarriage, are termed the ‘traditional’ form of a stepfamily (Pryor, 2014). However, there are various pathways to forming a

stepfamily, including more recent phenomena involving cohabitating or de facto stepfamilies (Ganong & Coleman, 2017; Pryor, 2014). A brief summary of these pathways and their potential impact on the stepfamily is provided below.

Divorce involves many changes for both adults and children. This may include moving schools and neighbourhoods, with associated losses of contact with friends, neighbours, and communities (Ahrons, 2007; Amato, 2010) In addition, children may spend time living between two households (Emery, 2012) or lose contact with their non-residential parent (Bauserman, 2002; Kelly & Emery, 2003). Children may also witness parental conflict pre- and post-divorce (Amato, 2010; Booth & Amato, 2001; Kelly & Emery, 2003). There is significant variability in how children adjust to the stressors associated with divorce. However, most children who experience parental divorce demonstrate resilience with comparable outcomes on measures of well-being to children from first-time families (Amato, 2010; Emery, 2012).

For parents, stressors associated with divorce include economic hardship (Amato, 2010; Goldberg & Sayer, 2006) and establishing co-parenting relationships with ex-spouses (Evenson & Simon, 2005). The stressors and practical difficulties associated with divorce have been seen to result in parents' emotional and psychological distress (Hetherington & Kelly, 2002) and less effective or diminished capacities to parent effectively (Amato, 2000). For example, compared to married mothers, post-divorce single mothers tend to show less warmth toward their children, are less consistent in enforcing rules, engage in harsher discipline, and monitor their children's behaviour less effectively during the two year adjustment period following separation (Hetherington & Clingempeel, 1992).

Inter-parental conflict and difficulties in children's relationships with their non-residential parents have been consistently identified as significant post-divorce influences on child outcomes (Carlson, 2006). In regards to the former, there is a general consensus that post-divorce conflict is particularly detrimental for children when they are caught in the middle of their parents' conflict (Amato, 2010; Kelly & Emery, 2003). This may involve children carrying hostile messages between parents or hearing one or both parent/s making negative comments about the other, which can lead to children experiencing loyalty conflicts (Buchanan, Maccoby, & Dornbusch, 1991; Papernow, 2013; Visher & Visher, 1996). Further, the quality of the co-

parenting relationship affects not only the children's adjustment to divorce (Emery, 2012; Fabricius & Luecken, 2007; Sandler, Miles, Cookston, & Braver, 2008), but also the new stepcouple relationship (Buunk & Mutsaers, 1999; Cartwright & Gibson, 2013), as well as the children's level of contact and relationships with their non-residential parent (Sobolewski & King, 2005; Troilo & Coleman, 2012).

In regards to the children's relationship with their non-residential parent, research suggests that the quality of this relationship, rather than level of contact, is associated with children's outcomes (Hakvoort et al., 2011; see Pryor, 2008, for a review). Relationship quality is often assessed in research using a single item measure of closeness (Pryor, 2008). However, one potential barrier to attaining this closeness is the non-residential parents' physical separation from their children (Scott, Booth, King, & Johnson, 2007). For children who never or rarely see their non-residential parent, they are likely to experience ambiguous loss, which is where the parent missing from their lives is not dead but is not accessible to them (Pryor, 2008). Further, some children still want their separated parents to reunite (Bray, 1999). Such unresolved feelings and a lack of mourning of the losses from prior family situations is considered to be an obstacle in the development of stepfamily relationships (Papernow, 2013).

Post-bereavement stepfamilies have not been of much focus in the clinical or research literature (Ganong & Coleman, 2017). However, the loss of a spouse or a parent is a life-changing experience and acknowledged as being one of the most stressful experiences for an individual (Yamamoto et al., 1996). Similarly, while an increasing number of children are born to unmarried parents (Ganong & Coleman, 2017; Pryor, 2014), few studies have examined the impacts of cohabitation breakdown on children's wellbeing. Therefore, it appears that much of the existing literature and subsequent current understanding of stepfamilies relate specifically to post-divorce stepfamilies.

Prior to forming a stepfamily, stepfamily members are also frequently seen to hold beliefs and stereotypes, which affect the formation and functioning of the new stepfamily. These expectations, myths and stereotypes are discussed below.

## **Expectations, myths, and stereotypes**

All individuals have beliefs and worldviews shaped through society, media, family, and peers. When a stepfamily is formed, stepfamily members bring these beliefs and worldviews with them, including those regarding marriage, parenting, and expectations of how households function, and place such beliefs onto the stepfamily (Ganong & Coleman, 2017). However, many expectations and social myths can be unhelpful and are noted to be an area in which stepfamilies most likely run into difficulty, leaving them unprepared for stepfamily living (Bray & Kelly, 1998; Ganong & Coleman, 1989; Ganong, Coleman, & Weaver, 2002; Smith, 2008). For instance, unrealistic and differing expectations between family members are observed to lead to conflict and family distress (Bray & Kelly, 1998; Hetherington & Kelly, 2002), particularly when stepfamily living fails to meet expectations (Weaver & Coleman, 2005). Common problematic expectations and myths are seen to largely arise from nuclear family ideology, and stereotypes about stepfamilies and its members. These stereotypes, myths, and expectations are briefly discussed below.

### ***Nuclear family ideology***

As stated earlier, stepfamilies have been predominantly compared to first-time families in the clinical and research literature, referred to as the ‘deficit-comparison’ approach. Similarly, there is a societal assumption that first-time families are the ‘natural’ or ideal family type (Ganong & Coleman, 2017; Scanzoni, 2004). Thus, stepfamilies often hold onto nuclear family ideologies and attempt to mould their stepfamily into a first-time family (Bray, 1999, 2008; Ganong & Coleman, 2017; Visher & Visher, 1988, 1996). It has been postulated that stepfamilies present themselves and model their relationships based on first-families in efforts to become “normal,” obtain resources and support provided for first-families, to avoid stigma and disapproval from society (Ganong & Coleman, 2017), and due to the absence of clear norms of how to interact as a family (Coleman, Ganong, & Russell, 2013).

Expectations associated with nuclear family ideology include the ‘instant love’ myth, where stepparents and children will love each other instantly and relationships require minimal effort (Hetherington & Kelly, 2002; Visher & Visher, 1988, 1996). In addition, due to the absence of guidelines or norms in relation to the stepparent role and the dominance of the nuclear family

model, parents and stepparents may feel that a stepparents' role should be functionally and emotionally similar to that of a biological parent (Bray, 1999; Fine, Coleman, & Ganong, 1998; Hetherington & Kelly, 2002). However, as will be illustrated later in this review, stepchildren often have different expectations and do not consider the stepparent to have parental rights, at least in the early stages of the stepfamily (Cartwright, 2005). Thus, children often meet the stepparents' attempts to discipline with resistance (Bray, 1999; Hetherington & Jodl, 1994; Kinniburgh-White, Cartwright, & Seymour, 2010; Weaver & Coleman, 2010).

### ***Stereotypes and social myths***

Stepfamilies are exposed to stereotypes and myths via fairy tales, movies, newspapers, and books (Claxton-Oldfield, 2000; Ganong & Coleman, 2017). Portrayals of stepfamilies are most often negative and stigmatise them (Claxton-Oldfield, 2000; Leon & Angst, 2005). These stereotypes include stepparents as being “wicked,” with stepmothers seen as mean and uncaring (Ganong & Coleman, 1997; Miller, 2015) and stepfathers as evil, predatory, and abusive (Claxton-Oldfield, 2000). Such negative depictions contribute to the negative beliefs and stereotypes held by society towards stepfamilies (Ganong, Coleman, & Mapes, 1990). In response to this stigma, some stepfamily members may hide their stepfamily membership (Hadfield & Nixon, 2013), behave in ways to disconfirm these beliefs (Jussim & Flemming, 1996), and/or experience lowered self-esteem (Visher & Visher, 1996). However, there is some more recent research which suggests that the stigma associated with stepfamilies is diminishing (e.g., Rigg & Pryor, 2007; Troilo & Coleman, 2008), perhaps due to the increased prevalence of these families.

Stepfamilies are also portrayed idealistically where love develops quickly and problems are solved easily, such as in the television show *The Brady Bunch* (Claxton-Oldfield, 2000). This contributes to the aforementioned instant love myth (Visher & Visher, 1996). Thus, there are mixed messages in the media – one of stepparents being mean and uncaring, and the other where love and caring should occur instantly.

### *Stepmothering*

The stepmother role is the most stigmatised of all the stepfamily positions (Coleman, Troilo, & Jamison, 2008). For instance, the evil stepmother myth is prevalent across cultures, with the Cinderella fairy tale being traced to ninth century China (Smith, 1953). Stepmothers are also influenced and impacted by gender expectations and myths about women and mothering (Miller, 2015). Mothering myths include that all women want to become mothers (Perez & Jaramillo Tórrrens, 2009) and that women are born with in-built mothering capacities (Hall, 1998). In addition, mothers are expected to be self-sacrificing, devoted, and nurturing (Hays, 1998) with there being a ‘right’ way to mother a child (Smart, 1996). These motherhood myths are in conflict with the expectations of stepparents, where lesser involvement in parenting is required (Levin, 1997). Thus, stepmothers may face double-binds where they are judged when they take on an active mother role and condemned when they avoid the mothering role (Salwen, 1990). The stepmother role is further complicated by the presence of the birth mother, where stepmothers may be sensitive to not threaten or infringe on the territory of the biological mother’s role (Ganong & Coleman, 2004; Hetherington & Kelly, 2002).

These myths, expectations and challenges faced by stepmothers are seen to affect their self-perception and behaviours (Church, 1999; Ganong & Coleman, 1997; Weaver & Coleman, 2005), including feelings of failure and self-blame when they are unable to fulfil society’s expectations of mothering (Coleman et al., 2008; Ganong & Coleman, 1997). It is argued that men do not face these difficulties and associated stressors because it is not expected that men or stepfathers should provide the majority of child care or household responsibilities (Levin, 1997).

The clinical and research literature outlined thus far indicates that pre-stepfamily experiences and societal messages regarding stepfamilies not only impact on stepfamily outcomes, but also stepfamily members’ views and expectations of stepfamily living. The following section considers further how these pre-stepfamily and contextual experiences also influence the development and functioning of stepfamily relationships.

## **Stepfamily relationships**

As mentioned previously, in comparison with first-families, stepfamilies have many subsystems which make up the stepfamily suprasystem. Some of these relationships are formed well before entering the stepfamily, such as the parent-child relationship, while others are in early stages of formation of development, such as the stepparent-child and stepcouple relationship. This section examines the dynamics and functioning of the resident parent-child relationship, stepfamily members' relationships with the non-residential parent, the stepparent-child relationship, and the stepcouple relationship.

### ***Resident parent-child relationships***

The residential parent-child relationship has received little focus in both the clinical and research literature compared to other stepfamily relationships (Cartwright, 2008). It has been suggested that this underrepresentation in the literature may be due to the perception that residential parent-child relationships are more stable and exhibit less distress than other stepfamily subsystems (Browning & Artelt, 2012; Cartwright, 2008). However, longitudinal studies have found that the parent-child relationship experiences considerable stress and conflict after entering a stepfamily, particularly in the first two years and when the children enter adolescence (Bray, 1999; Hetherington, 1999; Hetherington & Clingempeel, 1992). Existing research and clinical writings indicate that this initial distress may be due to children's experiences of a number of losses following their parent's remarriage or repartnering, including parental time and attention (Cartwright, 2003, 2005; Cartwright & Seymour, 2002; Moore & Cartwright, 2005; Visher & Visher, 1988, 1996). This may be perceived by children as a loss of importance in the parent's life as the parent focuses on the new couple relationship (Cartwright, 2005). Children can also perceive a loss of parental loyalty if the parent sides with the stepparent during disagreements, or places more emphasis on the wellbeing of the stepparent (Cartwright, 2005; Cartwright & Seymour, 2002).

Of the literature that has been published on the parent-child relationship, most has focused on stepfather families (Cartwright, 2008; Pryor, 2014). This is likely due to many children typically spending a period of time largely residing with their mother prior to entering a stepfamily (Pryor,

2014). During this period, parent-child coalitions have likely developed (Bray & Kelly, 1998; Hetherington & Jodl, 1994). Such coalitions may be adaptive in stepfamilies, but only in cases when other stepfamily members are not excluded from the stepfamily (see Cartwright, 2008, 2012, for reviews). For instance, one common phenomenon related to this parent-child coalition is what Papernow (2008, 2013) refers to as insider/outsider dynamics, where the thick middle ground between biological parents and their children pulls parents into the ‘stuck insider’ position, leaving stepparents in the ‘stuck outsider’ position. Parents feel caught between the needs of their partner and children, while stepparents are left feeling invisible, alone, and upset (Papernow, 2008, 2013). These loyalty binds for parents are particularly salient when stepparents and stepchildren experience conflict (Cartwright, 2008, 2012), which is common given that many stepparents and stepchildren experience difficulties in establishing a relationship (Bray, 1999; Hetherington & Kelly, 2002). Thus, mothers are placed under considerable stress, particularly during the first two years of stepfamily living, which is seen to impact on their ability to parent authoritatively (Hetherington & Clingempeel, 1992; Hetherington & Kelly, 2002). Findings from interview studies with therapists and stepfamily members indicate that positive parent-child relationships can be maintained when parents listen to, communicate with, and spend time alone with their children (Cartwright, 2005).

### ***Stepfamily members’ relationships with non-residential parents***

As stated previously, the quality of the co-parenting relationship post-divorce affects the level of contact and quality of the relationship children have with non-residential parents (Troilo & Coleman, 2012). However, when one parent re-partners, the existing co-parenting relationship is likely to be disrupted, with the non-residential parent-child relationship subsequently affected (Cartwright & Gibson, 2013; Pryor, 2008). This is in-line with systems theory, where the addition of a stepparent requires the family system to adjust in order to accommodate for this (Christensen & Rettig, 1996). For instance, the re-partnering or remarriage of one parent may contribute to the former spouse feeling insecure and fearful that they are being replaced as a parent as well as a partner (Cartwright & Gibson, 2013; Miller, 2009; Papernow, 2013). This may lead the former spouse to attempt to turn the children against the stepparent and new stepcouple relationship (Cartwright & Gibson, 2013; Papernow, 2013), or engage in gatekeeping

behaviours whereby they keep the children with them for longer than was planned or agreed (Ganong, Coleman, Jamison, & Feistman, 2015). In addition, former spouses may become inflexible to requests, not meet their parenting responsibilities, and there can be an increase in conflict in the co-parenting relationship regarding finances and child contact (Cartwright & Gibson, 2013). Such conflict in the co-parenting relationship is seen to lead to children experiencing loyalty conflicts in relation to their parents (Afifi, 2003), and impact on the quality of the new stepcouple relationship (Buunk & Mutsaers, 1999). In regards to the stepparent-non-residential parent relationship, in some cases former spouses may direct negativity toward stepparents, creating feelings of insecurity for stepparents (Cartwright & Gibson, 2013). However, there has been a noted lack of research into the stepparent-non-residential parent relationship (Pryor, 2014; Schrodt, 2011)

Among New Zealand parents and stepparents, Robertson (2014) found that the influence of non-residential parents was the third most commonly raised issue by adults in stepfamilies. However, quality co-parenting relationships can develop (Robertson, 2014) and are characterised by those where one or both partners use effective communication methods, discuss problems in a business-like manner, do not discuss toxic issues, are flexible when interacting and making decisions, and not flexible when discussing goals (Jamison, Coleman, Ganong, & Feistman, 2014).

### ***Stepparent-stepchild relationships***

The stepparent-child relationship has been found to be pivotal in the functioning of the stepfamily (Crosbie-Burnett & Giles-Sims, 1994; Hetherington & Clingempeel, 1992; Hetherington & Kelly, 2002), and can affect marital stability (Hetherington et al., 1999) and the adjustment of children (Ganong & Coleman, 2004; Hetherington & Kelly, 2002). However, as mentioned earlier, many stepparents and stepchildren experience difficulty in establishing a relationship (Bray, 1999; Hetherington & Kelly, 2002). This may be due to children's loyalty conflicts in relation to non-residential parents, whereby they may avoid forming a relationship with their stepparent due to fear that this will hurt the feelings of their non-residential parent (Bray & Kelly, 1998), or, in situations when there has been a parental death, may feel that by

building a relationship with their stepparent they will in some way lose the memory of their deceased parent (Ganong & Coleman, 2017). Further, as noted earlier, children may also be reluctant to develop a relationship with their stepparent due to their non-residential parent actively discouraging this (Cartwright & Gibson, 2013; Papernow, 2013).

Another factor seen to contribute to significant challenges faced by stepfamilies and the development of the stepparent-child relationship is the lack of clarity in relation to the stepparent role. In particular, stepparents lack certainty in regards to the scope of their responsibilities (Doodson & Morley, 2006; Stewart, 2005) and, due to the absence of clear guidelines, may adopt nuclear family norms and take on a parental role in the stepfamily (Bray, 1999; Hetherington & Kelly, 2002). However, without agreement of all family members, attempts to recreate a first-family is stressful and emotionally taxing (Coleman et al., 2013). For instance, children often have different expectations of the stepparents' role, viewing the stepparent as not having disciplinary rights (Cartwright, 2005; Hetherington & Kelly, 2002; Pryor & Rodgers, 2001). Thus, the early adoption of a disciplinary role by stepparents typically leads to resistance from children, as well as adjustment difficulties and negative child outcomes (Bray, 1999; Hetherington & Jodl, 1994; Kinniburgh-White et al., 2010; Papernow, 2006; Weaver & Coleman, 2010). The reality of stepfamily living is therefore often in contrast with expectations stepcouples commonly hold, such as the myth of 'instant love' (Hetherington & Kelly, 2002; Visher & Visher, 1988, 1996), which contributes to stepcouples' distress (Weaver & Coleman, 2005). Further, stepparents often do not like or love their stepchildren, which leads to feelings of guilt, reduced self-esteem (Papernow, 2013; Visher & Visher, 1996) and, for stepmothers, feeling as if they were unmotherly or wicked (Miller, 2015).

More recently, research has focused on the ways in which stepparents can develop positive relationships with their stepchildren. Several studies have shown that satisfying stepparent-child relationships develop when stepparents initially behave in a friendly manner and do not engage in active disciplinary behaviours (Bray & Kelly, 1998; Ganong, Coleman, Fine, & Martin, 1999; Kinniburgh-White et al., 2010). Further, when stepparents engage in 'affinity seeking behaviours,' which are behaviours and processes adopted by people with the intention of getting someone to feel positive toward them, relationships between stepparents and stepchildren are more likely to be mutually positive (Ganong et al., 1999; Stern, 1982). However, establishing

positive relationship between stepparents and children can take at least two years (Bray, 1999). Further, the challenges of stepparenting depends on the age and gender of the children (Coleman & Ganong, 1997), the length of time spent in the stepfamily (Hetherington & Kelly, 2002), as well as the wishes and needs of the child, the non-residential parent, and the expectations and needs of the parent and stepparent (Visher & Visher, 1996). Challenges associated with parenting and stepparenting are discussed further in the following section in relation to the stepcouple relationship.

### ***Stepcouple relationships***

As mentioned earlier, the stepcouple relationship is at greatest risk of divorce or separation during the first two years (Bray & Kelly, 1998). In addition, opposite to first-time families, marital satisfaction in stepfamilies starts low, then climbs (Bray & Berger, 1993; Hetherington & Clingempeel, 1992). Such marital instability may be attributed to adults bringing children into the new relationship or remarriage, with children in stepfamilies exerting more influence on marital happiness and stability than children in first-time families (Bray & Berger, 1993; Hetherington & Clingempeel, 1992). Stepcouple relationships may also be more unstable due to often negative or conflictual stepparent-child relationships (Coleman, Fine, Ganong, Downs, & Pauk, 2001; Falke & Larson, 2007; van Eeden-Moorefield & Pasley, 2008). Further, stepcouples are found to have elevated rates of ineffective communication and poorer problem-solving skills than couples in first-families (Bray & Berger, 1993; Bray & Kelly, 1998; Prado & Markman, 1999). Poor communication has been associated with relationship dissatisfaction (Gottman, 1994; Siffert & Schwarz, 2011), including among remarriages (Hetherington & Clingempeel, 1992). Thus, stepcouples may benefit from assistance in developing effective communication skills. In addition, stepcouple relationships are enhanced when stepcouples spend time together (Robertson, 2014), while balancing this with the needs of the children in order to reduce competition and jealousy among stepfamily members (Browning, 1994; Ganong et al., 2002; Visher & Visher, 1996).

Stepcouples are also faced with having to simultaneously form couple relationships alongside a system for the care and management of children. Parenting is considered one of the most

stressful aspects of stepfamily living, with stepcouples reporting more conflict around children and parenting than first-time family couples (Henry & Miller, 2004). For instance, in a national poll in the United States, the most frequently reported issue argued about by stepcouples related to the children (Stanley, Markman, & Whitton, 2002). Similarly, in Robertson's (2014) study the most common issue identified by New Zealand parents and stepparents was how to discipline the children, followed by agreement on household rules and routines. Stressors associated with parenting are also seen to continue throughout the stepfamily lifecycle, and increase when children reach adolescence (Bray & Harvey, 1995).

Conflict between stepcouples in relation to parenting may arise for various reasons. First, parents and stepparents may have different expectations of how households should be run, including what family members' roles should be and how children should behave and be disciplined (Papernow, 2013; Visher & Visher, 1979). Similarly, given the biological bond between parents and children, which is not shared by stepparents, the parent and stepparent often have differing views of the children's needs (Browning & Artelt, 2012, Papernow, 2013). Stepparents may also have no prior parenting experiences or have experiences with children of different ages or temperament, and therefore may have expectations of how children should behave that differ to the views of the parent (Fine & Kurdek, 1994; Webber, Sharpley, & Rowley, 1988).

According to stepfamily therapist Patricia Papernow (2008, 2013), the stepfamily structure pulls the stuck insider parent into a permissive parenting style due to the existing connection between the biological parent and child. In contrast, stepparents do not have a prior connection with the children, and children may feel indifferent toward or reject their stepparent. This sometimes results in the outsider stepparent being pulled into more of an authoritarian parenting style (Papernow, 2008, 2013). Such contrasting approaches between the stepcouple contribute to what Papernow refers to as polarised parenting, where stepparents become increasingly authoritarian toward the children, and in response parents become more permissive. Further, many stepcouples do not prepare or communicate about parenting and stepparenting roles prior to cohabitation (Cartwright, 2010). Therefore, stepcouples sometimes enter the stepfamily with no parenting alliance, which may contribute to the difficulties stepcouples have in the first 2 to 4 years (Hetherington & Kelly, 2002).

Both clinical and research literature indicates that, as outlined above, it works best when stepparents build a friendship or workable relationship with stepchildren prior to adopting any disciplinary role (Coleman et al., 2000; Papernow, 2006, 2013). It is suggested by therapists (e.g., Browning & Artelt, 2012; Papernow, 2013) that the children's parent takes primary responsibility for the discipline during this period while the stepparents enforce the rules in the parent's absence (Papernow, 2013). Although the parent is responsible for the discipline of the children, the stepcouple developing a consensus on parenting is associated with stepcouple satisfaction (Bray & Kelly, 1998; Falke & Larson, 2007). The presentation of the stepcouple as a solidified team may result in the children being less likely to undermine the stepcouple relationship (Afifi, 2008; Cissna, Cox, & Bochner, 1990). Finally, an authoritative approach to discipline (i.e., high on support and moderate to high on control) is recommended (Papernow, 2013), which has been consistently supported by research (Hetherington & Jodl, 1994; Hetherington & Kelly, 2002).

### **Section summary**

The characteristics and processes associated with stepfamily functioning discussed in this section are relevant to this thesis study as they highlight the ways in which stepfamilies may experience difficulties. For instance, stepfamily relationships and wider system functioning are influenced by pre-stepfamily experiences, including the separation or divorce of the children's parents, as well as the expectations held by stepfamilies of stepfamily living. Of particular influence is the problematic use of 'nuclear family' norms and ideologies, which stepfamilies may adopt to guide the formation and functioning of their stepfamily. This is problematic due stepfamilies having unique characteristics and functioning that differ from first-time families. For example, couples in stepfamilies must simultaneously develop their stepcouple relationship, maintain parent-child relationships, build effective co-parenting relationships, as well as develop the stepparent-child relationship (Browning & Artelt, 2012). The next section will discuss the therapeutic approaches and interventions developed specifically for stepfamilies to help assist these families with the unique challenges they experience.

## **Working therapeutically with stepfamilies**

Due to the distinct characteristics and functioning of stepfamilies compared to first-time families, therapists need to be aware of these unique differences and adjust their therapeutic approach accordingly in order to provide the best outcomes for these families (Bray, 2008; Ganong & Coleman, 2004, 2017; Pasley, Rhoden, Visher, & Visher, 1996; Visher, Visher, & Pasley, 1997). As noted previously, this includes moving away from the use of nuclear family ideology and norms. While it is acknowledged that using the nuclear family model can work for some stepfamilies, therapists consistently regard this model as being generally inappropriate for stepfamilies (Bray, 2008; Browning & Artelt, 2012; Cartwright, 2003; Papernow, 2013; Visher & Visher, 1996). This has been highlighted by research where therapists' lack of training, knowledge, and expertise in working with stepfamilies was considered an unhelpful aspect of therapy by clients and was associated with their level of disappointment with therapy (Pasley et al., 1996; Visher et al., 1997). Further, therapeutic impasse can occur when differences between stepfamilies and first-time families are not acknowledged (Bray, 2001; Browning, 1994).

Based on knowledge of how stepfamilies differ from first-time families, the challenges they face, and processes associated with positive outcomes, several interventions, including educational programmes and therapeutic models, have been developed for stepfamilies (e.g., Adler-Baeder et al., 2010; Bray, 2008; Browning & Artelt, 2012; Papernow, 2013; Visher & Visher, 1996; Whitton et al., 2008). However, interventions developed for stepfamilies are less common than those for first-time families (Browning, Accordini, Gennari, & Cigoli, 2010; Browning & Bray, 2009) and the majority of existing research examining these interventions has focused on stepfamily educational programmes. This section summarises these interventions for stepfamilies as well as their research evidence, where applicable. This is preceded by a brief overview of the difficulties for which stepfamilies seek therapeutic services.

### **Difficulties for which stepfamilies seek therapeutic intervention**

Thus far, this literature review has provided an overview of the clinical and research literature regarding the unique characteristics and processes among stepfamilies, and how these can create challenges for these families. In their review, Ganong et al., (2002) outlined what they termed as

four clinical truisms of when stepfamilies are most likely to experience difficulties. First, stepfamilies are poorly prepared for stepfamily living (Bray & Kelly, 1998; Cartwright, 2010; Ganong & Coleman, 1989; Smith, 2008) and often hold expectations based on nuclear family ideology. Second, stepfamilies with unrealistic expectations and a lack of understanding of stepfamily dynamics are more likely to attempt to solve problems in unhelpful ways. Third, not all stepfamily members are motivated to produce effective and positive relationships. Fourth, stepfamilies may not have the skills required to build relationships (Ganong et al., 2002).

While much literature has examined the common challenges faced by stepfamilies, only two studies have identified the difficulties for which stepfamilies seek therapeutic assistance. In one such study, Pasley et al., (1996) examined the experiences of 267 adults who sought therapy due to stepfamily issues. Pasley et al., (1996) found that the most common concerns of the adults at the initiation of therapy included depression or anxiety about the stepfamily functioning, stepparent-stepchild interactions, discipline of step/children, confusion about the stepparent role, household rules, ways in which stepchildren's needs are met (i.e., parenting/stepparenting concerns), academic and/or behavioural problems with step/children, and behaviours of and interactions with the ex-spouse.

Similarly, in Australia, Nicholson, Phillips, Whitton, Halford, and Sanders (2007) investigated 73 stepcouples' reasons for seeking a stepfamily education-based preventative intervention programme (*StepPrep*). The majority (80%) of couples reported that their main reason for attending the programme was a desire to prevent the development of future problems and to learn more about stepfamily life. Twenty-six percent of couples reported 'blending of families' (i.e., desire to be harmonious, feel like one family, improve communication, overcome clashes between children) as a reason for participating in the intervention, 17 percent reported wanting to improve the stepparent-child relationship, 13 percent were seeking an improvement in the couple relationship (i.e., communication problems, fights over children, and lack of time together), 10 percent required assistance with the stepcouple co-parenting (differing expectations and view of parenting, balancing parenting roles), and 5 percent sought guidance on the stepparenting role.

Findings from these two studies suggest that stepfamilies often seek therapeutic services for difficulties that are unique to stepfamilies. This highlights the importance of interventions

addressing the challenges of stepfamily living. However, further research is required to identify and provide more in-depth understanding into the range of difficulties for which stepfamilies seek therapeutic assistance. The current thesis study is the only study to-date which examines the difficulties stepfamilies present with from the perspective of therapists. Therapists offer a unique insight into stepfamily difficulties, which may extend beyond those that the stepfamilies initially seek assistance for.

### **Stepfamily interventions**

Interventions for stepfamilies largely fall into two categories: education and therapy (Pryor, 2014). Visher and Visher (1996) consider education to be the most important need for stepcouples, which is unsurprising given that stepfamilies have been observed to not prepare for stepfamily living, have unrealistic expectations, and solve problems in unhelpful ways (Ganong et al., 2002). In particular, education is considered to be of most benefit when stepfamilies receive this support early in their stepfamily development, given that preparation can help navigate and provide resources for the family when faced with future risk factors and difficulties (Michaels, 2000; Pasley & Garneau, 2012), and therefore prevent the need for more intensive therapeutic intervention (Pryor, 2014).

Various educational programmes have been developed for stepfamilies. These programmes either focus on the couple relationship or parenting, depending on what is considered to be most central to family wellbeing (Pryor, 2014). One prominent educational programme for stepfamilies that focuses on the couple relationship is *Smart Steps* (Adler-Baeder, 2007). Educational programmes with a parenting focus include *Marriage and Parenting in Stepfamilies* (MAPS; Forgatch & Rains, 1997), the *Oregon Model of Parent Management Training* (PMTO) intervention (Oregon Social Learning Center), an interactive web-based programme – *Parenting Toolkit: Skills for Stepfamilies* (Gelatt, Adler-Baeder, & Seeley, 2010), as well as programmes based on *Behavioural Family Interventions* (BFI; e.g., Nicholson, Sanders, Halford, Phillips, & Whitton 2008). Educational programmes for stepfamilies are typically delivered in a group-format to stepcouples (see Whitton et al., (2008) for a review).

The challenges and difficulties experienced by stepfamilies sometimes become entrenched and therefore require more intensive therapeutic intervention. Several sophisticated clinical models and therapeutic approaches and interventions for stepfamilies have been developed. For instance, Scott Browning and colleagues (Browning & Artelt, 2012; Browning & Bray, 2009) outline a 10-step clinical approach to working with stepfamilies, which is based on Family Systems Theory whereby the stepfamily is viewed as comprising of subsystems. Patricia Papernow (2008, 2013) proposed a therapeutic model which comprises three levels of intervention, namely psychoeducation, interpersonal skills, and intrapsychic dynamics, which she refers to as the “what,” “how,” and “why” of intervention, respectively. Based on findings from their extensive DIS research project on developmental issues for stepfamilies, James Bray and colleagues (Bray, 2001, 2005, 2008; Bray & Berger, 1993; Bray & Harvey, 1995; Bray & Kelly, 1998) outline therapeutic approaches for these families. Finally, Emily and John Visher (1979, 1988, 1996) summarise the challenges stepfamilies face and provide specific therapeutic interventions to assist with these. These therapeutic approaches and interventions for stepfamilies also incorporate an educational component. Thus, there are a number of overlapping components and approaches across educational and therapeutic interventions. An overview of these shared components is presented below.

### ***Educational and interpersonal skills***

Across educational programmes and therapeutic interventions there are common areas or topics stepfamilies are provided education on. Related to this, therapists (e.g., Bray, 2008; Browning & Artelt, 2012; Papernow, 2008, 2013; Visher & Visher, 1996) also make reference to using ‘psychoeducation,’ which is a term used to describe information that is provided in a counselling or therapeutic context to promote the change process (Levant, 1986). Here, the term psychoeducation will be used when also used by the therapist/s in question.

Educational programmes and therapeutic interventions include a component which involves informing stepfamilies about how stepfamilies are structurally and developmentally different from first-time families (Adler-Baeder et al., 2010; Bray, 2008; Browning & Artelt, 2012; Papernow, 2008, 2013; Visher & Visher, 1996; Whitton et al., 2008). This includes

acknowledging the losses and gains for stepfamily members resulting from the changes they have experienced (Papernow, 2008, 2013; Visher & Visher, 1996). Further, Papernow (2008, 2013) emphasises informing clients about what challenges they may face in the future. In Papernow's (2008, 2013) three-level therapeutic model, this psychoeducation component is referred to as the "what" level of intervention.

Educating stepfamilies on these aforementioned areas is believed to help normalise challenges and aid in the development of more realistic expectations (Adler-Baeder et al., 2010; Browning & Artelt, 2012; Papernow, 2008, 2013; Visher & Visher, 1996). Such realistic expectations include how long establishing roles and successful blending of stepfamilies can take, that stepparents do not always love their stepchildren, and that stepparents should not adopt a parental role without first developing a relationship with the children (Browning & Artelt, 2012; Papernow, 2013). This helps dispel the myth that the nuclear family is "ideal" as well as any negative stereotypes of stepfamilies. As indicated earlier, recognition of how stepfamilies are unique and having realistic expectations of stepfamily development and relationships are essential for healthy stepfamily functioning (Papernow, 2008, 2013; Visher, Visher, & Pasley, 2003). Further, this educational component sometimes involves highlighting positive possibilities and outcomes for stepfamily living, with the aim of providing hope and encouragement and reducing any helplessness felt by stepfamily members (Bray, 2008; Visher & Visher, 1996).

Bray (2008) highlighted that there is no one single approach that is best for working with stepfamilies. Instead, he emphasised that therapists "must be knowledgeable and skilled in understanding the unique aspects of remarriage and stepfamilies, and apply interventions within this context" (p. 505). In-line with this statement, a range of interpersonal skills are taught across educational and therapeutic interventions. These interpersonal skills relate to several main areas: the stepcouple relationship; parenting and stepparenting; relationships with the children's non-residential parent; and building a stepfamily culture. It is hypothesised that the stepfamily couples' interactions have the same causes and consequences as non-stepfamily couples and thus will benefit similarly from basic relationship insights and skills training (van Eeden-Moorefield & Pasley, 2008). Therefore, many skills taught to stepfamilies are also drawn from the general couple therapy literature. In Papernow's (2008, 2013) three-level therapeutic model, teaching

interpersonal skills is referred to the “how” level of intervention, with one or two interpersonal skills suggested to be taught at any one time. Similarly, Bray (2008) integrates interpersonal skills across sessions with stepcouples as opposed to having sessions dedicated to teaching skills. The following paragraphs provide a brief overview of the common interpersonal skills taught to stepfamilies.

To enhance the stepcouple relationship, skills typically taught relate to communication, conflict management, and developing empathy for their partner and their position in the stepfamily (Adler-Baeder et al., 2010; Papernow, 2013; Visher & Visher, 1996; Whitton et al. 2008). In regards to the latter, Papernow (2013) suggests that this helps to reduce insider/outsider dynamics. Similarly, Browning and colleagues (Browning & Artelt, 2012; Browning & Bray, 2009) describe enhancing the stepcouple’s level of empathic understanding of each other’s view of the children in order to reduce desire and energy spent on attempting to change or challenge each other’s perspective. Stepfamily interventions (e.g., Adler-Baeder et al., 2010; Bray, 2008; Papernow, 2013) also refer to skills and strategies from John Gottman (Gottman, 1994, 2011; Gottman & Gottman, 2006) for first-time couples, such as verbalising affection and using a “softened start-up” for sensitive conversations. Further, practical strategies recommended include scheduling one-on-one time together (Bray, 2008; Papernow, 2013; Visher & Visher, 1996).

Effective parenting and stepparenting skills and strategies are taught (Adler-Baeder et al., 2010; Bray 2008; Papernow, 2013; Visher & Visher, 1996; Whitton et al., 2008). This includes general parenting skills to align with an authoritative approach to discipline (Papernow, 2013). In addition, stepparents are encouraged to first develop a relationship with the children before adopting a parental role, while parents take primary responsibility for parenting (Papernow, 2013). It is suggested that stepparents use affinity-seeking strategies and approach building relationships with their stepchildren like friendships by spending time getting to know each other (Visher & Visher, 1996). Given the previously mentioned polarised parenting dynamic that commonly occurs in stepfamilies, stepparents and parents require assistance in shifting their parenting toward this authoritative approach, which can be facilitated by the stepparent developing empathy for the children and differentiating between age-appropriate behaviours and misbehaviour (Papernow, 2013). Finally, stepcouples are encouraged to build a parenting

coalition which can involve making a parenting plan with agreed-upon rules and consequences for children's behaviour (Bray, 2008; Papernow, 2013).

In relation to the co-parenting relationship between former spouses, stepfamilies are taught a range of skills which align with identified characteristics of quality co-parenting relationships (e.g., Jamison et al., 2014), including communicating unemotionally or in a business-like manner (Bray, 2008; Papernow, 2013; Whitton et al., 2008). In addition, adults are encouraged to respect boundaries between households (Papernow, 2013) and to make transitions between households peaceful and smooth (Bray 2008). Further, some interventions emphasise ending emotional ties with former partners, including completing the mourning of past relationships (Bray, 2008; Whitton et al., 2008).

The last predominant area in which skills are taught is in regards to developing and establishing a new stepfamily culture. To assist with this, it is recommended that stepfamilies develop rituals and routines to increase familiarity, while also retaining familiar rituals (Papernow, 2013; Visher & Visher, 1996). In addition, stepfamilies are encouraged to negotiate roles and rules within the stepfamily (Adler-Baeder et al., 2010), with only two or three changes in rules or routines made at any one time (Papernow, 2013). When appropriate, children should be involved in discussions concerning the household to increase their willingness to comply with changes (Papernow, 2013; Robertson, 2014). To facilitate effective family functioning and well-being, including the development of the skills discussed above, it is important that stepfamilies are adaptable and flexible (Robertson, 2014) and, related to expectations, recognise that learning about each other takes time (Papernow, 2013).

### *Research evidence*

Although educational programmes for stepfamilies have been implemented for over three decades, there is limited research evaluating these programmes. For instance, Whitton et al., (2008) identified only 20 studies published between 1978 and 2007 evaluating the effectiveness of educational programmes among stepfamilies. Most of the interventions were preventative, educational, designed for stepcouples, and presented in a group format. Compared to control groups, preventative interventions were found to increase knowledge of stepfamily issues and

decrease family conflict. However, mixed treatment effects were found for family environmental factors and marital satisfaction, which the authors suggested may be detected through more longitudinal data post-intervention (Whitton et al., 2008). Similarly, in a meta-analysis of 14 studies examining couple and relationship educational programmes for stepcouples, Lucier-Greer, Adler-Baeder, Ketting, Harcourt, and Smith (2012) found these programmes to have positive effects for stepfamilies overall and larger positive effects on the domains of family functioning and parenting. However, for the couple relationship domain, a small significant effect size was found for one-group/pretest-posttest designed studies and no significant effect size found for comparison group studies (Lucier-Greer et al., 2012).

Whitton et al., (2008) noted that the educational programmes reviewed were mostly well-grounded in clinical and research literature, addressing many factors that are associated with stepcouple outcomes in stepfamilies. However, research has predominantly examined preventative educational programmes, with one study to-date having examined the effectiveness of an educational programme (*Smart Steps*) among stepcouples who thought their marriage was in trouble and/or had seriously considered divorce or separation (Lucier-Greer, Adler-Baeder, Harcourt, & Gregson, 2014). Thus, the majority of research in this area is limited in its generalizability to stepcouples who are struggling and having difficulties, which many therapists are likely to be working with. Conclusions that can be drawn from the literature on stepfamily educational programmes are further limited due to various methodological issues and weaknesses of studies in this area. Identified methodological limitations include the use of short follow-up periods, different outcome measures used, a lack of control groups, and no assessment of moderators of outcomes (Lucier-Greer et al., 2012; Whitton et al., 2008).

The lack of substantial research conducted in this area may reflect the well-documented difficulties researchers have had in the recruitment and retention of stepfamilies in educational programmes (Skogrand, Reck, Higginbotham, Adler-Baeder, & Dansie, 2010). In general, stepcouples are found to rarely undertake stepfamily educational programmes as a preventative measure (Doss, Rhoades, Stanley, Markman, & Johnson, 2009; Ganong & Coleman, 1989; Higginbotham, Miller, & Niehuis, 2009). Further, some studies have found that only between 25 and 50 percent of stepfamilies undertake some form of preparation for remarriage (Ganong & Coleman, 1989; Higginbotham et al., 2009). Many stepcouples consider preparation for

remarriage as unnecessary, with counselling and educational programmes not being frequently accessed by stepcouples possibly due to embarrassment, fear of stigma, and the associated costs of formal types of preparation (Doss et al., 2009). When stepcouples do prepare for remarriage, they seek a variety of alternative methods and services including self-help literature, advice from friends, and websites (Ganong & Coleman, 1989; Higginbotham et al., 2009). However, Ganong and Coleman (2017) caution that websites, blogs, and self-help books are at risk of providing naïve, inaccurate, unhelpful, and non-evidence-based information.

### ***Therapeutic interventions***

Several therapeutic models and interventions have been developed for stepfamilies when difficulties become entrenched and require more intensive intervention. Such intensive interventions correspond with Papernow's (2008, 2013) third level of intervention, the 'why' level, which she suggests should only be progressed to when emotional reactivity remains high following psychoeducation and interpersonal skills. Across therapeutic interventions developed for stepfamilies, there are several similar components, which are discussed below.

#### ***Role of the therapist***

Bray (2008) describes therapists as having various roles, including educator, consultant, and coach. In addition, Bray (2008) and Browning and Artelt (2012) emphasise the importance of the therapist having neutrality, which involves maintaining a neutral stance and acknowledging the systemic nature of the problems facing the stepcouple. It is also recommended that therapists validate and normalise stepfamily difficulties prior to and during the challenging and correcting of misperceptions in order to demonstrate to the stepfamily that they understand their experiences (Bray, 2008; Browning & Artelt, 2012; Papernow, 2008, 2013). This is what Papernow (2008, 2013) refers to as "joining," which is seen to help stepfamilies become more receptive and open to any psychoeducation provided. In addition, it is also suggested that therapists stay supportive and reframe stepfamily difficulties positively, and in an optimistic and constructive manner, in order to reduce feelings of hopelessness (Bray, 2008; Papernow, 2006; Visher & Visher, 1996).

### *Assessment*

Each therapeutic intervention outlines an assessment phase or component (Bray, 2008; Browning & Artelt, 2012; Papernow, 2008, 2013; Visher & Visher, 1988, 1996). For instance, the first three steps of Browning and colleagues' clinical approach is the diagnostic phase, while each of Papernow's three intervention levels has an assessment component. The assessment component of each therapeutic intervention emphasise similar and different factors to assess. One assessment component used across therapeutic interventions for stepfamilies involves the use of genograms, or family trees. Genograms help to visually depict the structure of the stepfamily, the stepfamily members, and the relationships and functioning between and within each dyad (Browning & Artelt, 2012). In addition, Visher and Visher (1996) note that showing stepfamilies their genogram can help illustrate the complexity of their family and assist in understanding why they feel overwhelmed.

Therapeutic interventions for stepfamilies also identify the functioning of the stepfamily and each of its dyads (Bray, 2008; Browning & Artelt, 2012; Papernow, 2013). This includes how stepfamily members communicate. For example, Gottman's (1994, 2011) work on couple communication is often used to guide the assessment of how stepcouples argue and communicate, as well as their interpersonal skill level. In addition, Browning and colleagues (Browning & Artelt, 2012; Browning & Bray, 2009) ask each stepfamily member what they experience as being problematic and concerning about the stepfamily. Bray (2008) also assesses for the developmental lifecycles of the stepfamily and its members, as well as their strengths and positive characteristics. Further, the assessment phase of Papernow's 'what' level of intervention involves considering what knowledge the stepfamily has about stepfamily dynamics and structure.

Finally, therapeutic interventions for stepfamilies recommend identifying the underlying previous experiences and individual vulnerabilities of stepfamily members that may be impacting on or underlying their current difficulties (Bray, 2008; Papernow, 2008, 2013; Visher & Visher, 1996). This is analogous to Papernow's (2008, 2013) assessment component in her intrapsychic level of intervention. Making links between stepfamily members' past and current experiences is considered to be therapeutic (Visher & Visher, 1996), with focusing on stepfamily

members' unique needs early in treatment seen to help stepfamilies feel understood and supported (Browning & Artelt, 2012; Browning & Bray, 2009).

### *Subsystems-based approach*

Therapeutic interventions for stepfamilies recommend a subsystems-based approach (Bray, 2008; Browning & Artelt 2012; Papernow, 2013; Visher & Visher, 1988, 1994). This is due to caution against working with the whole stepfamily from the outset of therapy given intense emotions are typically being experienced by the stepfamily, and parents may filter their responses when their children and partner are present (Browning & Artelt, 2012; Papernow, 2013). Thus, focusing on the stepcouple relationship is considered more beneficial (Bray, 1995; Browning, 1994; Browning & Bray, 2009; Visher & Visher, 1994), and is the subsystem predominantly worked with by Bray (2008) and Papernow (2013). Similarly, in Browning and colleagues' 10-step clinical approach (Browning & Artelt, 2012; Browning & Bray, 2009), the stepcouple is the subsystem most frequently worked with in initial sessions; however, other subsystems are invited to see the therapist as therapy progresses with the aim of integrating subsystems into a cohesive whole before engaging in general family therapy (Browning & Artelt, 2012). It is recommended that the assessment conducted help identify the order in which stepfamily subsystems should be seen in therapy (Browning & Artelt, 2012; Visher & Visher, 1988).

### *Maintaining parent-child relationships*

As mentioned earlier, the parent-child relationship has been given little attention in the clinical and research literature (Browning & Artelt, 2012; Cartwright, 2008). This relationship also appears to be given limited focus in educational programmes. However, therapeutic interventions for stepfamilies emphasise to parents the importance of attending to this relationship, including spending one-on-one time together (e.g., Browning & Bray, 2009; Papernow, 2013; Visher & Visher, 1996).

### *Research evidence*

Therapeutic approaches and interventions for stepfamilies were developed based on the clinical and research literature (Bray, 2008; Browning & Artelt,, 2012; Papernow, 2008, 2013; Visher & Visher, 1996). However, little to no research has examined the effectiveness of these interventions on outcomes for stepfamilies. Pasley et al., (1996) appears to be the only study conducted in this area, providing insight into stepfamilies' therapy experiences. In this study, 267 adults were asked about their experiences of therapy, including what were the most helpful and unhelpful aspects of therapy. In response, 83 percent indicated that therapy had been helpful or very helpful for them, 13 percent indicated that it had been unhelpful or very unhelpful, and approximately 5 percent reported that therapy had no impact. The most helpful aspects of therapy identified included affective support, clarification of issues, and the therapy process and structure. Specifically, affective support related to validation of feelings, gaining a sense of control, and having a sense of acceptance. In addition, clarification of difficulties was deemed useful in depersonalising some behaviours, while the therapy process and structure was considered helpful because it provided a safe place to express their feelings. Further, therapists who were knowledgeable about stepfamily difficulties and the uniqueness of stepfamily life were considered helpful. Conversely, the most unhelpful aspect of the process and structure of therapy concerned the therapist's lack of skills and training in stepfamily issues. Therapy that was too simplistic, not practical, where problems were not identified, and goals were not set was also considered unhelpful.

### *Therapists' use of stepfamily interventions*

While there are various educational and therapeutic interventions developed for stepfamilies, it is largely unknown what approaches are being adopted by therapists in practice when working with these families. To gain some insight into this, Browning et al., (2010) surveyed 125 Italian therapists regarding their approaches to working with stepfamilies, as well as the theoretical orientation in their practice. Results from the survey showed that while the therapists recognised that stepfamilies were different from first-marriage families in terms of their structure and interpersonal dynamics, they did not adjust their clinical approach to address these differences.

Further, therapists were described as resorting back to fundamental clinical approaches and skills due to uncertainty of how to meet the needs of stepfamilies (Browning et al., 2010). As indicated earlier, not adjusting therapeutic approaches when working with stepfamilies not only leads to stepfamilies feeling misunderstood and vulnerable (Browning, 1994; Pasley et al., 1996) and contributes to therapeutic impasse (Bray, 2001; Browning, 1994), but it is also an ethical obligation on the behalf of the therapist (Browning et al., 2010).

## **Research aims and questions**

Considerable research and clinical contributions have been made to understanding stepfamilies and the unique challenges they face. In light of this, several educational programmes and therapeutic interventions have been developed for stepfamilies to help meet the needs of these families. However, little research attention has been given to the difficulties stepfamilies present with to therapeutic services and how therapists are working with stepfamilies to meet their needs. This is particularly so in the New Zealand context, where it is unknown what the service and therapeutic needs of New Zealand stepfamilies are, as well as what therapeutic approaches may be beneficial for these families. Further, New Zealand does not have a Stepfamily Association, as other countries do, and it is uncertain what services are currently available for stepfamilies and the accessibility of these services. This thesis study aims to investigate therapists' views of the therapeutic needs of stepfamilies in New Zealand. In this thesis study, therapists are regarded as key informants because of their expertise in working with stepfamilies. Therefore, these therapists are considered able to provide a unique perspective on the aims of this thesis study, which are outlined below.

Through a qualitative approach, the overall aims of this thesis study are:

- i. To gain insight into the difficulties stepfamilies present with to therapeutic services in New Zealand;
- ii. To investigate the therapeutic approaches and interventions used by therapists in New Zealand to assist with these difficulties;

- iii. To examine findings from study aims i. and ii. in light of international clinical writings and research; and
- iv. To understand the therapeutic service needs of stepfamilies in New Zealand.

This research appears to be the first study to provide insight into the therapeutic needs of stepfamilies in New Zealand. There is great benefit in exploring therapists' views and experiences, with this research seeking to help inform the provision of therapeutic services provided to stepfamilies both nationally and internationally in order to enhance outcomes for these families.

While New Zealand is comprised of multiple ethnic groups (Statistics New Zealand, 2013), this study does not seek to explore the aforementioned aims cross-culturally for a number of reasons. First, conceptualisations of and clinical interventions for stepfamilies have been predominantly developed within a Western perspective (Curtis-Clark, 2012; Ganong & Coleman, 2017). Thus, given European ethnicities comprise 74 percent of the New Zealand population (Statistics New Zealand, 2013), there is great benefit in exploring how the conceptualisation of difficulties and interventions adopted by therapists working with New Zealand European stepfamilies reflect existing Western international clinical literature. However, such Western perspectives and interventions for stepfamilies may not be appropriate in other cultures. For example, through interviews with Māori adult stepfamily members and mental health workers, Curtis-Clark (2012) found that the cultural meaning of stepfamily was found to be more fluid for Māori<sup>1</sup> compared to European stepfamilies and the use of the 'step' term was noted to be rarely used. Further, the Māori mental health workers emphasised the importance of understanding the impact of social pressures, including colonisation, on Māori families (Curtis-Clark, 2012). Therefore, it is important for research to investigate perspectives of and effective therapeutic approaches for stepfamilies across different cultures (Browning & Artelt, 2012). This thesis study focuses on the presenting difficulties of and therapeutic approaches for stepfamilies within in a Western perspective. The next chapter provides an overview of the methodology and procedures of this research.

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<sup>1</sup> Māori are the indigenous peoples of New Zealand.

## **Chapter Two – Methodology**

This thesis study aims to investigate therapists' perspectives of the therapeutic needs of stepfamilies in New Zealand. This thesis study is based on interviews with 12 therapists who were considered key informants due to their expertise in working therapeutically with stepfamilies. The research questions guiding this study are:

- i. What are the difficulties stepfamilies present with to therapeutic services in New Zealand?
- ii. What therapeutic approaches and interventions are used by therapists in New Zealand to assist with these difficulties?
- iii. How do findings from study aims i. and ii. compare to international clinical writing and research?
- iv. What are the therapeutic and support service needs of stepfamilies in New Zealand?

This chapter outlines the qualitative methodology used in this research, including how I have ensured the quality of this research. The methods adopted in this study are then described, including participant recruitment and demographics, as well as the data analyses procedures.

### **Qualitative Methodology**

#### **Qualitative methodology of this thesis study**

Qualitative research was developed in response to criticisms of the dominant positivist paradigms of the twentieth century (Denzin & Lincoln, 2003). Specifically, psychology and social science researchers critiqued quantitative research approaches underpinned by this positivist paradigm as not being able to accurately capture the unpredictability of human behaviour (Denzin & Lincoln, 2003), thereby removing any context and meaning to experiences (Guba & Lincoln, 1994). In contrast, qualitative research focuses on understanding how people interpret, construct, and attribute meaning to their experiences (Merriam & Tisdell, 2016). Thus,

while quantitative research uses numbers as data and statistically analyses them, qualitative research uses words as data (Clarke & Braun, 2013).

Various qualitative approaches have been developed, with different methods and epistemological orientations. Within qualitative post-positivist methodology there are three main approaches: interpretive, critical, and postmodern (Merriam, 2002). The interpretive approach is the most common type of qualitative research (Merriam & Tisdell, 2016), and will be used in this thesis study. The interpretive approach is based on the assumption that reality is socially constructed, with no single observable reality (Merriam & Tisdell, 2016). There are various interpretive studies, depending on the focus and phrasing of the research question (Merriam, 2002). Given there is no added dimension to this thesis study, this research is considered a basic qualitative study. This thesis also shares the fundamental characteristics of qualitative research, as outlined in the following section.

### **Characteristics of qualitative research**

Despite there being various qualitative approaches and disagreements about underlying epistemological assumptions, qualitative methods share a number of fundamental distinguishing characteristics (Merriam & Tisdell, 2016). Firstly, qualitative methods aim to achieve an understanding of how people make meaning of their lives and experiences. This is sometimes referred to as the *emic* or insider's perspective (Merriam & Tisdell, 2016). In this thesis study, value is placed on understanding therapists' views of the difficulties that stepfamilies present to therapeutic services with, the approaches that are considered helpful to address these difficulties, and the therapeutic service needs of stepfamilies. Secondly, the researcher is the primary instrument for data collection and analysis (Merriam & Tisdell, 2016). Due to this, there is a level of subjectivity that the researcher brings to the research which can impact on the study, including data analyses and conclusions drawn (Watt, 2007). However, steps can be taken to mitigate the subjectivity of qualitative research and increase the rigor of the research. The steps undertaken in the current thesis study to increase the trustworthiness and quality of the research are outlined in the following section.

The third shared characteristic of qualitative methodology is that the process undertaken is inductive (Merriam & Tisdell, 2016). Instead of testing hypotheses as in positivist research, an inductive approach develops and contributes to theories and hypotheses (Merriam & Tisdell, 2016). The last characteristic is that the final product of qualitative research is richly descriptive (Merriam & Tisdell, 2016). With these four characteristics, sample sizes in qualitative research are often small and selective (Merriam, 2009).

In consideration of what has been outlined thus far, qualitative methodology is regarded as being appropriate for this thesis study for several reasons. One of these reasons is that qualitative methodology is explorative in nature, which makes it appropriate for understanding an area that has had little or no research (Bryman, 2016). It also allows participants to voice their experiences, providing rich data grounded in their own words (Pathak, Jena, & Kalra, 2013). In this thesis study, I have prioritised the voices of therapists experienced in working with stepfamilies who can provide insight into the therapeutic needs of stepfamilies in New Zealand. Further, I believe that this approach will provide findings that may be useful for researchers, therapists, and stepfamilies. In particular, findings from this thesis study will help inform the therapeutic approaches provided to stepfamilies, and highlight their service needs in the New Zealand context.

## **Quality in qualitative research**

The quality assessment of data collection and analysis procedures in qualitative research is essential in ensuring its rigor and ‘trustworthiness’ (Lincoln & Guba, 1985). As indicated earlier, this is due to concerns regarding the quality of qualitative research given that it involves the collection and interpretation of textual information, which is more subjective than quantitative methods (Braun & Clarke, 2013). Proposed by Lincoln and Guba (1985), the commonly used criteria and strategies to help ensure the ‘trustworthiness’ of a study are credibility, transferability, dependability, and confirmability. These criteria relate to the quantitative terms of internal validity, generalisability, reliability, and objectivity, respectively (Merriam & Tisdell, 2016; Morrow, 2005; Shenton, 2004; Thomas & Magilvy, 2011). As outlined below, I have

employed a number of strategies in this thesis study to address these criteria and improve the overall trustworthiness of the research.

Credibility refers to how representative the descriptions and interpretations are of participants' experiences and interpretations (Merriam & Tisdell, 2016; Thomas & Magilvy, 2011). In this thesis study, credibility refers to the congruence between the therapists' perspectives and experiences of working with stepfamilies and the results of this study. To establish credibility, participants were offered the option to review their transcript in order to make changes or add further comments. Four participants reviewed their transcripts, of which two requested minor amendments. An outline and description of the procedures that I followed were documented and saved to ensure transparency of process and allow for supervisory review. My supervisor reviewed each step of the thematic analysis process, which is detailed at the end of this chapter.

Transferability refers to the extent to which the findings are applicable or generalizable to the target population (Merriam & Tisdell, 2016; Thomas & Magilvy, 2011). This thesis study outlines details of the participants and the methods used in order to provide contextualisation of the study so that readers can consider the relevance of its findings to the provision of services to stepfamilies.

Dependability occurs when another researcher can consistently follow and repeat the research decisions made by the researcher (Morrow, 2005; Thomas & Magilvy, 2011). As outlined above, the data was collected and analysed using a transparent process, with detailed methodological descriptions to allow for this thesis study to be replicated.

Finally, confirmability is established when steps are taken to ensure that the findings of the study are reflective of the experiences and ideas of the therapists who participated in this study, rather than my own views as the researcher (Morrow, 2005). It is acknowledged that the researcher is the key instrument in the data collection and analysis within qualitative research (Merriam & Tisdell, 2016). Therefore, it is important that I acknowledge the perspective and experiences that I bring to this thesis study. My personal reflection is outlined in the section below, as well as strategies I adopted to help ensure that the results of the qualitative analyses presented are an accurate reflection of the therapists' views and experiences, rather than my own biases or assumptions.

### ***Personal reflection***

My interest in researching stepfamilies does not come from experience living in a stepfamily, either in childhood or as an adult. Instead, my interest in working therapeutically with families in general comes from having received family therapy twice as a teenager. I found this experience to be largely positive and beneficial, and it provided me with insight into some of the complexities of family functioning. I have had limited previous experiences with stepfamilies; however, prior to and during data collection and analysis, my knowledge of the area increased through the reading of the literature, as well as providing a brief therapeutic intervention on a clinical placement to an adolescent who was living in a stepfamily. I was aware that this knowledge and experience somewhat impacted on my hypotheses of the study. Nonetheless, my clinical approaches in working with stepfamilies are in the early stages of development, which I believe supported me to engage flexibly with the data given by the participant therapists. In order to mitigate any impacts of my own views and beliefs, my data analysis and themes were reviewed by my supervisor as the study progressed. To further enhance the confirmability of this thesis study, I have also provided verbatim quotes from the participants' transcripts to ensure my interpretations are connected with what the participants said.

### **Thematic Analysis**

Thematic analysis is a qualitative research method for “identifying, analysing and reporting patterns (themes) within data” (Braun & Clarke, 2006, p. 79). This form of analysis is widely used (Guest, MacQueen, & Namey, 2012), and has a number of advantages. In particular, thematic analysis is an approach that is flexible, identifies similarities and differences across the data-set, offers a ‘thick description’ of the data-set, and allows for social and psychological interpretations of the data (Braun & Clarke, 2006). Therefore, in the current study thematic analysis will be used to investigate therapists’ views of the therapeutic needs of stepfamilies. This topic is broad, which is best analysed using an inductive, data-driven qualitative approach (Braun & Clarke, 2006). Braun and Clarke (2006) outline six steps to guide the process of thematic analysis: familiarisation with data; generating initial codes to organise the data into meaningful groups; searching for themes and ensuring they are discrete from each other and

internally consistent; reviewing themes; defining and naming the themes; and finally, producing the report. These steps and how they were applied in this thesis study are described in the final section of this chapter.

## **Method**

This section of the chapter outlines the methods used in the current thesis study. Ethical approval was provided by the University of Auckland Human Participants Ethics Committee on 29 August 2014 (reference number 012680).

### **Recruitment**

Participants were identified through an internet search of individuals who advertised as providing therapeutic support services for stepfamilies in New Zealand and those who were known as recognized stepfamily therapists. These individuals were sent an invitation to participate in the study via email or post, which included an advertisement (see Appendix A) and Participant Information Sheet (Appendix B). Participants were also recruited via an advertisement sent to the New Zealand College of Clinical Psychologists' email list.

### **Participants**

#### ***Demographics***

Twelve individuals who have experience providing therapeutic support services to stepfamilies in New Zealand participated in the study. The therapists consisted of four males and eight females, aged between 43 and 67 years ( $M = 56.0$ ;  $SD = 8.3$ ). All were of European descent. Six therapists were based in the Auckland region, three in Christchurch, two in Wellington, and one in the Bay of Plenty region. Five therapists stated that they were currently living in a stepfamily themselves, and one therapist disclosed that their parents had divorced when they were a child in the mid-1960s.

The therapists came from a variety of professional backgrounds. Five therapists were counsellors with two describing themselves specifically as family therapists, three therapists were clinical psychologists, three were social workers, and one was a general-registered psychologist. On average, the therapists had provided therapeutic services to stepfamilies for 18.5 years ( $SD = 8.0$ ;  $range = 6.5$  to 31 years). In addition, three therapists had authored books in the area of stepfamilies, three had facilitated workshops for professionals on working with stepfamilies, one had a website dedicated to providing information to stepfamilies, and four had lectured on family therapy at New Zealand tertiary institutions. Three therapists had previously facilitated stepfamily groups, with one therapist having run a stepfamily support group for fifteen years.

Nine therapists had not received formal training or attended workshops on working therapeutically with stepfamilies specifically; however, these therapists described having learnt how to work with stepfamilies through their training as a therapist and/or reading literature in the area. Three had attended courses or training on stepfamilies, including one therapist who attended workshops facilitated by John and Emily Visher.

At the time of the interview, eleven therapists were currently working in private practice, and one therapist was working in a non-government organisation that provided counselling services for families. One therapist had fifteen years' experience working with families both in private practice and the public system, but had recently changed work settings and was therefore not currently working with stepfamilies. In total, five therapists had prior experience working with families in the public health system.

Of the twelve participant therapists, two reported that they only worked with stepfamilies. One of these therapists facilitated a group programme for stepcouples and the other ran one-day workshops. One therapist reported that stepfamilies comprised 50-60% of their workload, six therapists reported 30-50%, one therapist 25%, and one 20%. In addition, one therapist reported 5% of their clientele were living in a stepfamily; however, it is important to note that this therapist worked in a private practice clinic which advertises its specialities as providing services for anxiety, depression, and attention-deficit/hyperactivity disorder (ADHD), as opposed to family-related difficulties.

The therapists reported that their clients were predominantly of European descent, with all but one therapist having this ethnic group comprise 75-90% of their work. One therapist, who facilitated a group for stepcouples, reported that 52% of their clients were of European descent, 35% Māori<sup>2</sup>, 8% Pacific Island, and 5% other.

## **Data collection**

### ***Interviews***

The therapists were given the option of taking part in an interview either individually or in a small focus group; however, all the therapists chose to be interviewed individually. All of the therapists completed a Consent Form prior to the interview (see Appendix C).

A semi-structured interview schedule was followed using largely open-ended questions (see Appendix D), with prompts to encourage therapists to expand further on their answers. The semi-structured interview method provides consistency and structure, while also allowing flexibility (Rubin & Rubin, 2005). In this thesis study, the semi-structured interview first explored the therapists' experiences and perspectives of the common difficulties stepfamilies present to therapeutic services with. This was followed by an exploration of the main therapeutic approaches and interventions they use when working with stepfamilies to address these difficulties. Therapists were then asked for their views on the therapeutic service needs of stepfamilies in New Zealand. The interview concluded with questions regarding the therapists' own personal experiences, including their perceived challenges and rewards when working with stepfamilies.

Four therapists were interviewed face-to-face, and eight via telephone or Skype. Interviews lasted between 40 and 100 minutes ( $M = 65$  minutes). Two therapists completed their interviews over two separate occasions. Due to time constraints, one therapist completed two-thirds of the interview, but not the section about the service needs of stepfamilies in New Zealand.

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<sup>2</sup> Māori are the indigenous peoples of New Zealand.

The therapists were guaranteed confidentiality to facilitate open discussion and protect their identity and those of their clients. One therapist, an author in the field of stepfamilies, requested acknowledgement of quotations taken from their interview.

## **Data Analysis**

Each interview was recorded using a digital voice-recorder and then transcribed by a professional transcriber. The interviews were transcribed verbatim, with repetitions, incomplete sentences, and pauses included. As outlined earlier in this chapter, the therapists were offered the option to review their transcripts and make changes and/or add comments. Four therapists reviewed their transcript, of which two requested minor amendments to ensure their statements and wording were accurate and succinct. Word files containing the transcribed interviews were then imported into a qualitative software package, NVivo 10, which allowed for the management and organisation of the data for qualitative analysis.

Data from the interviews were initially divided into three main data-sets related to the research questions. These data-sets were: stepfamily presenting difficulties; main therapeutic interventions; and the therapeutic service needs of stepfamilies in New Zealand. The data-set pertaining to stepfamily presenting difficulties was split into two data-sets: therapeutic support-seeking behaviours and difficulties stepfamilies present with to therapeutic services. This resulted in four sets of data. Thematic analyses were conducted on two of these sets of data: difficulties stepfamilies present with and main therapeutic interventions. Categorical analyses were conducted on the remaining two data-sets: therapeutic support-seeking behaviours and therapeutic service needs of stepfamilies in New Zealand.

## **Thematic Analysis**

As noted above, thematic analysis was conducted on two of the four sets of data in the current thesis study, namely the difficulties stepfamilies present with to therapeutic services, and the main therapeutic interventions used by the therapists. The data were analysed thematically using the methods described by Braun and Clarke (2006), as outlined below.

### *Becoming familiar with the data*

As noted earlier, the interviews were transcribed by a professional transcriber. Braun and Clarke (2006) state that, although not necessary, the transcription process is a helpful step in becoming familiar with the data. Given that I had not transcribed the interviews, I took time to read each interview transcript whilst listening to the interview recording to become familiar with the data and also ensure the transcription was accurate.

### *Generating initial codes*

Once I had familiarised myself with the data, I printed out each interview. I went through the first four interviews and in the margins of the texts wrote brief statements to summarise each unit of data, referred to as initial codes (Braun & Clarke, 2006). This resulted in a comprehensive list of codes, which I compiled and transferred onto a single sheet of paper. When a code was repeated within the data, I put a tick next to the relevant statement to reflect the number of times the initial code was represented. Following this process, I met with my supervisor to review the initial codes and discuss possible themes.

### *Searching for themes*

The codes were re-examined to identify related ideas and similarities and to establish provisional themes and subthemes. A theme is defined as capturing “something about the data in relation to the research question, and represents some level of patterned response or meaning within the data-set” (Braun & Clarke, 2006, p. 82). For example, for the data-set related to main therapeutic interventions I had the following themes: increasing awareness and insight; readjusting expectations; psychoeducation; and developing skills.

### *Reviewing themes*

To establish whether the provisional themes fit the data as a whole, I went through the remaining interviews and checked the data against the themes. This process was reviewed with my

supervisor. I then reviewed each theme for its internal consistency and how discrete they were from each other. A thematic map was developed for each of the two sets of data to visually depict the relationships between provisional themes (Braun & Clarke, 2006).

At this stage, for both data-sets I noticed that there was some overlap between data under each of the themes. Following supervisory review, it was considered that to condense these themes and comments would have been to take the comments out of context. Thus, the decision was made to make these overlaps explicit, representing ever-present influences on all of the themes in the data-set. For the first data-set concerning stepfamily presenting difficulties, overarching themes were: complexity of stepfamily living; and individual and family differences. This is depicted in the thematic map (see Figure 1). For the second data-set in relation to main therapeutic interventions, overarching themes were: mindful of nuclear family models and ideology; psychoeducation; and individualised approach (see thematic map, Figure 2).

### *Defining and naming themes*

The next step involved continuing to analyse the themes in order to define and refine them. For example, for the second data-set, ‘readjusting expectations’ was renamed ‘working with unrealistic beliefs and expectations’, and ‘developing skills’ renamed ‘assisting with skill development.’

### *Producing the report*

This final phase involved including examples of data as quotes in the final research report. The aim of this phase was to ensure that the final report provided a clear description of each theme, supported by quotations as illustrations of the meanings of the themes. The descriptors of ‘most’, ‘many’, ‘some’ or ‘few’, as recommended by Braun and Clarke (2006) were also used to illustrate salience and provide sufficient evidence of the themes within the data. To protect anonymity, the therapists were randomly assigned a number from 1 to 12.

### *Categorical Analysis*

As mentioned earlier in this chapter, the process of categorical analysis (Bowling, 2002) was used to analyse the remaining two data-sets: stepcouples' support-seeking behaviours and the service needs of stepfamilies in New Zealand. Categorical analysis employs a similar process to that of the thematic analysis described above; however, it is used when data is less rich and falls into discrete categories (Bowling, 2002). The findings from these categorical analyses are presented in Chapters Three and Five, respectively.

## **Chapter Three – Results**

### **Seeking Therapeutic Assistance**

This chapter presents findings in relation to the therapists' observations of the main difficulties stepfamilies present with and how they go about seeking this support. As outlined in the methodology section, therapists were asked for their perspectives regarding the context and process in which stepfamilies seek assistance, including how stepfamilies feel about requesting this assistance.

This chapter first presents the findings from the categorical analysis in relation to these therapeutic support-seeking behaviours of stepfamilies. This is followed by the thematic analysis of data concerning the main presenting difficulties.

### **Therapeutic Support-Seeking Behaviours**

The following presents results from the categorical analysis of data pertaining to the therapists' observations of stepcouples' support-seeking behaviours. Data were organised into four categories: initially seeking assistance for first-family versus stepfamily-specific difficulties; females initiating therapeutic support; feelings associated with seeking therapeutic support; and what prevents stepfamilies from seeking therapeutic assistance earlier?

#### **Initially seeking assistance for first-family versus stepfamily-specific difficulties**

All of the therapists described stepfamilies as experiencing difficulties that are generally found among first-time families, including communication problems and problematic parenting approaches. The ten therapists who provide therapeutic services for both first-time families and stepfamilies were asked whether stepcouples were seen to initially seek assistance for stepfamily-related difficulties. In response, two therapists said that stepcouples often seek their services for stepfamily-specific difficulties, because of their reputation as a stepfamily therapist. The remaining eight therapists observed that stepcouples often present to their service for

assistance with non-stepfamily-specific difficulties, with one therapist predominantly receiving referrals for individuals with mental health difficulties; however, the therapists noted that the unique challenges arising from living in a stepfamily were often underlying the problems for which the stepcouple are seeking support. As one therapist highlighted,

They will come with a whole panoply of issues, but a lot of those issues can be subsumed under the fact that they are trying to navigate problems that come about because they have blended families together. (Participant 10)

Many therapists also noted that they frequently observed the child being identified by the stepcouple as the source of their difficulties. One therapist explained,

By the time I had done 12 or 15 years' worth of working with children and families, I came to the conclusion that the majority of the time the child gets presented as the problem - the child is not doing well at school, they are being oppositional or defiant, or they are depressed or anxious, or whatever. The child gets presented as the problem, but it doesn't take long to work out that this is a family issue. (Participant 5)

### **Females initiating therapeutic support**

Many therapists noted that women typically initiated or drove the seeking of assistance, with some mentioning that the stepmother specifically was often the one to make the first contact with the therapist or service. The therapists hypothesised that this gendered trend was likely due to the socialisation of women. As one therapist explained,

I think that women are more socialised at seeking help of this kind than men are. The people that usually come for therapy, the majority of them are female. (Participant 5)

Further, a few therapists noted that when stepmothers are faced with the unique challenges in regard to the stepmother role, particularly in relation to adopting a mothering role with the stepchildren, this leads many stepmothers to "ask for help." As described in the following quote,

One of the premises of my work is that it's about the position of women in families, the training of women in families, and that [stepmothers] inadvertently go in unconsciously expecting to replicate the role of women in families. Therefore, they are taking responsibility and then things don't go as they expect, things start to go very belly up and then they ask for help, usually because the children are 'this and that or the other' or the partner is 'this or that or the other'... (Jan Rodwell)

## **Feelings associated with seeking therapeutic services**

The therapists were also asked for their perspectives on how stepfamilies feel about seeking therapeutic assistance. In response, a few therapists stated that they “don’t know,” with Participant 12 explaining “because I only see the ones who do reach out for help – they don’t say.” A few therapists simply stated that stepfamilies generally find it “difficult” to seek support. Similarly, many therapists described that stepcouples seek their therapeutic assistance at crisis or breaking point, which “probably suggests that they find [seeking support] difficult” (Participant 8). However, some of these therapists also described providing therapeutic services to couples who were preparing to enter a stepfamily and therefore seeking support as a preventative measure, wanting “to go into it with their eyes open” (Jan Rodwell). As further illustrated in the following quote,

If they come sooner, I love it. When they come sooner they're more "oh, you know, it didn't go well in my last marriage, and Susie and I we can see that things aren't going right and we thought we'd do something sooner rather than later." But I have to say that most of the people that I see have waited until it's gotten really bad. (Participant 1)

In their responses, many therapists reported not observing any difference between stepfamilies and first-time families in their therapeutic support-seeking behaviours. Encapsulating this, Participant 5 stated, “I don’t think anybody finds it easy to go and talk to a complete stranger about your most intimate private life.”

## **What prevents stepfamilies from seeking therapeutic assistance earlier?**

The therapists were asked for their views on factors contributing to why more stepfamilies do not seek support services earlier, prior to “breaking point.” The therapists identified a range of reasons and factors, including stepcouples taking time to recognise or admit that there is a problem and they need help; holding onto hope that things will get better without formal therapeutic support; that seeking therapeutic support will exacerbate feelings of failure; and fear that they are going to be identified or exposed as the one being at fault. In addition, one therapist noted that stepcouples may fear that seeking therapeutic support could lead to the end of their relationship. A few therapists mentioned that “often one parent is more interested than the other” in seeking support (Participant 2, stepcouple groups). Similarly, some noted that one individual

in the stepcouple relationship may be holding the other at fault, and therefore places responsibility of managing and fixing the difficulties onto them. As one therapist described,

Sometimes one puts responsibility on the other party, especially if the other party is the one that is bringing in the children. So, the stepparent might feel “I shouldn’t have to be dealing with this, you should be dealing with this.” (Participant 4)

In addition, some therapists spoke about the stigma of therapy or counselling and that individuals may feel “weak” if they were to seek assistance, with one therapist noting that therapy is not well-understood in New Zealand. Further, a few therapists identified the individual characteristics of clients as being a factor in their support-seeking behaviour. As one therapist explained,

I think it has to do with the individuals. When people are more psychologically minded and have some insight into the difficulties, people who have done some reading about it before it happens, people who communicate with each other openly and honestly, they are quicker to come to seek help. (Participant 5)

Finally, many therapists noted the financial cost and lack of availability and accessibility of therapeutic services as being additional factors that likely affected the therapeutic service-seeking behaviours of stepfamilies. These factors are explored further in Chapter Five in relation to the therapeutic service needs of stepfamilies in New Zealand.

## **Thematic Analysis: Presenting Difficulties**

This section presents the thematic analysis of data pertaining to the difficulties stepfamilies present with, as identified by the participant therapists. Four main themes emerged in the data which capture these difficulties. These were: 1) unrealistic expectations; 2) lasting impacts of the original family; 3) stepparent difficulties; and 4) parenting together.

In the following section, these four main themes and related subthemes are presented. Quotes from the therapists illustrating examples of the themes are also provided as evidence of the theme and to reflect the therapists' views. Table 1 outlines these themes and subthemes. The four main themes and associated subthemes were placed into a thematic map as suggested by Braun and Clarke (2006) as a way of defining relationships between themes and providing a visual image of the key findings from the study. This map is included as Figure 1.

It is noted that these themes overlap with previous research and clinical writings. A discussion of how these themes reflect, and further contribute to, our understanding of the difficulties stepfamilies present with to therapeutic services is presented in the Discussion in Chapter Six.

Table 1

*Presenting difficulties – themes and subthemes*

<b>Themes</b>	<b>Subthemes</b>
Unrealistic expectations	Hopes and dreams Adjusting to stepfamily living
Lasting impacts of the original family	Stepparents' experiences
Stepparent difficulties	Co-parenting Children's experiences Position in the family unit Parents and stepparents' feelings toward the stepchildren
Parenting together	Different perspectives Problematic parenting styles Stepparenting

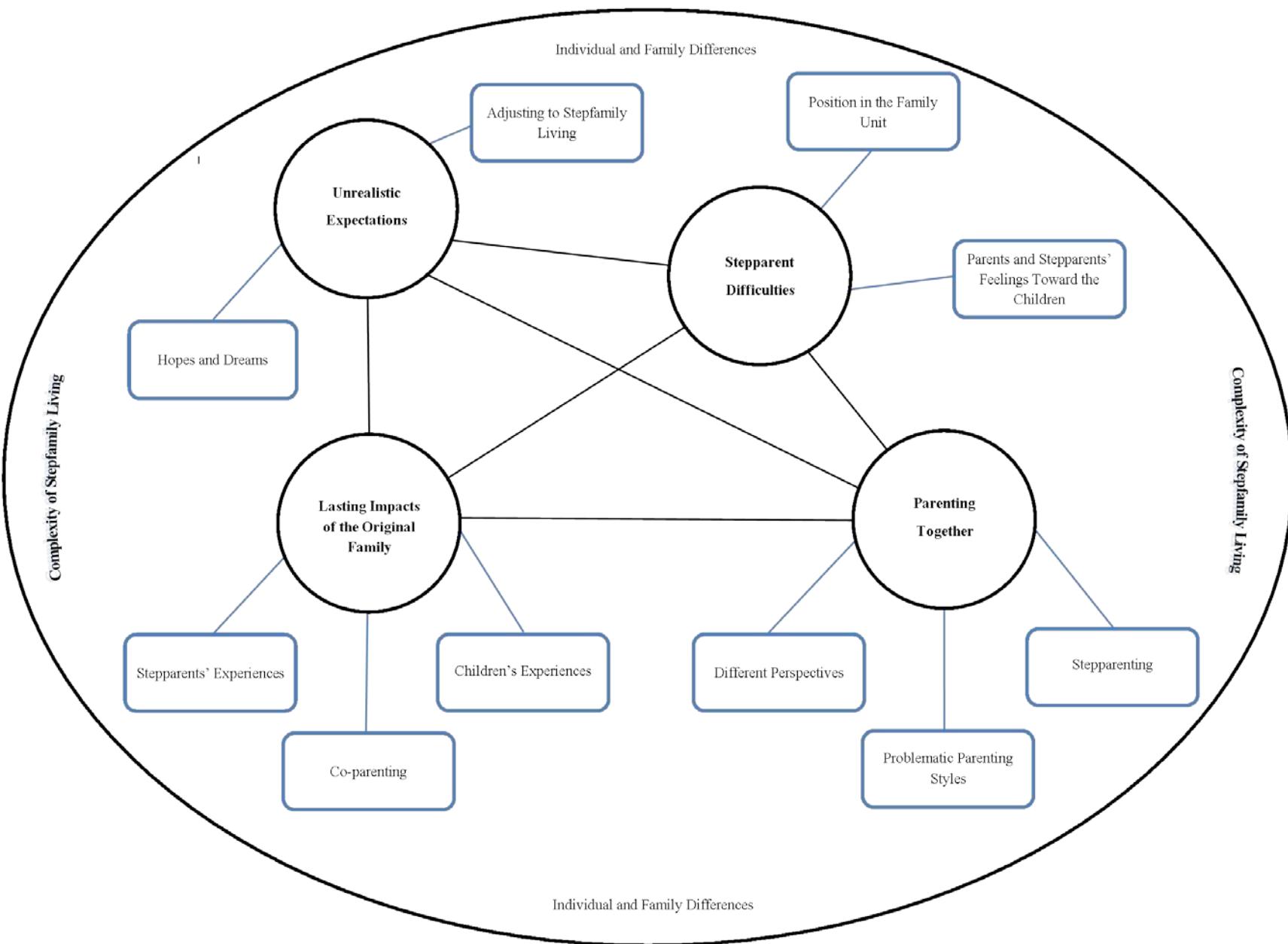


Figure 1. Presenting difficulties – themes and subthemes

## **Theme One: Unrealistic Expectations**

Most therapists described stepcouples as being uninformed and having an optimistic outlook regarding what stepfamily living would be like when entering into the new stepfamily unit. The therapists considered many of these expectations to be unrealistic. This section presents the therapists' views of common unrealistic expectations held by stepcouples, their impact on stepfamily members, as well as the problems arising from stepcouples underestimating the adjustment required to navigate the challenges associated with forming and living in a stepfamily. Two subthemes were identified: hopes and dreams; and adjusting to stepfamily living.

### ***Hopes and dreams***

Most therapists described stepfamilies as holding onto unrealistic hopes and dreams of what stepfamily living would entail. Common misconceptions discussed by the therapists included the stepcouple anticipating that everyone will like and get along with each other and that the stepparent and stepchildren will quickly develop a loving relationship. As the following quote illustrates,

The misguided expectations that people have when they re-partner – expecting that it's going to be wonderful and everything's going to be fine and I'm going to get on well with his children and she's going to get on well with my children and so on. I think their expectations are sort of rose-tinted glasses. (Participant 5)

Some therapists observed that having found the 'right partner' following a divorce or separation, the stepcouple experience a lot of hope, as well as pressure to ensure that this relationship will be successful. As one therapist described,

If it's a second [marriage or partnership] for both of them, there's a very high degree of hope and expectation and commitment to making this one work. The stakes are higher after a breakup or formal separation or divorce, and if anything it sets up a greater level of tension about problems in the relationship, because this time it's not supposed to be a problem because they have finally found the right person, and we've got to make this work this time. (Participant 8)

However, when the stepcouple begins to experience serious difficulties, many therapists observed that stepcouples feel a sense of failure and panic. Not expecting that difficulties would happen in this new relationship, the stepcouple were seen to hold themselves at fault. Some therapists noted this to be particularly true for those whose current experiences had parallels

with those of painful prior relationships, as some people perceived a pattern of failure or that something is “wrong” with them. One therapist explained,

They get really panicky that they're failing again. They feel like they've failed at marriage, and they're in a new one and they're failing again ... and they can be quite distressed. It's humbling to think that it's going wrong again for a different reason. You kind of thought that if you swapped partners, it would go right ... People are quite hard on themselves that it's not going well. They seem to sometimes know that lots of people fail at re-partnering and blending families, but at the same time they keep trying and hoping it won't be them, because you kind of feel like "if I'm failing again, maybe my ex-spouse was right and I am bad at relationships." (Participant 1)

Most therapists identified the stepcouple’s hopes and expectations of becoming an instant, “happy family” as typically being too much, too soon for the children who are adjusting to the changes associated with their parents’ divorce or separation, as well as the transition into living in a stepfamily. As the following quote illustrates,

The kids are sort of all over the show because they're only just getting used to mum and dad separating, and now there's this new person, and now they're having to go from one house to the other ... One or both of the adults are sometimes trying to make happy families... "Oh, we're just one big happy family," when the kids don't know who the stepparent is, or don't even like them, or don't want to be their friend, let alone play happy families. (Participant 1)

These unrealistic expectations were often attributed to the stepcouples holding nuclear family norms and ideology. For instance, some therapists observed stepcouples as trying to establish their new household “based on the map that was used or available to them in their own families of origin growing up and that was available to them in their first relationships” (Participant 12). Similarly, Jan Rodwell mentioned that “adults go into stepfamilies not having thought about the differences of these families from nuclear families.” She further noted how this can cause difficulties among stepfamilies,

I would say that the most common issue is they go in with that expectation and behave as though [having a first-family] is what they've got and they don't. And then conflict arises because they are both parenting in ways expecting a whole lot ... The expectation is ... loving instantly and expecting to discipline, expecting households to go in certain ways rather than a whole process of negotiation of everyone's roles, relationships, expectations ... But people don't hold that as an idea when they go into stepfamilies, they just think we are doing “family” and we know how to do that, but it's this nuclear family model. (Jan Rodwell)

Many therapists also spoke about the ‘myth’ that women should naturally adopt and be responsible for childcare and the running of the household, and how this was observed to be commonly held by stepmothers. The therapists noted that believing in such myths can lead some

women to experience disappointment, reduced self-esteem and other difficulties when they find they do not live up to these expectations. As one therapist described,

If an individual woman who struggles in a stepfamily situation has this myth in mind as the measure that she must live up to, then she may very well find herself to be insufficient, at fault, and then have all of those negative emotional sequelae which can impact her behaviour. She might hold back and not get involved with her stepfamily and do what she would have naturally thought should be done, or she may become a little over-controlling or over-anxious or punitive. (Participant 4)

### ***Adjusting to stepfamily living***

Most therapists also observed stepfamilies as entering into the new stepfamily unit underestimating or not being prepared for the amount of adjustment required to navigate the challenges associated with living in a stepfamily. Some therapists considered these challenges to be associated with family system changes, particularly in early phases of the formation of the stepfamily. For instance, Jan Rodwell explained “when a stepfamily forms they’ve got the overlay of each family – the original family, the children, what they developed as a family, and then you’ve got this new person.” Some therapists also discussed how the joining of two family systems can be further complicated by cultural differences between the stepcouple. As such, the stepcouple were described by many therapists as still having a lot to learn about each other with things to subsequently navigate,

There’s a lot to learn; you know each other as lovers or as love-interests, but sometimes you don’t know a lot about each other as parents until you all live together. So there’s a whole other stage of learning, and there will be differences and difficulties … There’s a lot that you don’t know about each other’s family culture, about each other’s children, about each other’s parenting. (Participant 1)

Further, for some family members, this process was described as being compounded by the simultaneous processing of emotions and losses associated with the separation of the original family, as illustrated in the following quote,

There can be a lot of currents and stressors, and that's really hard. There's so much going on often for couples when they re-blend. There's the stage of separation, and all the legal and financial stuff. There's the grief, and how much the grief and shock has been processed, especially if there's been an affair. (Participant 1)

The stress and pressure associated with these transitions and new learnings were identified by most therapists as leading to disagreements and conflict between the stepcouple. Compared to

couples in first-families, such stress and conflict were noted to occur much earlier in stepcouple relationships, as highlighted in the following quotes,

They can come under stress more quickly than they might do in the earlier relationships and prior relationships. (Participant 12)

You find out that people are basically not having time together, not having sex, not really talking about things that matter to them, like their interests in gardening or books or cars or cricket – it's all about the issues, and it just gets too much. (Participant 2)

Many therapists also described these stressors as leading to self-image, self-esteem, and emotional difficulties among stepfamily members, as well as being critical toward themselves and each other. To illustrate this, Participant 4 provided a case of a woman who had recently entered a stepfamily,

She presented with irritability in relationships ... But she seemed to be particularly concerned and worried about this and she was wondering if she had a difficult personality. My impression was she didn't have any sort of trouble in terms of personality functioning ... It turned out that she had recently, in the last two years, married a man. He had two children from a previous partnership and these children were now a part of her life ... Her conflict with the children and her new husband, due to the children, were introducing this doubt. I think that this was really the trigger, and she was reactively questioning herself as an individual, her interpersonal functioning, her social skills based on these recent changes in her life ... The reality of living in a stepfamily I think she hadn't been prepared for.

Some therapists expressed admiration and respect for the incredible effort and perseverance they observe stepfamily members making in spite of the challenges and demands of living in a stepfamily. As one therapist expressed,

They have an awful lot more demands placed on their resilience and coping mechanisms ... The incredible kind of commitment that some show and make, to making a go of something – I sometimes think I wouldn't be able to do that, being honest with myself (Participant 11).

In summary, most therapists observed that stepfamilies hold unrealistic expectations, including hopes and dreams, about stepfamily living. These misconceptions were considered to arise from stepfamilies' problematic use of nuclear family ideology and norms to guide the establishment of the new household. In addition, stepfamilies were described as often being unprepared for the adjustment and commitment required to navigate the challenges associated with being in this type of family unit. Therefore, when faced with the unexpected reality of the challenges associated with joining two family systems and developing new relationships, stepcouples were seen as experiencing panic, a sense of failure, reduced self-esteem, and/or interpersonal conflict,

while the children were described as struggling with the stepcouple's expectations of wanting to become an instant, happy family and adjusting to family changes.

## **Theme Two: The Lasting Impacts of the Original Family**

Most therapists spoke about the original family having ongoing impacts on the new stepfamily unit in various ways, including ongoing conflict with ex-spouses regarding child contact, stepparents' feelings of insecurity and jealousy toward ex-spouses, adults' unresolved grief and anger in relation to the separation or divorce, and the children's experience of loyalty conflicts with their parents. Encapsulating this enduring presence of the original family, Participant 10 said,

I think the legacy in all of this is in the essential relationship between the original couple. It spawns an affect at separation which then goes on to impact the new relationship, because these are ... systems, so the whole is always greater than some of its parts.

The following three subthemes capture these lasting impacts of the original family identified by the therapists: stepparents' experiences; co-parenting; and children's experiences.

### *Stepparents' experiences*

Most therapists identified several ongoing challenges for stepparents in relation to the children's other parent. For example, many therapists described stepparents as frequently feeling threatened by ex-spouses. This was seen to occur even if former spouses were friendly. As one therapist explained,

They can be a hostile ex-partner, or a needy ex-partner, or a demanding ex-partner or even a very friendly one and agreeable and cooperative one – it can still undermine the new partner's feelings of the loyalty of their new partner. (Participant 8)

In addition, particular actions of former spouses, such as trying to "win back" their ex, were mentioned by some therapists as contributing to stepparents' feelings of insecurity, jealousy, and vulnerability. Some therapists noted that this could lead to distrust and conflict in the new stepcouple relationship, as illustrated in the following quote,

[There can be] quite a lot of jealousy, quite a sense of vulnerability and threat, as well as trust issues in the new partnership or the new marriage. That is definitely one of the areas that can be significant enough at times to bring people in for treatment, or it can be an

easily identifiable factor in terms of their own emotional struggling at the time. It can lead to quite a lot of relationship conflict as well. For example, when one party is trying to convince the other one that they are trustworthy, that they are reliable ... (Participant 4)

Some therapists observed that given their shared history, parents can have a sense of loyalty toward their former spouses. This loyalty can create difficulty in balancing this with the needs of their new partner, the stepparent, who may also have difficulty acknowledging or accepting this relationship. As one therapist described,

The exes are always problematic because there is the history your partner has with their ex. It's always difficult for the stepparent to come to terms with because you don't have that history. You haven't got that foundation of relationship that the partner has with their ex. So that's difficult ... There is a loyalty in some way to the ex-partner if the children are still young and even if that is not a desired loyalty ... you would be very stupid if you were to vilify your ex-partner to your children or to anybody else, because that's not going to help. So the parent experiences conflict between that and making their new partner feel as though they are number one in their life. (Participant 5)

A few therapists mentioned that stepmothers can have a particular focus on biological mothers, sometimes leading to a sense of rivalry between them. Jan Rowell explained,

Quite often, particularly a stepmother will be quite focussed on the children's mother and what the children's mother is doing, or not doing, and the relationship with the partner ... I guess sometimes they feel powerless there, that all these things go on there and, you know, they don't have any control over it ...

I think they can easily get into a competitive kind of relationship or "if only they were doing this" or "they are doing this wrong or that wrong."

Many therapists noted that these aforementioned challenges arose because clear boundaries had not been established between parents and their ex-spouses. The therapists described stepparents as often expressing unhappiness with ex-spouses' over-involvement in the newly established stepfamily, particularly in relation to childcare arrangements, holding the "belief that the parent is still acquiescing to the unreasonable demands or expectations of the former partner, or is in a sense still married to them" (Participant 8). Some therapists observed that men in particular were sometimes frightened of setting limits with their former spouses due to the potential impact it could have on their contact with the children, how it may affect the children, and in order to keep the peace, as highlighted in the following quote,

Not uncommonly the biological father or stepfather's ex-wife would be problematic for the new female partner because the male would find it difficult to be firm with the ex. And so the new partner would find it really intrusive – the ex is being really intrusive and dominating and demanding. (Participant 5)

Stepparents were also observed to experience further challenges in relation to the ex-spouses' co-parenting relationship, which are presented in the following section.

### ***Co-parenting***

Some therapists talked about the stress experienced by parents, ex-spouses, and stepparents associated with either current or previous involvement in Court processes, particularly in regard to financial and child care arrangements. For instance, some ex-spouses were observed to feel discontent and ambivalence about their children spending time with their stepparents, who they may consider to have contributed to the break-down of their marriage or relationship. As one therapist highlighted,

The [parent's ex-spouse] may not actually want their child to be away a week every fortnight with someone that they don't know or like, or who they consider to have wrecked their marriage." (Participant 10)

Further, some ex-spouses were seen to make disparaging comments regarding each other's use of time with the children. One therapist said,

I've heard ex-wives telling the husband that when he has the children he doesn't do the things with them that he should, such as kick a ball around or do things like that. So quite a lot of criticism [comes] about [from] their use of time and either wanting more or wanting less time. (Participant 4)

Some therapists mentioned that in serious cases parents have expressed concerns regarding their ex-spouse's ability to provide safe care of the children. However, such concerns were noted as not occurring exclusively among stepfamilies or couples who had separated, as illustrated in the following quote,

There are some very real factors that do make it difficult for one of the parents to provide safe care. If they were still together, if they were still a couple, if they were still married, it would still be an issue. So the separation doesn't necessarily make that come about. (Participant 4)

A few therapists also described some stepparents as feeling resentful and having difficulty coming to terms with the Court-ordered child support payments and custody arrangements. One therapist said,

Finances ... That's always difficult particularly when your partner is paying child support for the children to an ex. That can be a minefield and how do you keep your finances independent enough so that the new partner doesn't feel as though they are paying for the children to an ex-partner. (Participant 5)

These childcare arrangements also inevitably present challenges for children. This, as well as additional impacts for children associated with the ongoing presence of the original family, is presented in the following section.

### ***Children's experiences***

Many therapists talked about the impact of parental separation and subsequent transition into a stepfamily on children. This included the stress associated with adjusting to moving between households and parents, as the following quote illustrates,

Back and forth; not having a bedroom or having a bedroom that gets used or not used by other people ... Missing the other parent when they're at whichever house they're in is also common ... The adjustments between [households] can be a bit disruptive, especially when it requires movements geographically out of their area. (Participant 11)

In addition, many therapists described most children as being sensitive to any animosity between their separated parents, as well as ongoing unresolved grief in relation to the separation or divorce. Some therapists explained that children often express their feelings and distress to this through problematic or challenging behaviours, which parents and stepparents find difficult to manage. One therapist said,

If the relationship of the [biological] parents has been conflictual, and the adults in the new relationship are not working collaboratively with the biological co-parents ... then that's really fraught. [Living in a] step-family is a complex beast and it's especially hard for young people that are going to be under your roof. They don't always have the skills or the wisdom or the life experience to articulate it, so you're going to see it manifest behaviourally. And parents aren't necessarily that equipped to deal with it because they're focused on establishing this new household. (Participant 12)

Most therapists also spoke about how the importance and lasting presence of the original family can lead to children struggling with loyalty conflicts. This included the children feeling guilty and disloyal to their non-residential parents if they form a relationship with their same-sex stepparents. As one therapist described,

Children very often have that conflict about "if I am loyal to my new stepparent, I am betraying my biological parent." (Participant 3)

Many therapists also observed challenges for children arising from the unresolved feelings ex-spouses often have regarding the end of their relationship. For example, some therapists noted that these feelings lead some ex-spouses to undermine their former spouses, including "withholding children or not allowing holidays to take place or having rigid expectations about

change and things like that" (Participant 11). In addition, many therapists noted how some former spouses feel threatened by new parental figures coming into their children's lives. This can contribute to former spouses actively discouraging their children from building a relationship with their stepparents, leading children to feel "torn in the middle", as illustrated in the following case by Participant 6,

I am thinking of a case whereby the ex-partner was still strongly grieving the loss of the relationship and he told his sons that they weren't to speak to the stepfather when they were in his home, that they were to ignore him completely. The boys, wanting to be loyal to their father, went along with that because children struggle with loyalty issues and sometimes they feel that if they do form a relationship with a stepparent, that they have been disloyal to their biological parent. They can become very much torn in the middle trying to keep their parents happy.

Some therapists mentioned feeling personally challenged when adults were engaging in problematic behaviours and acting in their own interests, including conflict with the former spouse, as this can lead to detrimental effects for the children where they are not receiving the care they need. One therapist said,

When parents are acting out and not caring for their children, I find that really challenging personally ... When they are trashing the kids, and actually aren't doing what's right for the kids, and are so caught up in their own conflict or their own selfishness about wanting to have a new romance or something; I find that difficult. (Participant 1)

Further, some therapists described feeling empathy and awe toward the children who are navigating the complexity of challenges associated with being in a stepfamily. As one therapist expressed,

I definitely have noticed at times feeling a sense of wow - feeling for kids where they have an incredibly complex family system to navigate and where a lot of their peers who are in intact families don't have that stuff to navigate. I am often in awe and think, oh my goodness, how do they do that? (Participant 11)

Overall, this theme highlighted that relationships with former spouses and residual feelings associated with the original family can create ongoing challenges for stepfamily members. For example, most therapists observed stepparents as feeling threatened by their partner's former spouse. In addition, some therapists spoke about co-parenting challenges, including those related to Court-ordered financial and child care arrangements. Further, many therapists described children as having difficulty adjusting to their parents' separation and subsequent transition into the stepfamily, and were commonly seen to experience loyalty conflicts.

### **Theme Three: Stepparent Difficulties**

All of the therapists discussed challenges experienced by stepparents when they enter new stepfamilies. This included stepparents feeling unimportant, on the “outer” of the stepfamily system, as well as having mixed feelings toward their stepchildren. These difficulties were observed to have an effect on the children’s parents, causing conflict in the stepcouple relationship. Thus, this theme was organised accordingly into the following two subthemes: position in the family unit; and parents’ and stepparents’ feelings toward the children.

#### ***Position in the family unit***

Shortly following the formation of the stepfamily, some therapists spoke about the realisation stepparents come to that their “partner has children and that they come as a package” (Participant 3). In particular, stepparents were observed to have a shift in understanding from the dating period to living together, that the new partner’s relationship with the children may be more important to their partner than their couple relationship. As one therapist described,

By and large the parent tends to keep their new partner away from the children for a period of time until the new relationship is established. Then the stepparent discovers that when your partner and their children are with you – suddenly the children seem to be more important to the partner. That’s difficult. And then you think about first time around relationships - you don’t have that tension, you get a chance to build your relationship and make children together. (Participant 5)

Most therapists observed that the strongly established relationship between parents and children contributes to feelings of displacement for stepparents in relation to their position in the stepfamily unit, as well as feelings of being alone and isolated. One therapist explained,

Often stepparents can feel very much on the outer of the biological parent-child relationship. And I think particularly for those who don’t have children, such as childless stepmothers, that can be really hard because there is a feeling of loneliness and isolation. You can see this strong connection between biological parents and the child and think that you should be a part of that – which goes back to expectations, but they see it’s not happening so that can lead to guilt and blame. (Participant 6, stepcouple groups)

Some therapists mentioned that some stepparents want to be the most important person in their partner’s life. A few therapists observed that some stepparents have such a desire for attaining this, even if it is at the expense of the children’s relationship with their parents. This is illustrated in the following quote,

Often they want to hear from their partner – “you’re my favourite, you’re the one I most love in the world and the other relationships aren’t as important to me as you.” And a lot of fights in stepfamilies are geared towards wanting to hear that. And not only do I want to be the most important, sometimes I want you to criticise your own child or reject your own child or challenge your own child so I come first. (Participant 8)

Many therapists noted that some stepchildren blame their stepparents for their parents’ divorce or separation, and subsequently lash out in anger or hostility toward them. The therapists observed that this can lead to stepparents feeling as if the children are intentionally behaving in a manner so as to deliberately exclude them from the family, sabotage or interfere with the stepcouple’s relationship, or to hurt the stepparent by being rude or disrespectful. One therapist explained,

From what they describe, you could only describe it as [if] they’ve been actively targeted by a stepchild, either in a hurtful way or in an excluding way. So sometimes directly saying “you’re not my parent, you are not my mother, I won’t listen to you” ... sometimes making choices to exclude the stepparent. (Participant 4)

Such challenging and excluding behaviours from the stepchildren were described by some therapists as putting considerable strain on the stepcouple relationship. In some cases, this contributes to the stepcouple ending their relationship, as one therapist illustrated,

It’s very stressful. Currently I am seeing someone who has chucked it in because it’s too hard on their new relationship with [the new partner] who appeared to be, for all intents and purposes, a very supportive and well-intentioned and reasonable person ... In this particular situation, the child was having incredible difficulty adjusting and was very angry at the stepparent who was coming into the family which [had been] just a mum and child. (Participant 11)

These experiences were also observed to contribute to mixed feelings held by stepparents toward their stepchildren, which will be discussed in the following subtheme.

### ***Parents and stepparents’ feelings toward the children***

Many therapists described stepparents as having mixed feelings toward their stepchildren, including love, fondness, resentment, dislike, and anger. In particular, many talked about the jealousy sometimes felt by stepparents toward their stepchildren in response to them taking their partner’s time, affection, and attention away from them. This was observed to frequently lead to the stepparent feeling as if they are in competition with their stepchildren for their partner’s love. One therapist highlighted,

You fell in love with the adult, you didn't fall in love with their children and there's no guarantee that you are even going to like their children. There is a guarantee that you are going to feel left out from time to time and you are going to feel as though you are in competition with the children for your partner's affection. (Participant 5)

The therapists observed that many stepparents experience guilt for having these negative feelings toward their stepchildren. In addition, a few therapists noted that in complex stepfamilies, stepparents can struggle with feelings of guilt when they treat their own children differently or more favourably than their stepchildren. One therapist said,

Stepparents can feel guilty perhaps that they don't have the feeling of love toward these stepchildren that they would like to. And if they've got biological children of their own, they can have a natural tendency to favour their own children. (Participant 6, stepcouple groups)

Many therapists spoke about how the negative feelings held by stepparents towards their stepchildren typically lead to difficulties in the stepcouple relationship. The therapists considered this to be due to parents feeling as if they need to protect their children from their partner's criticism or 'attacks.' One therapist explained,

The biological parent will protect their children from what they perceive as being an attack or non-caring towards their children from the stepparent ... which will create a rift between the two adults ... At worst, the jealousy and conflict about the parent's relationship with the children can turn into an almost pathological state ... Those feelings erode the intimacy and goodwill and respect and comfort the couple has with each other. (Participant 9)

In addition, some therapists mentioned that the negative feelings held by both stepparents and stepchildren toward each other frequently causes loyalty conflicts for parents, where they feel caught in the middle of their partner and children, as illustrated in the following quote,

Children can have trouble accepting a new person in their parent's life – being the stepparent. It can also be hard for some stepparents to accept that these children are very much a part of their partner's life, and consequently I think biological parents can feel very torn in the middle. (Participant 6, stepcouple groups)

Further, some therapists described parents as struggling to meet and balance the needs of their children and partner. This was particularly apparent and challenging for parents in certain situations, such as holidays. As one therapist highlighted,

Oh, holidays that's a big one. Holidays with or without kids, and how much time with or without the kids ... You'll hear them say "I've only got three weeks holiday," and "I don't see enough of my children, so I'm going to spend all of my holidays with my children." Then they say "but we never have romance time ..." (Participant 1)

In contrast, when a positive and loving relationship has formed between stepparents and stepchildren, a few therapists spoke about how some stepchildren start wanting to call their stepparent “mum” or “dad.” However, this places the stepparent and both parents in an uncomfortable position. One therapist explained,

Sometimes the kids start wanting to call the stepmum “mum”, which raises a whole lot of issues for the stepmum and a whole lot of issues for the dad and a whole lot of issues for the biological mum. (Participant 2, stepcouple groups)

In summary, this theme drew attention to the difficulties specifically experienced by stepparents. For instance, the majority of therapists spoke about how the strong relationship between parents and children often leads stepparents to feel alone and on the outer of the family unit. Contributing to this, some stepparents were observed to feel as if their stepchildren are behaving in ways to deliberately exclude them from the family. Many therapists also described stepparents as having mixed feelings toward their stepchildren, including jealousy and anger, for which they felt guilty. Further, negative feelings held by stepparents toward their stepchildren were seen to lead to loyalty conflicts for parents and conflict between the stepcouple.

## **Theme Four: Parenting Together**

The various challenges experienced by the stepcouple in relation to parenting the children together was a predominant theme in the responses of all of the therapists. This included the stepcouple having different parenting philosophies, over-compensatory and polarised parenting approaches, and having ambiguous and/or unrealistic expectations regarding the stepparent’s role in disciplining the children. Therefore, this theme was organised into three subthemes: different perspectives; problematic parenting styles; and stepparenting.

### ***Different perspectives***

Many therapists observed that following the formation of the stepfamily, parents and stepparents often begin to discover that they have differing perspectives in relation to parenting, including parenting philosophies and practices. This was noted to also occur in complex stepfamilies. One therapist stated,

There can be difficulties where parents have come from different ways of parenting. They get together and they find that they have different attitudes to parenting, whether that’s

about discipline or how much time you spend with children and so on. [When the adult couple have both] had a history of parenting with someone else, when they get together it can be a real struggle and they are shocked to discover that they have actually got quite different approaches. (Participant 5)

In addition, many therapists described the stepcouple as having “different expectations of the children, how children behave, even just down to what their bedtime should be” (Participant 9). This included stepparents who do not have children of their own sometimes having “unrealistic expectations of their stepchildren’s age group” (Participant 1), as illustrated further in the following quote,

One parent may think it doesn’t really matter if the teenager tidies up their bedroom or not. The other is obsessed with having ‘this house is their house’ ... and wants to keep it neat and tidy. It can lead to terrible conflict. (Participant 5)

### ***Problematic parenting styles***

Another common area of conflict between stepcouples mentioned by most therapists concerned what one therapist termed “over-compensatory parenting” (Participant 1), where parents are permissive with their children and/or “spoil” them with gifts. This style of parenting was considered as arising from the guilt felt by parents for the pain, stress, and multiple changes they perceived the children had experienced following their separation or divorce. Many therapists noticed that such parenting would often lead to stepparents feeling that “they can offer more or they can do the parenting better” (Participant 2, stepcouple groups). On the other hand, some stepparents were also observed as either thinking that they could not critique their partner’s parenting, or when they do, the partner may feel that “this is a criticism of them as a person” (Participant 5). One therapist explained,

The parent is feeling guilty that they broke up their children’s family, so they’re always overcompensating and being soft or being sugar mummy or daddy ‘cos they’re feeling so guilty. So they’re actually parenting their kids badly, and the other parent isn’t allowed to say that ... The person who has never had kids is never allowed to critique them, even though they’re right. (Participant 1)

Many therapists described the phenomenon of ‘polarised’ parenting occurring between stepcouples, where stepparents become increasingly strict or authoritarian toward the stepchildren, and in response, parents becomes more permissive or “soft.” As one therapist described,

With stepparents there can be a temptation to take quite a firm or authoritarian approach which tends to cause a lot of issues. Biological parents can be, on the other hand, more permissive. The firmer the stepparent becomes, the more permissive a biological parent becomes in response to counter that. (Participant 6, stepcouple groups)

Many therapists observed this parenting dynamic as becoming increasingly polarised, likely causing great confusion for the children, as highlighted in the following quote,

So the parent and stepparent both end up compensating from their perspective without talking about it and they start moving poles away and the kids are just getting these massively mixed messages. (Participant 2, stepcouple groups)

Many therapists observed dissatisfaction felt by several stepfamily members in relation to the style and lack of consistency in the parenting. In complex stepfamilies, this included parents' disapproval of how their partners were relating to or unfairly disciplining their children, leading to conflict between stepcouples regarding who should parent whose children, as illustrated in the following quote,

Unhappiness about the way they're handling the relationships with each other's children will be a very common presentation for blended families ... "He's harder on my kids and lenient on his ..." The other pitfall is "I'm just going to do my kids my way and you do your kids your way" and "you're not allowed to have any input into my kids." (Participant 1)

In addition, some therapists spoke about children having an aversion to their parent's differential treatment of the children in the household. One therapist explained,

[Parents experience difficulty] attempting to treat children equitably and struggling with how to do that whilst honouring their own attachment to their biological children... They then sometimes get it in the neck from their kids for being too nice to the other kids, or vice versa. Equitability is a big thing. (Participant 11)

### ***Stepparenting***

Most therapists spoke about stepparents often feeling confusion in relation to what role they should have in the stepfamily. In particular, stepparents were frequently observed to have anxiety about how they should interact with their stepchildren and whether they should be a supportive adult, friend, or parent to them. One therapist said,

Initially to begin with it's always the fear around not knowing what to do, not knowing how to treat or where their boundaries are with their stepchildren. They are comfortable with knowing what they can do with their own children, but not sure what they can do regarding discipline with their stepchildren. At the same time as trying to build a

relationship, they are also being required to step into a senior parenting type job – so it becomes a conflict within themselves as to “how do I do this?” (Participant 9)

Some therapists also described stepparents as occasionally being unwilling or hesitant to adopt a parental role with their stepchildren, either due to fear of building a relationship with the children in case the stepcouple relationship did not last long-term, or doubt that they have the capacity to fulfil a parenting role that will suit the children. This self-doubt was seen to lead to stepparents’ reduced self-esteem and increased insecurity, including in relation to their wider relationships, as illustrated in the following quote,

It’s almost a performance issue that I think some adults have never had to deal with before ... they may experience self-doubt, they may experience uncertainty, indecisiveness, and at times that can leave them feeling just a whole lot less secure in their abilities, sometimes with lowered self-esteem as well. These sorts of doubts roll-on into their working life ... into their friendships or relationships with others. (Participant 4)

Despite stepparents occasionally being reluctant to do so, many therapists noted a trend in stepmother stepfamilies where the stepmother inadvertently steps into the mothering role with their stepchildren. The therapists attributed this to the stepmother’s role often not being negotiated prior to the formation of the stepfamily, and the stepcouple having socially determined expectations that the stepmother will help parent his children. One therapist explained,

I think it's challenging for women in particular; they kind of get cast into the role of being the female. Because she's the female in the house, she's therefore the carer. Then there is often an assumption or an expectation that she will kind of take on the caregiver role for these kids who aren't her biological kids. Therefore, somehow she needs to be the mother and everything that that entails ... I think maybe this kind of goes back to the way we tend to socialise people along gender lines, especially women as being caregivers and so on and so forth from yay-high. (Participant 12)

Some therapists observed stepmothers who take on a mothering role are sometimes resentful towards their partner because this parenting responsibility was not what they anticipated or hoped for, leading some stepmothers to say “I’m really sorry, but I didn’t sign up for this” (Participant 2, stepcouple groups). This is further highlighted in the following quote,

We probably also see a bit of a phenomenon of modern times that there are some women who partner with a man who has children from a previous marriage and the woman has no wish to mother those children. She actually doesn't want to do the ‘Sound of Music’ ideal and jump on top of this job and become a stepmother. (Participant 4)

A few therapists noted that the ambiguity regarding the stepparents' role in relation to discipline contributes to the heightened stress experienced by stepfamilies in the first years following the formation of the stepfamily. One therapist said,

It's really fraught for families in those first maybe one to two years post the couple getting together. There's usually a real shakedown around that time in terms of people not being clear on roles and responsibilities. (Participant 12)

In contrast, most therapists also described some stepcouples as coming into the stepfamily unit with expectations of the stepparent adopting a parenting role with the children. This approach was highlighted by the therapists as being problematic, leading to resistance from children when stepparents took on a parenting role without first establishing a relationship. As one therapist described,

Sometimes the stepparent, whether they've had [parenting] experience or not, believes they should engage in setting limits on the child, or chastising them, or controlling them in some way. Unless they've got a bond, an attachment, some love for the child, that's almost always likely to lead to some strife, and it usually does. Unless they understand that they have to build a relationship with a child before they can start intervening in the managing of them, then they'll run head-on into some kind of conflict. (Participant 8)

Many therapists identified this misconception that children will be open to their stepparents adopting a disciplinarian role with them as arising from stepcouples applying nuclear family ideology to their stepfamily situation. This is illustrated in the following quote,

I have found this time and time again – the trap of [the stepparent] taking on some sort of parenting role prematurely in the new family composition. New stepfamilies try to do things using the map of the old nuclear family and it doesn't work. I think that it's not helpful because this is not a parenting team and it just kind of backfires, especially when there are adolescents present ... The incoming partner who has no sort of biological relationship with the young person ... they can be sort of doomed to fail really. (Participant 12)

However, many therapists highlighted that the age and developmental stage of the children can influence the types of stepparenting challenges experienced. While young children were observed to be more open to and accepting of a stepparent having a parenting role in their life, teenagers are typically more resistant. One therapist explained,

Younger children are more likely to be needing parenting of a more kind of guiding, managing, controlling kind and so that can either allow a stepparent to step-in in a sense and engage with the children and enjoy the children and become like a parent to them ... If they are teenagers ... you'll kind of run head-on into all the kind of developmental and rebellious and acting out behaviour teenagers typically do whoever they're with. (Participant 8)

In addition, children's openness to receiving discipline by stepparents can change over the developmental life stages, as highlighted in the following quote,

What I have seen too is that if young children are really open to a stepparent playing an active role in discipline they can be like that for a while, but when they move into those teenage years they can become resistant again. (Participant 6, stepcouple groups)

Overall, this theme was concerned with the difficulties for stepcouples in relation to parenting the children together. Many therapists observed that stepparents and parents often have different perspectives, philosophies, and practices in relation to parenting. In addition, several problematic parenting styles were seen to occur, including over-compensatory parenting by parents and polarised parenting among stepcouples. Finally, the majority of therapists identified stepparents to feel some ambiguity in relation to the stepparent role. While some stepparents are hesitant to adopt a parenting role, some stepcouples have expectations that stepparents will assist in the parenting of the children. Further, many therapists observed stepmothers to inadvertently step into a mothering role. However, the therapists explained that without first establishing a relationship, stepparents who adopt a parenting role are often met with resistance from children, although this can be dependent on the age and developmental stage of the children. Such misconceptions that stepparents can adopt a parenting role soon after forming a stepfamily were hypothesised to arise from stepcouples adopting nuclear family norms in their stepfamily.

## **Chapter Summary**

In summary, the therapists viewed stepfamilies as initially seeking support for first-family difficulties, with females often initiating or driving the seeking of therapeutic assistance. In addition, stepfamilies were seen to present to therapeutic services in crisis, possibly implying that they may have found seeking support services difficult. A number of reasons were identified for what may prevent stepfamilies from seeking support services earlier, including stepcouples taking time to recognise or admit that they need help and that seeking therapeutic support will intensify feelings of failure.

The results of the thematic analysis illustrated that the therapists observed stepfamilies as presenting to therapeutic services with difficulties related to four main areas. These were: unrealistic expectations; the lasting impact of the original family; difficulties experienced by the stepparent; and difficulties arising from the stepcouple parenting the children together. Many therapists spoke about how the difficulties stepfamilies face appear to be influenced by the complexity of stepfamily living, including the merging of two family systems, and individual and family differences.

The following chapter presents the thematic analysis relating to the main interventions the therapists adopt to assist with these difficulties.

## **Chapter Four – Results**

### **Thematic Analysis: “What Works” – Main Therapeutic Interventions**

This chapter presents the thematic analysis of data pertaining to the main interventions the therapists described using to assist with the difficulties stepfamilies present with, as outlined in Chapter Three. Three themes emerged from the data: 1) increasing awareness and insight; 2) working with unrealistic beliefs and expectations; and 3) assisting with skill development.

In the following section, these three main themes and related subthemes are presented. Quotes from the therapists illustrating examples of the themes are also provided as evidence of the theme and to encapsulate the therapists’ views. These themes and subthemes are outlined in Table 2 and were placed into a thematic map (see Figure 2).

These themes reflect many of the recommended therapeutic interventions and models developed for stepfamilies. A discussion of how these themes complement and enhance these current therapeutic models of working with stepfamilies will be provided in the Discussion in Chapter Six.

Table 2

*Main therapeutic interventions – themes and subthemes*

<b>Themes</b>	<b>Subthemes</b>
Increasing awareness and insight	Assessing and understanding common stepfamily difficulties Assessing and understanding individual and family differences
Working with unrealistic beliefs and expectations	Challenging misconceptions and adjusting attitudes Normalising and instilling hope Building compassion and drawing on strengths
Assisting with skill development	Building and enhancing relationships Parent-child relationship Stepparent-child relationship The stepcouple relationship New stepfamily culture Adjusting parenting approaches Parenting together Co-parenting

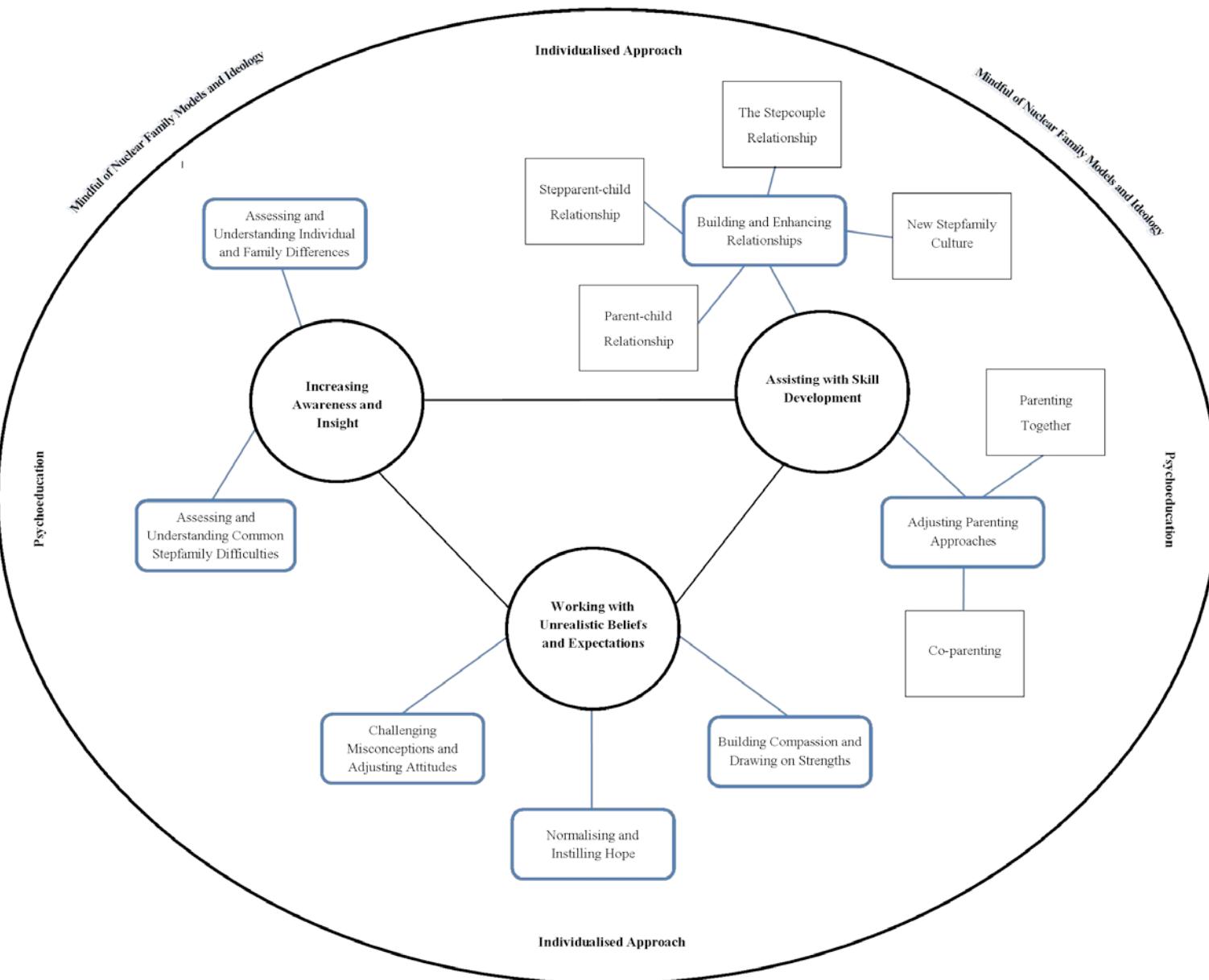


Figure 2. Main therapeutic interventions – themes and subthemes

Prior to presenting the results of the thematic analysis, it is important to consider the theoretical orientations and treatment modalities which guide the therapists' work. Recognising the therapeutic understanding a therapist uses to inform their practice is emphasised by research suggesting that therapists' expectations and beliefs about treatment contributes to outcomes (Wampold, 2015). While not explicitly asked, in their responses the therapists referred to a range of theoretical orientations that guide their therapeutic work and various modalities they use in their practice. Half of the therapists reported using family systems theory in their work, and one-quarter used behavioural, strengths-based or solution-focused approaches. Other theoretical orientations and modalities the therapists used included emotion-focused therapy, differentiation-based and developmental approaches, Imago therapy, self-compassion work, as well as cognitive behavioural therapy (CBT), acceptance and commitment therapy (ACT) and/or dialectical behavioural therapy (DBT). The two group therapists both reported having a child-focused orientation.

Most therapists (75%) reported solely working with or having a preference for working therapeutically with the stepcouple. In addition, three therapists described including both biological parents in the stepfamily intervention. The therapists' rationale for preferring to work with the stepcouple was based on family systems theory, as stated by Participant 4,

The belief I have about how families as systems seem to adjust best and do best is when the adults are making efforts to bring about changes in that family system, then they are able to bring about changes for children. I believe that you can effect change for a child through effecting change for a parent.

The remaining three therapists (25%) mentioned involving the children in their therapeutic work with stepfamilies. Two therapists described working with the adults in the initial sessions, with the children attending in later stages of the intervention. The third therapist reported that s/he included children in the intervention in approximately 5% of their work with stepfamilies. One stated that their rationale for involving the children was to "have kids buy-in and a voice in interventions" (Participant 11).

## **Theme One: Increasing Awareness and Insight**

Many therapists spoke about assessing the stepfamily's current difficulties to get a "real good sense of what's happening, who does what, and what adult issues are going on" (Participant 11) in the initial sessions working with a stepfamily. This process resembled the assessment phase of therapy. As one therapist described,

Firstly, the approach you take in any kind of therapeutic model is just defining the problem, exploring the problem, having it well articulated, but then also monitored over a period of time. (Participant 4)

While this stage of therapy reflected the therapists' assessment of the stepfamily, they also thought that this process helps facilitate the clients' awareness and understanding of their difficulties and strengths. Two subthemes emerged in the data: assessing and understanding common stepfamily difficulties; and assessing and understanding individual and family differences.

### ***Assessing and understanding common stepfamily difficulties***

During the initial sessions with stepcouples, most therapists spoke about assessing whether the stepfamily they were working with were experiencing common stepfamily difficulties. To help facilitate this, some therapists described using genograms to visually depict the configuration of the stepfamily unit and to identify its members. The therapists considered this as being useful in illustrating the complexity of the stepfamily configuration to the stepfamily, subsequently normalising the challenges that inevitably arise from this family structure. One therapist explained,

We visually depict their blended family by using symbols and lines. And none of them to date have ever done it before. They look at this tangle of symbols and lines and crosses... and they go "no wonder we're sitting here - it's all over the place." (Participant 2, stepcouple groups)

Most therapists talked about assessing for common stepfamily difficulties in relation to the stepcouple's parenting relationship. This involved exploring their expectations in regards to what the stepparent's role and position in the stepfamily would be, as well as increasing the stepcouple's awareness of common problematic parenting practices they may be engaging in. One therapist said,

I use a graph to show them where biological parents tend to sit in terms of discipline and then where stepparents tend to sit, and how there is a divide and neither of those approaches are going to hit the mark. I ask questions – “so if you are taking this approach, who has that child got within your family to parent them in a fair and balanced manner?” And the answer is often “well, no one” because they are parenting at extremes. (Participant 6, stepcouple groups)

In addition, some therapists described “exploring what the person thinks about the other partner, what they think about the children, what they think about the stepfamily and it’s functioning and then looking for any unhelpful beliefs or biases” (Participant 4), as well as the hopes and expectations held by the stepcouple about what stepfamily living would entail. To help facilitate this process, many therapists talked about using previous client experiences, their own personal experiences of living in a stepfamily, and/or the research literature to illustrate these common stepfamily difficulties and non-judgementally enquire whether the stepfamily had also encountered these. As one therapist illustrated in the following quote,

What is relevant sometimes is to discuss how they understand the [stepparent-stepchild] relationship, and ask them what are their hopes and what were their intentions. I might ask something like “as lots of people I meet with, did you expect it to be more immediate, because your bond as a couple is so strong, did you expect this [stepparent-stepchild] relationship?” (Jan Rodwell)

In their responses, most therapists emphasised that given that stepfamilies are “way more complex than the original nuclear family, [stepfamilies] need to be seen accordingly” (Participant 12). In particular, most therapists mentioned the importance of not holding onto nuclear family ideology and models when working therapeutically with stepfamilies, including during this assessment phase. Jan Rodwell highlighted this in the following quote,

Just because the word ‘family’ is in there doesn’t mean [stepfamilies] are the same as the nuclear family. The most important thing [when working with stepfamilies] is around flexibility, around what they are developing, and where does our attachment to the nuclear family come from and what it looks like. It comes from that idealised 50s version and its breaking down all over the place, but people still seem to hold that as a dream ... If people are trying to make it like [a first-family] because that is the dream, I would say it’s a bit of a recipe for disaster really.

Further, some therapists emphasised that from the outset therapists need to be cautious about what stepfamily subsystems they work with in their practice. This is due to the harmful interactions that can occur between stepfamily members, particularly between the stepparent and children, due to having not developed a strong bond and effective communication. One therapist explained,

Therapists might see the whole family, assuming over time they have built up a good level of communication where they can express their differences and things in front of each other and that they are working towards a common goal. Whereas if you were to do that with stepfamilies, that could be detrimental for a stepchild to hear a stepparent's honest raw feelings about how difficult they are finding that particular stepchild. It could be very disruptive to that process. So stepfamilies and first families do need to be treated differently. (Participant 6, stepcouple groups)

### ***Assessing and understanding individual and family differences***

While there are common difficulties observed across many stepfamilies, most therapists emphasised the importance of identifying and understanding the unique individual and family differences of the stepfamily. This was in order to guide an individualised intervention approach that best meets the stepfamily's needs. Jan Rodwell explained,

I don't have a 'one size fits all' at all in my work anyway, so it's very much working around what is going to work for them. It varies enormously with age of children, people's thinking, people's work lives, a whole lot of things.

In relation to individual differences, many therapists spoke about exploring the personal vulnerabilities and insecurities of each adult in the stepcouple. Some therapists described these personal vulnerabilities as significantly impacting on the individual's responses to and ability to navigate situations that arise, as illustrated in the following quote,

Not all [issues related to stepfamily living] will derail every couple in the same way... We start looking at what's the personal challenge to you in this ... So while you've got this general understood pattern of stresses and complexity... it's not just 'this is a problem and so therefore everyone finds this 'X' a problem.' Some people will be able to work through one issue quite well, but not the other issue because their dad abandoned them and they think that Peter's not spending enough time with his daughter; there you get your personal insecurities and sensitivities. (Participant 1)

These vulnerabilities were also considered to influence the individual's communication style, as well as problematic "attacking, submitting, or withdrawing" conflict patterns (Participant 1). Some therapists mentioned using exercises, including role-plays, to identify the individual's communication and conflict styles. As one therapist said,

We look at identifying what is your most typical negative response when an issue arises ... say for example one person tends to yell. Unless they can actually identify that as being a stumbling block to resolving conflict in a more healthy way, they are not necessarily going to progress ... One person might think "oh well this is what I do when conflict arises" and their partner can say "actually no, you don't do that at all, you do something totally different - this is what I see ..." And so it's about getting them to

look at themselves and to see those reactions that might be a stumbling block  
(Participant 6, stepcouple groups)

Most therapists also mentioned assessing for family differences, including how the stepfamily was formed, socioeconomic status, living circumstances and child care arrangements, the developmental age of the children, as well as the stepfamily's cultural norms and beliefs,

Paying attention to the culture of the family is pretty fundamental. When I say the culture, I mean not just the ethnic culture but the way this family is, who they are. It's always what I used to say to students – "assess don't assume." (Participant 10)

This aforementioned process was noted by the therapists as facilitating stepcouple's increased insight and awareness into what experiences from their past and childhood may be influencing their current situation, which they may have been completely unaware of previously, as illustrated in the following quote,

What happens is that some parents and stepparents start realising that the relationship with their own parents and their own upbringing is informing them on these key issues. Their sense of belonging, who they are attached to, where their loyalties lie actually all needs to be untangled, otherwise it's a big mess. (Participant 2, stepcouple groups)

The therapist and the stepcouple both having a good understanding of the stepfamily's difficulties was an essential stage in the therapists' work. For instance, some therapists emphasised that this process was important for identifying the factors that contributed to the stepfamily's difficulties in order to help prevent the stepcouple from reverting back into their old patterns, as illustrated in the following quote,

We give strategies on how to work out a system for discipline in the home and that is all well and good, but unless you identify what is stopping them from parenting using boundaries, they slip back very easily into old habits. (Participant 6, stepcouple groups)

In summary, this theme described the assessment phase of intervention with stepfamilies. In particular, the therapists spoke about assessing for common stepfamily difficulties and unique individual and family differences in order to guide an individualised approach that best meets their needs. This process was viewed as helping to facilitate both the clients and therapists' awareness and understanding of the stepfamily's difficulties and strengths.

## **Theme Two: Working with unrealistic beliefs and expectations**

As mentioned in Chapter Three, most therapists observed stepfamilies as commonly entering the new stepfamily unit with unrealistic beliefs and expectations of what stepfamily living would entail. Thus, some therapists emphasised the need for therapists to be aware of these commonly held misconceptions in order to help clients challenge and not collude with them,

A psychologist, therapist or counsellor needs to be well informed of the myths and the misunderstandings so as not to propagate those. And you also need to know what they are so that you can take your client's side and help them challenge those myths and come up with a more helpful way of viewing what is the reality and what is likely to be achievable. It's much like working with any let's say marginalised groups, or being aware of those potholes that are out there in social belief. (Participant 4)

Many therapists described using various approaches and interventions to challenge and help manage the effects of these unrealistic beliefs and expectations. This included the use of psychoeducation, which all of the therapists identified as being a beneficial approach when working therapeutically with stepfamilies in general. One therapist explained,

It's absolutely critical because this is completely new, uncharted waters, new territory for parents. Normalising the difficulties, explaining how things work best, educating them about what children need and so on is critical. (Participant 5)

The following three subthemes reflect the therapists' main approaches and interventions when working with these unrealistic beliefs and expectations: challenging misconceptions and adjusting attitudes; normalising and instilling hope; and building self-compassion and drawing on strengths.

### ***Challenging misconceptions and adjusting attitudes***

Many therapists viewed psychoeducation as being useful in challenging problematic beliefs and socially-constructed myths held by stepfamilies. As identified in Chapter Three, one common misconception observed among stepfamilies is that the stepfamily will quickly become "a happy family." To help adjust this expectation, some therapists described informing stepcouples of research in relation to how long it takes to adjust to living in a stepfamily,

Instead of conceptualising this as a family in the beginning, because it takes time, I will sometimes give them statistics that it takes about four years. It's not that you are

nowhere in the beginning and then you are everywhere in four years, but ... you've got to get some history. (Jan Rodwell)

Many therapists mentioned also challenging the commonly held myth that women should naturally adopt and be responsible for childcare and the running of the household. Confronting this myth was observed to help release stepmothers from the pressure of meeting this expectation, as illustrated by the following quote,

Letting them off the hook and not feeling like [the stepmother] has to be the be-all and the end-all and totally responsible for family functioning; and letting her know how she could kind of do that differently. How she can take the pressure off herself. That sort of stuff is really, really important. (Participant 12)

Some therapists also described challenging the misconception held by many parents that they have caused significant and long-term suffering to their children following the divorce or separation. As one therapist discussed in the following quote, the intention of confronting this belief is to free the parent from the associated burden of guilt,

We'll really examine "have you damaged your children by being divorced, have you hurt them horrifically?" Why, to be honest, very few people have, you know. There's a grief and sadness but it's not trauma and you haven't damaged them ... So releasing that guilt. (Participant 1)

Some therapists spoke about encouraging the stepcouple to develop an acceptance of aspects of stepfamily living that cannot be changed. For instance, the therapists described supporting the stepparent to foster acceptance that the children will always be a priority for their partner, and that the ex-spouse will continue to be part of their lives, regardless of the age of the children. This acceptance was noted as being particularly important in relation to child support and care arrangements, which are typically Court-ordered. One therapist explained,

Child support is the biggest bug bear and the stepparent has to find a way to understand that whatever the child support arrangements are, this is something that they have to just accept. There is nothing to be done about that and if they don't like it then they shouldn't get into the relationship. It's really something they have to find out about before they make the relationship permanent. (Participant 5)

Finally, some therapists also used psychoeducation to inform stepfamilies of what challenges may arise in the future. This included informing stepcouples about what challenges to expect across the different developmental stages of the children and the stepfamily lifecycle. As one therapist described,

Some of the literature that you might give them to read might talk about family over a lifespan because families go through different developmental stages and the stepfamily will as well. They talk about the adjustment period and how sometimes the first two years are the hardest two years and after that you can expect some changes. They talk about the ages at which children are in the newly formed stepfamily. If you get them as two years old it's quite different to if you get them as a 13 year old, or if you get them as a 28 year old it will be quite different again. (Participant 4)

Providing this information was perceived by the therapists as being helpful in preparing stepfamilies for and assisting them to navigate potential challenges in the future. This is highlighted in the following quote,

There is definitely a real benefit from learning about the common obstacles that stepfamilies face and how you can avoid those when issues do crop up so you are prepared for them. (Participant 6, stepcouple groups)

Many therapists observed that changes in the stepcouples' problematic beliefs and misconceptions had noticeable positive effects on the functioning of the stepfamily, including the enhancement of relationships. As one therapist described,

When there are changes in thoughts, the beliefs, the words ... when there is change occurring on a belief level, then I'm not surprised when they come back next week and tell me that it was actually possible to do something, that they spent time with this member of their stepfamily and they had a laugh and they just never thought they would be able to enjoy spending time with this person before – but now it's possible. The beliefs always seem to change first. (Participant 4)

However, some therapists described finding it challenging and feeling frustrated when stepfamily members were not willing or able to change their perspectives, or take responsibility for their role in problematic behaviours and relationship difficulties. This is highlighted in the following quote,

A lot of people that we see are awesome and they are so open and the light bulb goes on - that's it, they're going to be fine ... But some people can be pretty half-hearted and so it would be those people that aren't necessarily willing to bend or take responsibility for their own part in the relationship breakdown, that would be the most challenging - where it's always someone else's fault, always someone else to blame. It's tough for the couple but also very tough on the children involved who've had no choice in the changes they've gone through and many, in an ideal world, just want their biological parents back together. (Participant 6, stepcouple groups)

### ***Normalising and instilling hope***

Most therapists also spoke about using psychoeducation to illustrate that the difficulties described by the stepfamily are typical experiences of many stepfamilies. This shifts the stepfamily's beliefs from there being something wrong with them or the family, toward an understanding that their difficulties are shared among stepfamilies, thus normalising their situation,

Sometimes there are things that are useful for people to know. For instance, when they are blaming each other wildly ... I might ask, "How do you understand it? I've seen five stepfamilies in the last month telling me the same thing." You see how that gets out of individual blame and into 'it's something about stepfamilies.' And so they are then released from this. (Jan Rodwell)

Normalising of what stepfamilies go through; knowing that just because there are so many stepfamilies doesn't mean that it's any easier for people who are doing the hard yards in a new stepfamily. (Participant 12)

Most therapists observed that informing the stepcouple that their difficulties are also commonly experienced among stepfamilies brought them a sense of relief, releasing them from guilt and shame associated with a perceived failure of not meeting their expectations,

People feel quite relieved when I say, "this is a really big – bravo you're taking on a real challenge." Really get them to see the bits that they're doing well and that it's okay that they've been finding some of this really hard ... There's a lot of wisdom that you haven't had access to that would make this easier. Then you see them relax and [they say] "it's hard, you're right, it's bloody hard." (Participant 1)

In particular, the therapists described stepparents as feeling relieved when informed that they do not have to love their stepchildren and that stepparents in reality experience a range of emotions toward their stepchildren, including jealousy, anger, and resentment. One therapist said,

It can be a relief for a stepparent to learn that they don't have to love the [step]children in that same way. They don't have to feel that same way that they do about their biological children. And there can be a whole lot of mix and different emotions around stepchildren. (Participant 9)

The two therapists who ran groups and workshops for stepcouples described the group process itself as having a powerful normalising effect, whereby "people feel supported and not alone" (Participant 2, stepcouple groups). This is illustrated further in the following quote,

It gets them to see that they are not the only one in the room that is going through struggles or that some are common step-family experiences - it goes a long way to normalising them. One of the things that always comes out very early in the day, is "I am so pleased we are not alone in this." It is awesome for them to see that actually it's a normal part of the process. (Participant 6, stepcouple groups)

Further, some therapists spoke about both validating how difficult the stepcouples experiences have been, while also emphasising the positive possibilities and outcomes of living in a stepfamily. This was considered by the therapists as providing stepcouples with a sense of hope for their future. As one therapist described,

Your life is going to be much, much more complex, but complexity brings richness. Sometimes they're feeling really negative, like "oh this is all so complicated and hard" ... If you find your way through and get good at it, it's complex and rich. And rich is good, diverse, stimulating, and you've got more people to love, more connection in your life. So keeping a bit of a positive-focus on it. (Participant 1)

### ***Building self-compassion and drawing on strengths***

As discussed in Chapter Three and earlier in this section, the therapists observed that stepcouples sometimes experience panic that they are failing because the forming of their stepfamily has not gone as they had expected. In addition, stepparents often feel a range of negative emotions in relation to their stepchildren, and can feel guilty because of this. Further, many parents feel responsible for the effect that their divorce has had on their children. Thus, to mitigate these feelings and "reduce the self-criticism that can go with feeling jealous, feeling guilty" (Participant 4), some therapists talked about supporting the stepcouple to develop self-compassion,

I draw on the whiteboard all the external stressors and how much they're dealing with, let alone their own insecurities and incapacities to deal with things that we all have ... Sometimes it just helps for them to think "oh, we're not failing and we're not failures" and a bit of compassion ... "we are dealing with a lot and no wonder the wheels have come off." (Participant 1)

Some therapists also mentioned the importance of building stepcouples' resiliency over their situation to help reduce feelings of hopelessness when their difficulties and challenges seem too much or all-consuming. In the following quote, one therapist perceived this resiliency and sense of agency as common factors among stepfamilies who are more able to effectively manage challenges,

We can have difficulties, we can have disappointments, we can have let-downs, we can have losses ... It's how we think about what's happening, I think, that decides it because there are other stepfamilies who have problems but who manage. There are stepfamilies with issues who, with some time and some effort, manage to change their system for the better. And I think those people have thoughts of either "this is manageable, I can tolerate it, I have resilience that will see me through," or they have thoughts, "I have enough mastery or power to be able to influence this situation"; in other words, they felt able to act and able to change it. (Participant 4)

As mentioned earlier, some therapists described adopting a strengths-focused orientation in their work. This approach was identified by these therapists as being an effective way to enhance the resiliency of the stepfamily and empower them to navigate challenges, as highlighted in the following quote,

You are looking for the strengths of that family. With the imminently divorcing family you're looking for the strengths and the resilience that might perhaps turn a corner and help them hold together, and might help them get a wider understanding. If you're working with the separated family you are still looking at the strengths that can remind them that they can still hold together as a rearranged family. When you're working with a blended family, you are having to look at strengths that they are currently capable of creating, not that they are drawing on historically. (Participant 10)

Some therapists mentioned that it was rewarding to see the effects of releasing stepcouples from their problematic expectations and myths. These effects included stepcouples having a new hope and confidence to overcome their challenges, a sense of liberation, as well as a noticeable change in their demeanour. As one therapist described,

Seeing the family leave looking better. I mean they literally change colour while you are talking to them. Body language changes, people start smiling. I mean it's massively rewarding otherwise I don't think I would have been doing it for so long. (Participant 10)

In summary, most therapists described implementing a range of approaches and interventions to challenge and help manage the effects of commonly held misconceptions and unrealistic expectations among stepfamilies, which in turn helps release stepfamily members from the pressure to attain such misconceptions and improves stepfamily functioning. Using psychoeducation was also considered by most therapists as being useful to help normalise the stepfamily's experiences. In addition, some therapists described providing hope to stepcouples by highlighting the positive possibilities and outcomes of living in a stepfamily. Finally, some therapists spoke about facilitating the stepcouple to develop self-compassion and adopted a strengths-focused orientation in their work to enhance resiliency and empower stepcouples to navigate challenges.

### **Theme Three: Assisting with Skill Development**

Most therapists mentioned using the same theoretical orientation and therapeutic modalities in their work with both first-time families and stepfamilies, as discussed earlier in this chapter. This included using psychoeducation and skills from the first-family literature, such as “children’s development and what they need, the parental coalition, and the couple relationship” (Participant 5). However, all of the therapists emphasised that most of the session content differs due to there being “a different body of knowledge and understanding” in relation to the structure and functioning of stepfamilies (Participant 10). One therapist who runs stepcouple groups explained,

We still come from the same value base, the same philosophy, the same range of modalities and tools. But what we do bring in that is different is the information and knowledge from the research that informs the practice and informs the psychoeducational side of it. (Participant 2, stepcouple groups)

In particular, most therapists stated that in the stepfamily literature there are “various kinds of recommendations about what works and what are seen to be helpful approaches for being in a stepfamily” (Participant 11). These therapists described using the clinical and research literature to inform stepfamilies on what is known to be effective, in order to increase their willingness to start implementing changes, while also providing them with practical tools and skills. One therapist explained,

When I met with [the stepcouple] for the first time I stressed that therapy is not just a talking process as such, even though we are sitting here on the couch having a good old chat. What you’re actually going to go away with and start doing differently will be what’s really, really useful. Most people get that and they want things they can actually practically focus on. (Participant 12)

In addition, the two group therapists spoke about how group members sharing their experiences was an effective form of sharing information about “what works,” as highlighted in the following quote,

Being able to pick up ideas that other people have tried that might work for them have all been essential components of success ... The less we have to say and the more it comes from them the better. If we can almost set it up for one of the participants to say “oh, we tried this and that last week, where I made more of an effort to be the parent and John really came in supportive and this happened” - it’s like gold. (Participant 2, stepcouple groups)

Stepfamilies were described as requiring assistance to develop skills in a range of areas. Two subthemes emerged in the data: building and enhancing relationships; and parenting approaches.

### ***Building and enhancing relationships***

The therapists spoke about the newly established stepfamily as having multiple relationships that need to be developed and maintained, including the parent-child, stepparent-child, and stepcouple relationships, as well as the new stepfamily culture.

#### *Parent-child relationship*

Most therapists stated that children's relationships with their parents are particularly important to sustain. This was noted as being due to the attachment children have with their parent, and to help prevent another perceived loss for the children when their parents put a lot of energy and focus into the stepcouple relationship at this time. Most therapists described providing parents with suggestions on how to maintain this relationship, including having frequent uninterrupted time with their children. As one therapist described,

A strategy called wait, watch, wonder is when a parent gives a child a specified time of completely undivided attention, which recognises their need for a heavy dose of parental attention, particularly at this time because it feels as though the parents are off in la-la land, and they are for the first two years of separation at least ... So doing some of that really focussed parent-child interaction training. (Participant 5)

In addition, to help maintain the parent-child relationship some therapists spoke about explaining to stepcouples how stepparents need to respect the relationship between children and their parents, giving space to allow them to spend time together. This was framed as also being beneficial for stepparents, who can then take some time out for themselves as illustrated in the following quote,

[Stepparents need to] respect and honour the relationship that has existed with the birth parent and children before ... supporting and honouring that relationship. That actually might suit [the stepparent] really well, because they can look after themselves ... I am not talking about big weekends away, but bits of space that the birth parent can connect with their own children. (Jan Rodwell)

### *Stepparent-child relationship*

Most therapists mentioned having discussions with the stepcouple about the role the stepparent can have with the children, highlighting that the recommended and most effective approach in the early stages of the stepfamily is where stepparents do not engage in any of the disciplining of the children. Instead, the therapists spoke about encouraging the stepparent to first develop a friendship with the children. As one therapist suggested,

One of the really useful things [the stepparent] can do is actually just kind of be a friend to your partner's kids. That doesn't mean sucking up to them or whatever, but feeling like you can get to know them; you can kick back with them, and hang out with them. That doesn't mean to say you're undermining their parents in any way, but you need to actually establish some sort of relationship with some substance to it ... first and foremost you have to just connect and form bonds. I think that's often where those stepparent and stepchild relationships go awry, when [the stepparent has] tried to get into the parenting stuff way too soon without doing the hard work that's got to be before that. (Participant 12)

Some therapists mentioned that while some children are more "open to a stepparent playing an active role in their life, other children can be very much a closed book and they do not want to go there" (Participant 6, stepcouple groups). Irrespective of this, most therapists emphasised that it is important that some type of relationship is developed between the stepparents and their stepchildren. Forming this relationship was viewed from a family systems perspective as helping to reduce any problematic hierarchies or triangulation that can occur within the stepfamily. To help build this relationship, most therapists spoke about encouraging stepparents and stepchildren to spend time together in order to develop areas in common. As one therapist said,

I work with the idea of reducing the triangulation that goes on between a parent, stepparent and a child. I encourage stepparents to build some time with a child that they don't think they have anything in common with, and find things for them to do together. (Participant 8)

In addition, to help facilitate the building of all stepfamily relationships, particularly between stepparents and stepchildren, some therapists described encouraging stepcouples to put themselves in the position of the children to obtain a deeper understanding of their intentions and behaviours in a non-judgemental and compassionate way. One therapist said,

Everyone has usually grown up in a situation where they have felt unloved or disliked by somebody. So giving the adult a sense or a memory of that and how painful that can

be; encouraging them to start experiencing things through the children's eyes. (Participant 8)

Many therapists noted that the process of building relationships between stepparents and children takes time. However, a few therapists mentioned that one of the challenges in working with stepfamilies is that stepcouples often want the therapist to fix their problems quickly, particularly when there are hostile or conflictual relationships between stepparents and stepchildren. One therapist explained,

I know that it's hard when you are sort of living with say a really nasty teenager who's kind of being verbally abusive or just getting weeks and weeks of cold not speaking and stuff like that ... So I guess that's one of the challenges - that stepfamilies want to cut through this quickly and we can understand that it's not nice to live in challenging situations, but knowing too that this stuff really does take time. (Participant 12)

One therapist noted that seeing a positive and loving relationship develop between the stepparent-stepchild was one of the most rewarding parts of their work. The therapist used a case study to illustrate this, and described how pleased s/he was when they heard about a stepfather's successful attempts at building a relationship with his stepson. When talking about this they said, "Wow. I get all choked up. Really cool. I love that, absolutely love that. I'm having a moment, sorry. I just love it,"

The stepparent went in the garage and started making this kite with their stepson. They thought "Oh yeah, [the kite] is pretty good, it's a bit windy, we'll go and fly it." And I ask, "So how was that?" [The stepparent responded] "Oh yeah, he seemed to like it." And I asked, "And what was that like for you?" [They responded], "Oh I loved it yeah it was great, really brilliant" ... I said "So really, you could say you are doing great there eh ... So is that it, or are you going to take it forward?" [The stepparent responded] "Oh well it's his birthday next week ... I'm just going to take a day off work and take him out for his birthday." And this is the guy whose partner said he always works. (Participant 2, stepcouple groups)

The therapists' comments in relation to the stepparenting role and discipline are outlined in the subtheme, *Parenting approaches*.

### *The stepcouple relationship*

Most therapists described the stepcouple as having to build both a parenting and couple relationship. Having these two separate relationships was described by the therapists as being important so that "when there is a problem in the co-parenting, that doesn't affect the couple

relationship, because otherwise one does affect the other and the couple relationship suffers as a result" (Participant 5). In regards to the couple relationship, most therapists mentioned sharing concepts and recommendations from the general couple therapy literature with the stepcouple, such as the importance of putting time, attention and energy into the couple relationship. For example, one therapist described some of the recommendations they shared with stepcouples to enhance their relationship,

The Gottman therapy ideas of 'it's the little things that count' ... It's the everyday little bits of putting money into the relationship bank account so that when things are difficult, you've got a whole lot of positive regard to draw on, to help you cope with the difficult times. So, first thing in the morning you don't jump straight out of bed and go and sort out the children, you make sure that you greet each other first. When you come home in the evening it's not straight into the children, there is the minute or two to reunite your couple relationship and your parenting coalition, and making sure that at some stage during the evening there is a chance for the couple to debrief from the day ... I suppose it boils down to making time, understanding that those little things that you do every day are going to keep this relationship going. (Participant 5)

Many therapists also talked about recommending to the stepcouple that they have date nights, with some therapists setting this as a "homework" task. One therapist explained,

The homework is that they must go and have a date. I think you've got to be realistic. We can just put it out there as something they might want to try and set up. Then we ask what's getting in the way of doing that and get them talking about it because some of them just wouldn't even dream about it; it's just gone off the agenda. (Participant 2, stepcouple groups)

The therapists described assisting the stepcouple to develop and use a number of skills to help enhance their couple relationship. These skills were drawn from the general couple therapy literature, and included conflict resolution, communication, negotiation, perspective-taking, and assertiveness. For example, some therapists spoke about assisting stepcouples to express their feelings to each other in a constructive way. As one therapist described,

Working from attachment and emotion-focussed ideas, I am helping them to be able to express what is underneath constructively, rather than going into the attack or withdrawal response. (Participant 9)

In addition, one therapist who runs workshops described using role plays with a co-facilitator to illustrate the effects of different conflict styles,

We do a role play to show a couple of ways of communicating. In the first role play [my co-facilitator] and I have an argument, which really escalates the situation. In the second role play I go in and attack [my co-facilitator] and instead of reacting to me, he

responds in a much calmer manner, which helps diffuse it. It highlights that you can either react which increases the tension, or respond patiently to defuse it. But you can only be responsible for your way of responding. (Participant 6, stepcouple groups)

Most therapists mentioned emphasising to stepcouples the importance of them attending to their couple relationship, as this is observed to have residual benefits for the wider stepfamily unit and its functioning. One therapist explained,

I reinforce to them the importance of the couple relationship as being central to the household ... Family function in the household is more stable if the couple relationship is in a good solid state. I will always say to them the importance of making sure you take the time for that relationship and that you kind of prioritise that relationship and strangely enough you're actually doing the young people in the household a favour if you actually kind of prioritise that relationship. (Participant 12)

In addition, many therapists noted that observing these flow-on effects from the stepcouple's enhanced relationship was one of the most fulfilling aspects of working with stepfamilies, as highlighted in the following quote,

Seeing the couple find a way of working together and strengthening their relationship. Couples that value each other, appreciate each other, and claim time to be together. It's all that nurturing and potential healing that is available in strong families because we are relational beings. It can be a very beautiful thing. (Participant 3)

The main approaches and interventions used by the therapists to assist stepcouples to develop an effective parenting relationship are outlined in the subtheme, *Parenting approaches*.

#### *New stepfamily culture*

Many therapists spoke about ways in which the stepfamily can build and establish a new family culture. These therapists described providing suggestions to the stepcouple on how to build this new family identity, including forming rituals and doing fun activities, as illustrated in the following quote,

Establishing rituals can be simple things like keeping a photographic album of times when the whole new family is together ... I think when times get tough it's good for children to see around the house photographs of the whole family doing things, having fun together and being a new family. It helps to build and consolidate that sense of family identity ... Simple rituals might be [eating] pizza or fish and chips on the floor together as a new family. It's sort of something they do on Friday night perhaps, or sit around and have a formal dinner on the night that the children return from their other home ... hobbies and games they might play as a family, games night. Building those

rituals is quite important in nurturing and developing a new culture in that family. (Participant 3)

Another recommended way of forming this new family culture was to establish family values. For instance, some therapists talked about suggesting to the stepcouple that they need to agree upon family values they want to have in their home and discuss ways in which this can be sustained. As one therapist described,

We also take a look at the values that couples are trying to achieve or trying to promote within their home, because I think it's easy for people to get caught up on the details without actually stepping back and looking at the big picture. We brainstorm values. We ask the questions: What kind of values do you want to promote in your home? What kind of values are you wanting your children to take on board and to raise them with? We get them to pick three values as a couple that they agree on and look at how they can reinforce those values. (Participant 6, stepcouple groups)

### ***Parenting approaches***

Most therapists spoke about supporting stepcouples to develop effective parenting styles and strategies. These related to two parenting relationships: the parent and stepparent parenting together and the parent's co-parenting relationship with their ex-spouse. The therapists' approaches to assisting with these two parenting relationships are presented in this subtheme below.

#### ***Parenting together***

As mentioned earlier in this chapter, many therapists spoke about the stepcouple needing to develop a co-parenting relationship alongside, but separate from their romantic relationship. Many therapists described using family systems perspectives to guide recommendations for effective parenting approaches, including informing the stepcouple that there need to be boundaries and hierarchies established within their family. This was identified by some therapists as being beneficial in reducing any parentification of children that may have occurred following their parents' separation, thus, "making space for the children to be children" (Participant 4),

Inviting [the stepcouple] to look at how they do things structurally. What I am thinking there is that families, especially young people, function best when there is kind of a

hierarchy around them, when there is containment around them and certainly there is a good evidence base that sort of shows this. (Participant 12)

In addition, as indicated previously, although some children are observed as being more open to a stepparent adopting a parenting role, parents taking charge of the discipline in at least the early stages following the formation of the stepfamily was noted by most therapists as being essential due to the attachment and bond already established between them and their children. Therefore, in stepfamilies, the therapists talked about encouraging parents to take initial responsibility for disciplining the children, while the stepparent takes a step-back and supports them. One therapist explained this approach in the following quote,

[The Stepparent's] primary job is to support their partner's parenting. You do this by metaphorically standing just behind the person looking over their shoulder. So the child can see your face or you stand right next to them. The child can see your face but you are not saying anything. So their attention, everything is coming from the biological parent but you are standing there and you are nodding. You don't even disagree or interfere. You can do that later when you're on your own together. But what the child needs to see is that their parent, their biological parent is the boss of them. That's what they need. And this other person is either in the shadows somewhere, particularly early on, or is there agreeing with the biological parent, and that if trouble occurs the stepparent is not going to step up, step forward and take over, become the boss of them. (Participant 5)

Further, most therapists spoke about guiding the stepcouple through the specifics of this process, where the stepparent supports the parent's decisions, even when the parent is not around. Thus, "the stepparent acts as a kind of proxy for the biological parent, but they are not parenting in their own right" (Participant 5). To the children, this presents the stepcouple as being a united front. As one participant explained,

The child might say "I'm not going to do what you say, you're not my father, you're not my mother," and the [stepparent] can say "I know I'm not your mother but that doesn't change the guidelines and rules that you have in this household. Your father and I have both decided that this is your job to do the dishes on a Thursday night" ... The child knows they are up against an immovable force of two united parents. It can be quite a powerful change in dynamics. And children will thrive when they have that. (Participant 3)

However, behind the scenes, many therapists described encouraging the stepcouple to negotiate agreed upon acceptable and unacceptable behaviours of the children. This allows the stepcouple to "feel allied with each other" even though the parent is enforcing these rules to the children. One therapist illustrated this in the following quote,

There needs to be quite a lot of talk between the adults about what are the most destructive, or the most dangerous, or the most problematic behaviours in the children that need managing. So that is part of the psychoeducation, but it is also part of the negotiating between the parents because some new partners think that the table manners or the way they have their bedrooms is the worst thing that could ever happen ... So, focussing on those behaviours that are really destructive and dishonest and all those kinds of things as opposed to those that are just bad habits (Participant 8)

In relation to parenting styles, many therapists mentioned providing stepcouples with education on how children thrive on authoritative parenting approaches. For example, one therapist described,

We cover why [children] need to have a fair and balanced approach to parenting, and parenting out of their love for their children and their desire to want the best for them, for their future, rather than allowing guilt to motivate their parenting. (Participant 6, stepcouple groups)

Many therapists also described assisting stepcouples to use a range of parenting skills taken from the general behavioural and parenting literature, including the Incredible Years and Triple P parenting programmes. One therapist explained,

I would go into parenting skills ... I've been trained as an Incredible Years facilitator. So we would go into parenting education skills and sometimes we'll give hand-outs or leaflets as well, like how to write up house rules, how to have a family meeting, there are consequences, those sorts of things. (Participant 9)

### *Co-parenting*

Many therapists mentioned that the parent needs to develop a new co-parenting relationship with their ex-spouse. Some therapists discussed framing this to the parents as like forming some-what of a “business relationship” with their ex-spouse (Participant 11). This included holding the children’s best interests at the forefront of their conversations and energy, as well as instilling boundaries and rules around the nature of their contact. For example, one therapist said,

The parenting relationship is ongoing as long as you are all living and breathing; so how is this young person or these young people going to get the quality cohesive parenting they are entitled to, because it's not their fault that you guys couldn't work out your couple stuff. I used to sort of tip-toe around that sort of stuff, but now I make it very, very explicit. Often they kind of get that, even though they're not sort of jumping up and being best mates or whatever, they start to get from talking over a few sessions

along those lines just about the importance of parents kind of working together regardless of what has gone down between them as a couple. (Participant 12)

In addition, some therapists described encouraging parents to use principles of forgiveness to facilitate building this new relationship with their ex-spouse,

We look at the principle of forgiveness in relation to ex-partners as well and what that means - how it can be for our benefit: it's not necessarily for the other person's benefit and it's a way of letting go of the bitterness. (Participant 6, stepcouple groups)

Some therapists talked about how rewarding it is when they witness stepcouples making small changes and experiencing positive outcomes. Despite these changes often being small, this was observed as giving stepcouples a sense of empowerment, reinforcing their resourcefulness to tackle challenges. One therapist described this in the following quote,

Just when they get it, when they try some of the strategies and things improve, and by and large you don't need a hell of a lot of change to actually bring about quite a big degree of satisfaction. So when people are able to make even small changes, I mean they just come back and things are so much better, they are thrilled. So that is marvellous. (Participant 5)

Overall, this theme concerned the therapists providing stepfamilies with information about what is known to be helpful for stepfamilies, while also assisting them to develop a range of skills. The psychoeducation and skills provided largely related to building and enhancing stepfamily relationships and assisting with parenting approaches. The therapists described using the clinical and research literature to inform their approach, including the first-family literature. However, all of the therapists mentioned that most of the session content with stepfamilies differs from working with first-time families due to a different body of knowledge guiding the understanding of stepfamily functioning.

## **Chapter Summary**

In summary, the results of the thematic analysis indicated that therapists adopt a range of interventions to address the difficulties stepfamilies present with to therapeutic services, as outlined in Chapter Three. These therapeutic interventions centred on increasing awareness and insight; working with unrealistic beliefs and expectations; and assisting with skill development. Overall, the therapists appeared to use their clinical judgement and the existing stepfamily and first-family literature to guide their approach to working with stepfamilies. While providing therapeutic services to stepfamilies, the therapists spoke about integrating psychoeducation, adopting an individualised approach, as well as the importance of being mindful of nuclear family models and ideology.

The following chapter outlines the therapists' views on the therapeutic and support services needs of stepfamilies in New Zealand.

## **Chapter Five – Results**

### **Therapeutic and Support Service Needs of Stepfamilies in New Zealand**

This chapter presents the categorical analysis of the data pertaining to therapists' views of the therapeutic and support service needs of stepfamilies in New Zealand. This encompasses the therapists' responses regarding their knowledge of what services are currently available to stepfamilies in New Zealand, what barriers exist for stepfamilies in accessing these services, as well as their views on what other services should be made available to meet the needs of stepfamilies.

Data concerning the therapists' views in relation to the therapeutic service needs of stepfamilies in New Zealand were organised into four categories: limited stepfamily-specific services; barriers in accessing services; what services should be available; and the importance of education.

#### **Limited Stepfamily-specific Services**

Some therapists said that they are aware of individuals who specialise in providing therapeutic services to stepfamilies, as well as some non-government organisations that provide group programmes for stepcouples. However, most therapists reported that, to their knowledge, stepfamily-specific services are not available or easily accessible in New Zealand. Encapsulating this, Participant 3 stated “they are poorly, poorly resourced and funded, advertised and promoted.” In addition, one therapist from Wellington<sup>3</sup> mentioned,

I don't think that it's readily accessible or affordable for a lot of couples to find a place to get specialist help like this. In fact, I can't think of one in my area. (Participant 8)

#### **Barriers in Accessing Services**

Most therapists noted that there are a number of barriers in stepfamilies accessing services that are currently available. One common factor identified was the affordability of services, with the specialist services that are available typically being offered by private therapists,

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<sup>3</sup> Capital city of New Zealand

I think we certainly have the practitioners out there. We have people well-trained including in the specialist area of working with families and working with stepfamilies, but it's where to access them if you can't pay for yourself, and by that I mean pay privately. (Participant 4)

Many therapists thought that a large proportion of stepfamilies are unable to afford these private therapists and services due to financial difficulties and poverty. As one therapist explained,

If you're poor everything's hard to access ... If you're working 14 hours to put food on your table, you're sure ain't going to be accessing any private therapy (Participant 1)

However, these issues in relation to the availability and accessibility of services for stepfamilies were noted by many therapists as not being limited to stepfamilies, but to all families. As Jan Rodwell highlighted,

I have to say there aren't enough services for families in New Zealand full stop at all. And there are not enough people with an understanding of family work. There is more individual work than there is family work ... Generally I think free and subsidised services have reduced enormously and they are really, really important. That affects all families, and stepfamilies are part of that.

## **What Services Should be Available?**

Some therapists described the need to have a “one-stop shop with a whole range of services” available for stepfamilies, including government-funded “family therapy, couple therapy, exes co-parenting and mediation” (Participant 1). Many therapists also identified support groups as being another beneficial form of providing support to stepfamilies, with the sharing of experiences helping to normalise stepcouples’ difficulties. Some therapists mentioned that stepcouples may be more likely to attend support groups as they reduce feelings of shame or stigma that may be associated with attending therapy. One therapist said,

I think support groups are really valuable as a way of helping people. Sometimes people are much more willing to bring issues to a support group than to have the shame and stigma from times of coming to counselling which they perceive as being a failure on their part. (Participant 3)

In addition, some therapists identified the importance of having stepfamily specialists across different services, or “a national organisation that could work collaboratively with local agencies to support the needs of stepfamilies” (Participant 6, stepcouple groups). Further,

some therapists suggested that a publically-available directory of services that offer therapeutic services for stepfamilies across New Zealand could be developed.

The therapists also emphasised the importance of subsidised or free therapeutic services being funded by the government so that lower-income stepfamilies can access the assistance they require. Highlighting this, some therapists noted that the recent discontinuation of free counselling and mediation provided through the Family Court has had a considerable impact on some stepfamilies accessing counselling, as highlighted in the following quote,

The Family Court used to provide counselling for any couple struggling, whether they had children or not, and that was a godsend for stepfamilies. I think it's a tragedy that that has been discontinued. I think it's naïve to think that it's not necessary because the fallout from separated families, not especially the second time around but every time around, there is financial and emotional fallout for everyone. I think there is a terrible dearth of free counselling available for stepfamilies. (Participant 5)

### **The Importance of Education**

Some therapists highlighted the importance of clinical supervision for those working with stepfamilies and the need for University programmes and workshops to provide training on how to work with stepfamilies. This was recommended in order to provide adequate training and support for therapists on how to work with stepfamilies to help address the gap in the number of therapists who are knowledgeable and skilled in this area. On this topic, one therapist from Christchurch stated,

A lot of the agencies that I encounter in my work around Christchurch, people don't always understand the complexity of stepfamily life. So I think there's a trap there too for professionals, for clinicians, who will tend to use the old map of the nuclear family ... And I think that that goes back to there being a bit of a gap in the training of our social services and mental health professionals. (Participant 12)

In their responses, many therapists also mentioned the importance of providing education to the wider society to increase understanding and awareness of the unique differences of stepfamilies compared to first-time families, and the challenges they experience. Many therapists suggested that this could be facilitated through online information providing evidence-based advice and suggestions for common stepfamily difficulties. There are potential benefits of having more widely disseminated information on stepfamilies, including normalising the experiences of stepfamilies as well as resourcing these families with strategies to help navigate common challenges,

I think it's crazy not to do something about educating the public about how hard it is and where to go for help and some basic tips. The government could fund a website with lots of useful information on it and so on. (Participant 5)

Further, some therapists suggested that the “shallow, clichéd, and not very sophisticated” messages of stepfamilies portrayed in the media (Participant 1) need to change to help prevent the development of unrealistic views on what stepfamily living entails. Jan Rodwell stated,

It would be great if there was more realistic television programmes and education for the wider culture about stepfamilies ... that's what I would see the service needs.

## **Chapter Summary**

In summary, the therapists perceived there to be limited stepfamily-specific services in New Zealand and that stepfamilies face a number of barriers in accessing the services that are available. One such barrier included the affordability of services, with specialist services typically being offered by private therapists. To best meet the needs of stepfamilies, the therapists recommended that a range of services need to be available, such as a one-stop shop of stepfamily services and subsidised or free therapy. In addition, many therapists identified the importance of education being provided to wider society to increase awareness of stepfamily challenges. Similarly, some therapists also suggested that tertiary programmes need to provide adequate training on how to work with stepfamilies to address the gap in the number of therapists who are skilled in working with stepfamilies.

## **Chapter Six – Discussion**

This thesis study aimed to investigate therapists' views of the therapeutic needs of New Zealand stepfamilies given their experience working therapeutically with these families. In particular, it sought to gain insight into the difficulties stepfamilies present with to therapeutic services, the approaches and interventions adopted by therapists to assist with these difficulties, and the therapeutic and support service needs of New Zealand stepfamilies. This study appears to be the only research to-date which explores these research aims. It should be noted that given the participant therapists worked predominantly with New Zealand stepfamilies of European descent, these findings are mostly informative of stepfamily difficulties and therapy within a Western perspective.

This chapter addresses the remaining aim of the current thesis study of examining this research's findings in light of the existing international literature and clinical writings. This is followed by a discussion of the implications of these findings for therapists, training programmes, and wider societal initiatives. Finally, limitations of this research and future research directions are outlined.

### **Seeking Therapeutic Assistance**

The following section provides an overview of this thesis' main findings regarding stepfamilies' therapeutic support-seeking behaviours and their presenting difficulties, and considers these findings in light of the existing clinical and research literature.

#### **Therapeutic support-seeking behaviours**

Most therapists observed that stepfamilies sought therapeutic services for non-stepfamily-specific difficulties, with the child commonly presented as the source of the difficulties. The therapists noted, however, that the difficulties for which stepfamilies seek therapeutic assistance often arise from the unique challenges and processes associated with stepfamily living. This may suggest that stepfamilies do not perceive or are not aware that stepfamily-specific challenges and wider family functioning may be underlying their current difficulties.

In addition, females were seen as typically driving or initiating the seeking of therapeutic assistance. This gendered trend in support-seeking behaviour in stepfamilies was previously noted by Bray (2008) and has been observed among non-stepfamily couples (Doss, Atkins, & Christensen, 2003). The therapists in this thesis study postulated that this gendered trend in help-seeking among stepfamilies may reflect the socialisation of women, a conclusion that is also supported by the individual (Addis & Mahalik, 2003; Judd, Komiti, & Jackson, 2008) and family therapy research literature (Dienhart, 2001).

Many therapists observed stepfamilies seek support at crisis or breaking point, which suggests that stepfamilies are reluctant or find it difficult to seek assistance. This is comparable to previous research which shows few stepfamilies prepare for remarriage or repartnering (Claire Cartwright, 2010; Ganong & Coleman, 1989; Higginbotham et al., 2009). Therefore, the therapists in the current study may be working with stepfamilies that have more entrenched and marked difficulties. This is concerning given that research suggests the more distressed couples are upon entering therapy, the less effective therapy is (Lebow, Chambers, Christensen, & Johnson, 2012). Overall, these findings highlight the need for stepfamilies to more frequently use preventative forms of intervention. However, the therapists noted that stepfamilies may not seek support earlier due to a range of reasons, including the time it takes to recognise or admit that they need support, to avoid feelings of failure, as well as stigma associated with therapy.

### **Presenting difficulties**

The therapists observed stepfamilies to present to therapeutic services with difficulties related to four main areas. These areas of difficulty concerned the unrealistic expectations held by stepfamily members; the enduring presence of the original family; difficulties experienced by the stepparent; and difficulties arising from the stepcouple parenting the children together.

First, as discussed in previous research (e.g., Ganong et al. 2002), most therapists described the stepfamilies they worked with as having unrealistic expectations. This included hopes of quickly becoming a “happy family,” which reflects what Visher and Visher (1996) termed as the myth of instant love. The therapists postulated that these beliefs and subsequent attempts to attain this may arise from stepfamilies’ use of nuclear family ideology. This is similar to previous clinical and research literature where stepfamilies have been found to use nuclear

family norms and ideology to mould their stepfamily into a first-time family (Bray, 1999, 2008; Ganong & Coleman, 2017; Visher & Visher, 1988, 1996). In-line with previous research (e.g., Coleman et al., 2013; Ganong et al. 2002), the therapists viewed this ideology as problematic because it does not account for the negotiation of roles and rules required when forming a stepfamily. It is unsurprising then that stepfamilies were seen to experience a range of challenges and negative feelings, including reduced self-esteem, a sense of failure and panic, resistance from children, and interpersonal conflict, following their unsuccessful attempts to attain these expectations. Further, they observed stepmothers to hold problematic beliefs related to the myth that women should naturally adopt and be responsible for childcare and the running of the household. As in previous research (e.g., Miller, 2015), these stepmothers were seen as negatively affected when they inevitably do not live up to these expectations.

Finally, stepfamilies were described to be largely unprepared for navigating the challenges of forming and living in a stepfamily. These findings support Ganong et al.'s (2002) clinical truism that stepfamilies are poorly prepared for stepfamily living, as well as research showing that stepcouples do not prepare for remarriage (Doss et al. 2009; Ganong & Coleman, 1989; Higginbotham et al., 2009). Such lack of preparation may be attributed to stepcouples' limited awareness of how stepfamilies differ from first-time families and their subsequent use of the nuclear family model in the absence of stepfamily norms, as discussed. This lack of preparation was noted to contribute to reduced self-esteem, conflict, and stress among stepcouples when faced with unexpected challenges. These findings are comparable to those by Pasley et al. (1996) where stepfamilies sought therapy for depression or anxiety about stepfamily functioning.

The second main area of difficulty identified by most therapists concerned the ongoing challenges for stepfamily members associated with the original family, particularly in regards to relationships with former spouses and residual feelings associated with the loss of the original family. This supports findings from New Zealand research where the influence of non-residential parents was identified as the third most common challenge reported by parents and stepparents (Robertson, 2014). In addition, interactions with former spouses were a common area of concern for which stepfamilies in Pasley et al. (1996) study sought therapeutic assistance.

In the current thesis study, many therapists observed that stepparents were often jealous of former spouses and had difficulty acknowledging the prior relationship between their partner and their former spouse. In addition, stepparents were frequently described as feeling unhappy with the perceived over-involvement of the non-residential parent in the newly established household, particularly when clear boundaries between households had not been established. Further, stepmothers and biological mothers were noted by a few therapists as having a somewhat competitive relationship. This could then create loyalty binds for parents, given some sense of loyalty they feel toward the parent of their children. As outlined in Chapter One, there appears to be a dearth of literature specifically examining the stepparent-non-residential parent relationship (Pryor, 2014; Schrodт, 2011). Thus, this study provides valuable insight into some of the difficulties associated with this relationship.

The therapists also identified challenges in relation to the co-parenting relationship, which is often problematic for both post-divorce families (Evenson & Simon, 2005) and stepfamilies (Cartwright & Gibson, 2013). Some therapists described ex-spouses as being unhappy or ambivalent about their children spending time with stepparents, particularly if they considered the stepparent as having contributed to the deterioration of their relationship. In addition, due to unresolved feelings associated with the separation or divorce, some former spouses were seen as being obstructive, including deliberately withholding their children. Further, stepparents were described as having difficulty accepting Court-ordered child support payments and custody arrangements. These findings are consistent with previous New Zealand research on co-parenting relationships in stepfamilies (Cartwright & Gibson, 2013).

Comparable to the challenges identified in the post-divorce research literature (e.g., Amato, 2010), the therapists described children as struggling to adjust to living between two households as well as observing their parents' unresolved grief in relation to the separation or divorce. In addition, most therapists observed children to experience loyalty binds, particularly guilt or disloyalty to their non-residential parents if they form a relationship with their stepparents. Some former spouses were noted to also feel threatened by new parental figures, and may actively discourage children from developing a relationship with their stepparent, creating further loyalty binds for the children. Such loyalty binds for children are well-documented in the existing research (Afifi 2003; Cartwright & Seymour, 2002) and clinical literature (Visher & Visher, 1996).

The third main area of difficulty identified by the therapists related to the challenges specifically experienced by stepparents. For instance, when entering a stepfamily, stepparents were observed to come to the realisation that the children may be more important to their partner than the stepcouple relationship. The strong bond and relationship between parents and children contributed to stepparents feeling on the outer of the family, which relates to Papernow's (2008, 2013) insider/outsider dynamic. In addition, stepparents sometimes felt that stepchildren were deliberately excluding them from the family or sabotaging the stepcouple relationship. These behaviours were observed to create challenges in the stepcouple relationship as well as mixed feelings held by the stepparent towards the stepchildren. Consistent with clinical literature (Papernow, 2013; Visher & Visher, 1996), therapists noted that stepparents often felt guilty about any negative feelings towards their stepchildren, and, in complex stepfamilies, favouritism towards their own children. The therapists described the stepparents' mixed feelings toward the children as also creating difficulties in the stepcouple relationship due to loyalty conflicts for parents who may feel as if they need to protect their children from stepparent criticisms. This reflects findings from the clinical literature where parents and stepparents often have differing views of the children (Browning & Artelt, 2012). It is perhaps unsurprising then that stepcouples have been seen to seek preventative education programmes (Nicholson et al. 2007) and therapy (Pasley et al. 1996) to assist with the stepparent-child relationship. However, as noted, most stepfamilies do not undertake such preparation for stepfamily living (Doss et al., 2009; Higginbotham et al., 2009).

The last main area of difficulty relates to parents and stepparents parenting the children together. This reflects findings from Robertson (2014) where the most common challenge identified for New Zealand parents and stepparents was how to discipline the children, followed by agreement on household rules and routines. In addition, Pasley et al., (1996) found that at the initiation of therapy, discipline of the children was one of the most common concerns for stepcouples. Reflecting clinical (e.g., Papernow, 2013) and research literature (e.g., Hetherington & Kelly, 2002), the therapists in this thesis study spoke about how challenges related to parenting the children together appeared to arise from differing perspectives between the stepparent and parent on how children should behave and be disciplined.

Another related area of conflict between the stepcouple that has been identified in the clinical literature (Papernow, 2013) arose from parents engaging in over-compensatory parenting. The therapists postulated that this parenting style likely occurs due to the parents' guilt associated with the perceived impact of the divorce or separation on their children. In addition, the therapists described parents and stepparents as often engaging in what Papernow (2008, 2013) termed as polarised parenting, creating a lot of confusion for children. Further, stepfamily members were seen to express unhappiness in relation to the style and lack of consistency in discipline.

Finally, most therapists spoke about the challenges associated with stepparenting. Such challenges were noted to predominantly arise from the ambiguity associated with the stepparent role, which has been a major focus in the clinical (e.g., Visher & Visher, 1996) and research literature (Doodson & Morley, 2006). Pasley et al. (1996) similarly found that confusion about the stepparent role led stepcouples to seek therapeutic assistance. In the current thesis study, the therapists spoke about how some stepparents are unwilling or hesitant to adopt a parental role, while others enter the stepfamily with expectations that stepparents will assist with the discipline of the children. Such misconceptions that stepparents can adopt a parenting role soon after forming a stepfamily were hypothesised to arise from stepcouples adopting nuclear family norms in their stepfamily and roles not being negotiated prior to the formation of the stepfamily, which has been noted in previous research (e.g., Cartwright, 2010). In addition, as documented in previous research (Miller, 2015), stepmothers were observed to inadvertently step into a mothering role, contributing to stress and resentment toward their partner or role. Also discussed in the existing clinical and research literature (Bray, 1999; Kinniburgh-White et al., 2010; Papernow, 2006), stepparents adopting a parental role prior to developing a relationship with the stepchildren was observed to commonly lead to resistance from children. However, such resistance was noted to be dependent upon the age and developmental stage of the children.

The findings of this study also provide insight into how the participant therapists understand and conceptualise the difficulties New Zealand stepfamilies present with. For instance, the therapists referred to stepfamilies as being complex and there was a predominant theme of nuclear family ideology underlying the difficulties experienced by these families. While the therapists indicated that stepfamilies present with difficulties common among first-time families, the therapists' conceptualisations of stepfamily difficulties recognised the

differences between stepfamilies and first-marriage families, as discussed in the current research and clinical literature (Ganong & Coleman, 2017).

In addition, consistent with a recent review of the research literature (Miller, 2015), many therapists discussed the impact of gender norms and stereotypes affecting stepfamily functioning and difficulties, particularly in relation to stepmothers. Further, while the current thesis study identified common challenges experienced among stepfamilies who present to therapeutic services, the therapists spoke about how individual and family differences affect the type and severity of difficulties presented by the stepfamily being seen. Such factors included the age and development of the children, personal vulnerabilities and insecurities, socio-economic status, and cultural norms of the stepfamily. This reflects established research which has identified factors associated with outcomes in stepfamilies (e.g., Ganong & Coleman, 2004; Robertson, 2014; Saint-Jacques et al., 2011). Finally, it was notable that while the therapists mentioned difficulties experienced by children, they predominantly discussed difficulties experienced among the adults. This may be due to the therapists in this study working primarily with the stepcouple are therefore being more exposed and privy to adults' experiences.

Overall, the difficulties New Zealand stepfamilies present with to therapeutic services as identified in this thesis study largely reflect the existing international literature on stepfamily difficulties. However, these findings extend those of Nicholson et al. (2007) and Pasley et al. (1996) by providing valuable insight into the main difficulties stepfamilies present to therapeutic services with, particularly highlighting the unrealistic expectations and beliefs held among stepcouples that they may be initially unaware of themselves when they first seek therapeutic support. In addition, it appears that those who present to therapeutic services in New Zealand have been unable to resolve these challenges and do not seek support until difficulties have become entrenched. It is unknown what the severity of difficulties stepfamilies present with to services internationally are. Further, this research highlights that these therapists are aware of the nuclear family ideology and gender norms which often become problematic for stepfamilies. The former reflects the shift in clinical and research literature away from a deficit-comparison approach to viewing stepfamilies (Ganong & Coleman, 2017).

## **Working therapeutically with stepfamilies**

There have been a number of educational programmes and therapeutic interventions developed for stepfamilies. However, there is limited knowledge of how therapists are working with stepfamilies to meet their needs. This thesis study appears to be the only research to-date to provide understanding into the therapeutic approaches and interventions implemented by therapists to address the needs of stepfamilies. In addition, interventions for stepfamilies have been primarily developed in the United States and it is not known if these therapeutic approaches are beneficial for New Zealand stepfamilies. Thus, this thesis study provides valuable insight into the therapeutic approaches and interventions that experienced therapists believe are beneficial for New Zealand stepfamilies.

The participant therapists drew on a range of theoretical orientations and modalities to guide their therapeutic work with stepfamilies, including family systems theory, strengths-based, and solution-focused approaches. In addition, most therapists reported having a preference for working with the stepcouple, which mirrors the approaches adopted by stepfamily therapists (Bray, 2008; Papernow, 2013). The therapists' rationale for working with the stepcouple also reflects the clinical writings of Browning and colleagues (Browning & Artelt, 2012). They note that in contrast to first-time families, good communication has not developed between stepfamily members, which can lead to harmful interactions and it being detrimental for stepchildren to hear their stepparents' feelings toward them. Thus, the therapists stated that working with the whole stepfamily from the outset can be problematic. The therapists' predominance of working with the stepcouple may explain the therapists' noted lack of discussion of working therapeutically with children.

### **“What Works” – Main therapeutic interventions**

The findings of this study identified three predominant areas of therapeutic focus and intervention adopted by the participant therapists to assist with the aforementioned presenting difficulties among predominantly New Zealand European stepfamilies. These interventions involved increasing awareness and insight; working with unrealistic beliefs and expectations; and assisting with skill development. These interventions were considered most beneficial by the therapists for addressing the difficulties presented by stepfamilies.

The first area of intervention reflected the assessment phase of therapy. This involved the therapists assessing whether the stepfamily were experiencing common stepfamily difficulties, including unrealistic expectations, and challenges related to parenting and stepparenting. The objective of this assessment phase was to help facilitate both the clients and therapists' awareness and understanding of the stepfamilies' difficulties and strengths. To aid in this process, many therapists used previous client experiences, their own personal experiences of living in a stepfamily and/or the research literature to non-judgementally enquire if the stepfamily had also encountered common problems or difficulties. In addition, similar to the clinical writings of other therapists (e.g., Browning & Artelt, 2012; Papernow, 2013; Visher & Visher, 1996), some used genograms to depict stepfamily members and illustrate the complexity of the stepfamily, subsequently normalising the challenges that inevitably arise.

Most therapists also discussed how it is important to assess for the unique individual and family differences of the stepfamily in order to guide an individualised approach that best meets their needs. For instance, the therapists spoke about identifying and understanding the personal vulnerabilities impacting on the presenting difficulties, as well as individual communication and conflict styles. This is responsive to existing research literature which illustrates how individual and family characteristics affect outcomes (e.g., Robertson, 2014), and is comparable to approaches adopted by stepfamily interventions (e.g., Papernow, 2013).

The second main therapeutic area of intervention discussed by the therapists involved challenging and adjusting stepcouples' unrealistic beliefs and expectations. This is in-line with research (e.g., Ganong et al., 2002) and the current thesis study's findings of stepfamilies experiencing difficulties arising from misconceptions and problematic stereotypes associated with stepfamily living. The therapists therefore spoke to the importance of therapists being aware of these myths, stereotypes and expectations in order to effectively challenge and not collude with them.

To assist with challenging problematic beliefs and expectations, many therapists mentioned using psychoeducation, which included informing stepfamilies on how long blending of stepfamilies takes and challenging mothering myths. This is in-line with the content provided by stepfamily education and therapeutic interventions in regards to how stepfamilies are structurally and developmentally different to first-time families (Adler-Baeder et al., 2010; Papernow, 2013). Further, some therapists described informing stepfamilies of the challenges

they may face in the future to help prepare them, which is also recommended by Papernow (2008, 2013). Finally, some therapists spoke about facilitating stepfamily members' acceptance of situations that they cannot change, such as Court-ordered child support and caregiving arrangements. These aforementioned interventions were viewed as having a noticeable positive effect on stepfamilies, including the enhancement of relationships. However, some therapists spoke about feelings of frustration when stepfamily members did not appear to be able to change their perspectives.

As discussed in clinical literature (Adler-Baeder et al., 2010; Browning & Artelt, 2012), the use of psychoeducation was considered by the therapists to help normalise the stepfamily's difficulties, bringing stepfamilies a sense of relief. In addition, the two therapists who facilitate groups and workshops for stepcouples described the group process as having a normalising effect through other group members speaking about their challenges. While validating the stepfamily's challenges, the therapists also described emphasising the positive outcomes of living in a stepfamily, which is incorporated in existing stepfamily interventions (Bray, 2008; Visher & Visher, 1996).

Some therapists also spoke about assisting stepcouples to develop self-compassion to help mitigate the negative emotions and self-criticism associated with experiencing challenges that are in contrast to their initial expectations of stepfamily living. This appears to be a relatively new approach in this area of working with stepfamilies and may reflect the development of compassion-focussed therapy (Gilbert, 2009). Further, as mentioned earlier, some therapists described adopting a strengths-focused orientation in their work. This approach was identified by these therapists as being an effective way to enhance the resiliency of the stepfamily and empower them to navigate challenges.

The final area of intervention discussed by the participant therapists involved providing stepfamilies with information regarding what is helpful and recommended for stepfamilies to enhance outcomes, alongside assisting them with skill development. Although the therapists emphasised that most of the content discussed when working with stepfamilies is guided by the stepfamily literature, some skills and psychoeducation were also drawn from the first-family literature. In addition, the therapists who facilitated stepcouple groups described how the group members sharing their personal experiences of strategies that have been helpful is an effective medium to share information.

First, in-line with therapeutic interventions for stepfamilies (e.g., Browning & Artelt, 2012; Papernow, 2008, 2013), the therapists described providing psychoeducation and a range of skills to assist stepfamilies to build and enhance stepfamily relationships, including the parent-child relationship. The psychoeducation and skills provided aligned with the existing stepfamily literature and interventions, including the parent spending uninterrupted time with their children (Cartwright, 2005), the stepparent first developing a relationship with the children before adopting a parental role, and establishing new family rituals and routines (Papernow, 2013; Visher & Visher, 1996). The therapists also described making recommendations from the first-time family literature, such as the stepcouple putting time and energy into their relationship and developing effective conflict and communication skills (Gottman, 1994, 2011; Gottman & Gottman, 2006).

Most therapists also spoke about supporting stepcouples to develop effective parenting styles and strategies in relation to two parenting relationships: the stepcouple parenting together and the parent's co-parenting relationship with their ex-spouse. In regards to the former, most therapists mentioned supporting stepcouples to develop effective parenting styles and strategies. This included assisting the stepcouple to develop a co-parenting relationship alongside but separate to their couple relationship. The approaches and interventions recommended by the therapists aligned with the stepfamily literature and clinical writings, including the parent taking responsibility for disciplining the children while the stepparent supports them and the parent and stepcouple developing a parenting alliance (Papernow, 2013). The therapists also provided psychoeducation from the first-family literature on the benefits of an authoritative parenting approach. Similarly, in relation to the co-parenting relationship, some therapists provided research-informed recommendations (e.g., Jamison et al., 2014) to parents, including forming a business-like relationship with their former spouse. Further, as suggested by stepfamily interventions (e.g. Bray, 2008), the therapists encouraged parents to develop forgiveness in relation to their former spouse to help assist with the co-parenting relationship.

As described above, while the therapists used first-family literature to guide some of the psychoeducation and skills provided to stepfamilies, their approach appeared to be largely guided by the stepfamily literature. For instance, the therapists emphasised the importance of not holding onto nuclear family ideology and models when providing services to stepfamilies. This reflects what Bray (2008) stated in that no one approach works best for

stepfamilies and that therapists need to be knowledgeable on stepfamilies and provide interventions accordingly. Further, the therapists spoke about adopting an individualised approach to meet the needs of the stepfamily being seen. This included working with the interpersonal vulnerabilities of the stepfamily members, reflecting the intrapsychic level of Papernow's (2008, 2013) model of intervention. However, the two therapists who facilitated groups and workshops for stepcouples did not appear to address these individual factors, likely due to the limitations of time and nature of a group-setting.

Overall, the approaches, interventions, and processes adopted by the therapists in their therapeutic work with stepfamilies largely reflect the current clinical writings and recommended approaches for these families. This suggests that the existing international literature and clinical writings are being incorporated into these therapists' work to guide their practice with New Zealand stepfamilies of predominantly European descent. These findings are in contrast to those of Browning et al., (2010) study of Italian therapists who acknowledged that stepfamilies have a different structure and interpersonal dynamics to first-families, yet did not adjust their approach accordingly. However, the participant therapists in the current study had experience and/or advertised as providing services for stepfamilies. Thus, it is likely that their approach would be more consistent with the existing stepfamily literature and clinical writings. These findings therefore suggest that these therapists are largely adopting similar approaches and interventions to international clinical writings for New Zealand European stepfamilies.

Finally, the findings of the current thesis study provided insight into the interventions used by stepfamily therapists to assist with stepfamily difficulties. This included integrating psychoeducation and adopting an individualised approach, as well as the importance of being mindful of nuclear family ideologies. Further, the therapists adopted relatively new therapeutic approaches of acceptance, values, and compassion in their work with stepfamilies.

## **Service Needs of Stepfamilies in New Zealand**

To date, little research has identified the support and therapeutic service needs of stepfamilies in the New Zealand context. The results of the current study indicate that the therapists

perceive there to be few stepfamily-specific services in New Zealand, and that stepfamilies face a number of barriers in accessing the services that are available. For example, specialist services are typically provided by private therapists, which many stepfamilies will be unable to afford. This is reflected in the current study whereby the participant therapists were all working in private practice. The therapists highlighted, however, that there are a dearth of family services available and accessible for New Zealand families in general.

The therapists recommended that a range of services need to be available in order to best meet the needs of New Zealand stepfamilies, such as a one-stop shop of stepfamily services and subsidised or free therapy. In addition, many therapists recommended support groups be available and some suggested that a publically-available directory of therapeutic services for stepfamilies across New Zealand be developed.

Finally, many therapists identified the importance of education being provided to wider society to increase awareness of stepfamily challenges. This may help aid in a greater societal awareness of stepfamilies and their unique differences from first-time families. Such information may help destigmatise stepfamilies, validate stepfamilies' experiences, and help prepare them for future challenges. Similarly, some therapists also suggested that tertiary programmes need to provide adequate training on how to work with stepfamilies to address the gap in the number of therapists who are skilled in working with stepfamilies.

Overall, the findings of this thesis study have valuable implications for stepfamily therapists, New Zealand training programmes, and societal initiatives for wider education provided on stepfamilies, which will be discussed in the following section.

## **Implications**

The findings from this thesis study have a number of implications for clinical work with stepfamilies. First, the results highlight that stepfamilies seek assistance for what they regard as non-stepfamily related issues. Therefore, it is essential that all therapists working with couples and families are aware of stepfamily difficulties and effective therapeutic approaches and interventions. In addition, this research highlights main areas of difficulty therapists should be aware of and assess for when working with stepfamilies.

The findings also provide valuable suggestions for other therapists in relation to interventions that may be useful for when working with stepfamilies. In particular, the results highlight the problematic use of nuclear family models, the importance of therapists being aware of the stepfamily literature in order to provide research-informed psychoeducation, and how working with individual and family differences is important for guiding an individualised approach. In addition, this research draws attention to the potential strengths of integrating new therapeutic approaches into therapy with stepfamilies, such as self-compassion and acceptance. Further, the identified difficulties New Zealand stepfamilies present with and the therapeutic approaches and interventions adopted by the therapists largely reflect the international research and clinical literature. Therefore, this research may be applicable for therapists working with stepfamilies internationally, and vice versa.

The findings of this thesis study also highlight the need for tertiary and training programmes to be teaching therapists on how stepfamilies differ and how to adjust their therapeutic approaches accordingly. Finally, wider societal initiatives should be considered, including education presented through the media on stepfamilies in order to increase general public knowledge of stepfamilies, to reduce stigma, and subsequently prevent the development of marked difficulties.

## **Study Limitations**

This thesis study has several limitations. First, this study interviewed therapists of European descent who provide therapeutic services to predominantly European clients. Further, the therapists were all working in private practice, which suggests that they were largely providing services to stepfamilies of higher socioeconomic status due to the cost of private services. Therefore, the findings of this thesis study may not be relevant to therapists and stepfamilies of other cultural groups and those of lower socioeconomic status. It is possible that therapists working for specialist cultural services, such as Māori or Pacific Island, may have different perspectives and experiences of providing therapeutic interventions for stepfamilies. Further, this thesis study focused on the perspectives of twelve therapists. Thus, it cannot be assumed that the views and experiences of therapists are also representative of other New Zealand therapists nor their clients.

## **Future Research Directions**

Given the findings and limitations of the current thesis study, there are a number of important areas that need to be examined in future research. First, it is important that research explores the difficulties non-Western stepfamilies present with to therapeutic services and how therapists work with these stepfamilies. In addition, given the therapists in this study were currently working in private practice, research could also explore the views and experiences of therapists who work with stepfamilies in public settings, as well as those who do not advertise or are known for working with stepfamilies. The latter could take the form of replicating the study by Browning et al. (2010) in order to understand how New Zealand therapists in general view and work with stepfamilies.

Considerably more research is needed to evaluate therapeutic interventions among stepfamilies that are experiencing difficulties in order to help develop evidence-based therapy practices that are effective for these families. This could include further studies exploring stepcouples' experiences of seeking therapeutic support services, expanding upon the research by Pasley et al. (1996). Further, research could examine the new therapeutic approaches of compassion, acceptance, values, and strengths-based approaches in their application among stepfamilies. Finally, more attention is needed to explore how to better engage stepfamilies in research and increase their use of preparation methods and therapeutic services.

## **Conclusion**

This study offers new insights into the therapeutic needs of New Zealand stepfamilies, from the perspective of therapists who have experience working with them. The therapists identified four main areas of difficulty that stepfamilies present with to therapeutic services. First, stepfamilies were seen to hold unrealistic expectations and were unprepared for stepfamily living. The misconceptions held by stepfamilies were considered to arise from the use of nuclear family ideology and norms to guide the establishment of the new household. Second, stepfamily members experienced ongoing challenges associated with ongoing relationships with former spouses and residual feelings associated with the original family. Third, stepparents were observed to experience specific difficulties, including feeling alone

and on the outer of the family unit, confusion about the stepparent role, as well as having mixed feelings toward their stepchildren. Finally, various challenges were observed arising from the stepcouple parenting the children together. These main areas of presenting difficulties were described as being influenced by the complexity of stepfamily living and individual and family differences. Overall, the difficulties New Zealand stepfamilies present with to therapeutic services, as identified in this thesis study, largely reflect the existing international literature on stepfamily difficulties.

To assist with the difficulties presented among stepfamilies, the therapists described adopting three predominant areas of therapeutic focus and intervention. The first therapeutic focus reflected the assessment phase of intervention and centred on increasing both the stepcouples' and therapists' insight into the presenting difficulties. The therapists then described challenging and mitigating the effects of the unrealistic beliefs and expectations held by stepfamilies. Finally, the therapists assisted the stepcouples with skill development relation to building and enhancing stepfamily relationships and assisting with parenting approaches. While providing therapeutic services to stepfamilies, the therapists spoke about integrating psychoeducation, adopting an individualised approach, as well as the importance of being mindful of nuclear family models and ideology. Overall, the therapists appeared to use their clinical judgement and the existing stepfamily and first-family literature to guide their approach to working with stepfamilies.

The therapists spoke about there being few stepfamily-specific services in New Zealand, and that stepfamilies face a number of barriers in accessing available services. To meet the needs of stepfamilies, the therapists recommended that a range of services be available, including a one-stop shop of stepfamily services and subsidised or free therapy. Further, education provided to wider society was considered important to increase understanding and awareness of the unique differences of stepfamilies.

The findings of this thesis study help inform the provision of therapeutic services provided to stepfamilies both nationally and internationally in order to enhance outcomes for these families. However, more research is needed to evaluate therapeutic interventions for stepfamilies experiencing difficulties in order to develop evidence-based therapy practices that are effective for these families. For instance, future research directions could focus on understanding the difficulties presented by non-European stepfamilies in New Zealand, and how therapists work cross-culturally with these families. Finally, more attention is needed to

explore how to engage stepfamilies in research and increase their usage of preparation methods and therapeutic services.

## **Appendix A – Advertisement**



School of Psychology  
Building 721, Tamaki Campus  
261 Morrin Road, Glen Innes  
Auckland, New Zealand  
Telephone 64 9 373 7599 ext, 86886

The University of Auckland  
Private Bag 92019  
Auckland. New Zealand

### **Do you provide therapy, counselling or other support services for stepfamilies?**

What are your experiences of working with stepfamilies in New Zealand? What is your perception of the service needs of stepfamilies in New Zealand?

My name is Ariana Krynen and I am a Doctoral student studying Clinical Psychology at the University of Auckland. Currently, little is known about stepfamilies seeking therapy and support services in New Zealand. My research aims to provide some insight into the therapeutic and educational needs of stepfamilies in New Zealand, and the support services currently provided to these families. I am looking for participants to help me explore these aims. Criteria for participation are that you currently provide support services for stepfamilies as a part of your practice. Services may include therapy or counselling, or educational or support groups.

Participation in this research will involve taking part in an interview. You may choose to take part in either a one-on-one interview, or if you work in a team who also wish to participate in this research you can take part in a focus/small group interview.

If you would consider taking part in this research and/or you would like to find out more about it please email me, Ariana, at [akry030@aucklanduni.ac.nz](mailto:akry030@aucklanduni.ac.nz).

This research has been approved by The University of Auckland Human Ethics Committee on 29.08.2014 for (3) years, Reference Number 012680. For any concerns regarding ethical issues you may contact the Chair, The University of Auckland Human Participants Ethics Committee, The University of Auckland, Research Office, Private Bag 92019, Auckland 1142. Telephone 09 373-7599 extn. 87830/83761. Email: [humanethics@auckland.ac.nz](mailto:humanethics@auckland.ac.nz).

## Appendix B – Participant Information Sheet



School of Psychology  
Building 721, Tamaki Campus  
261 Morrin Road, Glen Innes  
Auckland, New Zealand  
Telephone 64 9 373 7599 ext, 86886

The University of Auckland  
Private Bag 92019  
Auckland. New Zealand

### PARTICIPANT INFORMATION SHEET

**Project Title:** Multi-Informant Perspectives in an Investigation of Support Services Provided to Stepfamilies in New Zealand

**Name of Researchers:** Ariana Krynen and Dr. Claire Cartwright, Senior Lecturer

Dear participant,

Thank you for taking time to read about my study. My name is Ariana Krynen, and I am a Doctoral student studying Clinical Psychology at the University of Auckland. I am under the supervision of Dr. Claire Cartwright who is a staff member of the University of Auckland, School of Psychology.

I am inviting you to take part in my research which explores support services provided to Stepfamilies in New Zealand from the perspectives of service providers. If you provide support services for stepfamilies as a part of your work, then you are invited to participate and take part in an interview. Taking part is your choice.

#### **Project description and procedure**

This study aims to provide some insight into the therapeutic and educational needs of stepfamilies in New Zealand, and the support services currently provided to these families. I (Ariana Krynen) plan to interview 12 to 15 individuals who currently provide support services to Stepfamilies in New Zealand. Support services may include therapy or counselling, or educational or support groups.

If you decide to take part in the study you will take part in an interview, which may last up to 60 minutes. You may choose to take part in either a one-on-one interview or in a focus/small group interview. One-on-one interviews can be conducted in person, via telephone or Skype. If you work in a team who provide educational, support and/or therapeutic services to stepfamilies and who also wish to participate in this research, you can choose to take part in a focus/small group interview. The interview will be with Ariana Krynen. During the interview, you will be asked about your experiences working with stepfamilies, the approaches you employ to help assist and support stepfamilies, and your perception of the service needs of stepfamilies in New Zealand.

If you decide to take part, you will be able to do the interview at a time that suits you. You can choose to do the interview at your home, work place, or at the University of Auckland – Tamaki Campus, whichever is appropriate.

The interviews will be recorded and later transcribed by a University approved professional transcriber, who will sign a confidentiality agreement.

### **Right to Withdraw from Participation**

For one-on-one interviews, if you decide that you do not want to take part after the interview has begun, you can tell me (Ariana Krynen) and the interview will stop. You can also ask for the data from your interview not to be included in the research if you change your mind up to two weeks following the interview.

For focus/small group interviews, you may withdraw from the interview at any time. If you decide that you want to withdraw after the interview has begun, you can tell me (Ariana Krynen). However, the information you have contributed up to that point in the interview cannot be withdrawn.

You can choose to view your interview transcript and edit and/or make comments.

### **Anonymity and Confidentiality**

If you do take part, your name will not be placed on the audiotape recording. Instead, each participant will be assigned a random code, which will be attached to the data you give to the project.

Small quotes may be used in my doctoral thesis and research publications. However, care will be taken to ensure that no participant can be identified from his or her quotes. In addition, your identity will be protected through the use of false names in the final report.

For one-on-one interviews, no-one, except Ariana Krynen will know that you have taken part in the study.

For focus/small group interviews, your anonymity and confidentiality cannot be guaranteed. However, each group participant will be asked to agree to respect one another's privacy, and to maintain confidentiality of information shared in the interview.

## **Data use, storage and destruction**

The data from the interviews will be analysed, and the results of the study will be published in Ariana Krynen's doctoral thesis and research publications. You can choose to receive a summary of findings from the present study.

The recordings will be kept in a secure, locked cabinet within the University of Auckland Psychology department and only Dr. Cartwright and I (Ariana Krynen) will have access to it. All electronic interview data will be password protected.

The data from the study will be stored for 10 years in the School of Psychology under the care of Dr. Cartwright. After this date, it will be destroyed. Any paper printouts will be destroyed and computer files, including recordings and electronic data, will be permanently deleted.

Thank you for taking time to read this information sheet

If you wish to participate, please complete the attached consent form and return in the freepost envelope provided OR contact me using the information below to obtain further information and a consent form.

If you have questions or would like to discuss participation, please contact me (Ariana Krynen) at the address below:

Ariana Krynen  
School of Psychology  
The University of Auckland  
Private Bag 92019, Auckland  
(09) 373 7599 extn 86755  
[akry030@aucklanduni.ac.nz](mailto:akry030@aucklanduni.ac.nz)

The Head of Department:  
Professor William Hayward  
School of Psychology  
The University of Auckland  
Private Bag 92019, Auckland  
(09) 373 7599 extn 88516  
[w.hayward@auckland.ac.nz](mailto:w.hayward@auckland.ac.nz)

Dr. Claire Cartwright  
School of Psychology  
The University of Auckland  
Private Bag 92019, Auckland  
(09) 373 7599 extn 86269  
[c.cartwright@auckland.ac.nz](mailto:c.cartwright@auckland.ac.nz)

**For any queries regarding ethical concerns you may contact the Chair of the University of Auckland Human Participants Ethics Committee, The University of Auckland, Office of the Vice Chancellor, Private Bag 92019, Auckland 1142. Telephone 09 373-7599 extn. 83711/83761. Email: [humanethics@auckland.ac.nz](mailto:humanethics@auckland.ac.nz)**

**APPROVED BY THE UNIVERSITY OF AUCKLAND HUMAN PARTICIPANTS ETHICS COMMITTEE ON 29.08.2014 for 3 years Reference Number 012680.**

## Appendix C – Consent Forms



School of Psychology  
Building 721, Tamaki Campus  
261 Morrin Road, Glen Innes  
Auckland, New Zealand  
Telephone 64 9 373 7599 ext,  
86886

The University of Auckland  
Private Bag 92019

### CONSENT FORM FOR INDIVIDUAL INTERVIEWS

This consent form will be kept for a period of 10 years

Project Title: Multi-Informant Perspectives in an Investigation of Support Services Provided to Stepfamilies in New Zealand

Name of Researchers: **Ariana Krynen and Dr. Claire Cartwright**

I have read the Participant Information Sheet, have understood the nature of the research and why I have been invited. I have had the opportunity to ask questions and have them answered to my satisfaction.

- I agree to take part in the research and to take part in an interview which will last up to 60 minutes.
- I understand that I am free to withdraw participation at any time during the interview and to withdraw any data traceable to me up to two weeks after the interview.
- I understand that the interview will be recorded and transcribed by a professional transcriber, who will have signed a confidentiality agreement.
- I understand that the results from the study will be published in Ariana Krynen's doctoral thesis and research publications.
- I understand that the data will be kept for 10 years, after which they will be destroyed.
- I understand that my anonymity and confidentiality will be ensured and any quotes used in publications will not give any information that could identify me.
- I wish/do not wish to view my interview transcript and edit and/or make comments.
- I wish/do not wish to receive the summary of findings.

Name \_\_\_\_\_ (please print)

Email \_\_\_\_\_ (please print)

Signature \_\_\_\_\_ Date \_\_\_\_\_

APPROVED BY THE UNIVERSITY OF AUCKLAND HUMAN PARTICIPANTS ETHICS COMMITTEE ON 29.08.2014  
FOR THREE (3) YEARS. REFERENCE NUMBER 012680

School of Psychology  
Building 721, Tamaki Campus  
261 Morrin Road, Glen Innes  
Auckland, New Zealand  
Telephone 64 9 373 7599 ext,  
86886

The University of Auckland  
Private Bag 92019

#### **CONSENT FORM FOR FOCUS/SMALL GROUP INTERVIEWS**

This consent form will be kept for a period of 10 years

Project Title: Multi-Informant Perspectives in an Investigation of Support Services Provided to Stepfamilies in New Zealand

Name of Researchers: **Ariana Krynen and Dr. Claire Cartwright**

I have read the Participant Information Sheet, have understood the nature of the research and why I have been invited. I have had the opportunity to ask questions and have them answered to my satisfaction.

- I agree to take part in the research and to take part in a focus/small group interview which will last up to 90 minutes.
- I understand that I am free to withdraw participation at any time during the interview. However, I understand that the information I have contributed up to that point in the interview cannot be withdrawn.
- I understand that the interview will be recorded and transcribed by a professional transcriber, who will have signed a confidentiality agreement.
- I understand that the results from the study will be published in Ariana Krynen's doctoral thesis and in research publications.
- I understand that the data will be kept for 10 years, after which they will be destroyed.
- I understand that any quotes used in publications will not give any information that could identify me.
- I understand that given the interview is a focus group/small group, anonymity and confidentiality cannot be guaranteed.
- I agree to not disclose anything discussed in the focus group or small group interview and agree to respect the privacy of other group members.
- I wish/do not wish to view my interview transcript and edit and/or make comments.
- I wish/do not wish to receive the summary of findings.

Name \_\_\_\_\_ (please print)

Email \_\_\_\_\_ (please print)

Signature \_\_\_\_\_ Date \_\_\_\_\_

APPROVED BY THE UNIVERSITY OF AUCKLAND HUMAN PARTICIPANTS ETHICS COMMITTEE ON 29.08.2014  
FOR THREE (3) YEARS. REFERENCE NUMBER 012680

## **Appendix D – Interview Schedule**

### **Demographic and background information**

Age, qualifications, areas of practice.

### **Involvement with stepfamilies**

Years working with stepfamilies, yearly involvement with stepfamilies, what proportion of clients (%) are stepfamilies, training they have had regarding stepfamilies, and what type of work and service/s they provide to stepfamilies.

### **Working with stepfamilies**

What stepfamily members commonly present to your service? (e.g., stepmother and biological father, stepfather and biological mother, or the larger stepfamily unit), Cultural backgrounds of stepfamilies seen.

### **Difficulties**

What difficulties do stepfamilies typically see you for?

Do stepfamilies come to you seeking support for stepfamily-specific difficulties or non-stepfamily specific difficulties?

What is your perception of how stepfamilies feel about seeking help— i.e., do they find it easy?

Areas to discuss: parenting, stepparent role, stepparent-stepchild relationship, stepcouple relationship, discipline, ex-spouse, difficulties experienced by children.

### **Main approaches**

What are the main approaches/strategies that you use when working with Stepfamilies?

What approaches /strategies have you found are most beneficial?

Do you find psychoeducation is an effective approach in your work with Stepfamilies, and if so, how?

Areas to discuss: parenting, stepparent role, stepparent-stepchild relationship, stepcouple relationship, discipline, ex-spouse, difficulties experienced by children.

What approaches/strategies have you found are less effective?

Does your approach to working with stepfamilies differ to your work with non-divorced or non-separated families? If so, how?

### **Service Needs**

What do you think are the service needs for Stepfamilies in New Zealand?

Do you feel the services that stepfamilies in New Zealand need are available?

Do you feel more services could be available for stepfamilies in New Zealand?

What services have you seen that are available for stepfamilies?

**Additional Questions**

Do you feel you would like more training regarding working with stepfamilies?

What do you find most challenging about working with stepfamilies?

What do you find the most rewarding about working with stepfamilies?

Areas to discuss: parenting, stepparent role, stepparent-stepchild relationship, stepcouple relationship, discipline, ex-spouse, difficulties experienced by children.

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