

PRESENTING CONCERNS AND TREATMENT  
ISSUES OF CHILDREN FROM INTACT,  
SINGLE-PARENT AND STEPFAMILIES

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## CHAPTER I

### INTRODUCTION

Historically, Western cultures have supported the intact, biologic family as the primary and indispensable unit for socialization of individuals (Nelson & Nelson, 1982). Deviations from the pattern of male and female parent plus their biologic offspring have typically been considered substandard, at best, and possibly harmful for adequate socialization of children (Nelson & Nelson, 1982). At present the composition of American families is changing: For thousands of American adults and children the concept of the nuclear, intact family is no longer viable (Cherlin, 1981; Kompara, 1980).

Perhaps the greatest impactor on the changing composition of family life in the United States is the incidence of divorce which has grown dramatically over the past two generations (Saluter, 1983). Recent compositional changes also include an increasing number of parents who have never married (Saluter, 1983). These parents may be expected to marry in the future, thus creating more nonbiological families (Cherlin & McCarthy, 1985).

Visher and Visher (1979) state that 60% of all remarriages involve an adult with custody of at least one child under the age of 18 and that annually 500,000 people in



the United States become stepparents. Although estimates vary, 30 million adults (Collins, 1983) and 15 million children in the United States under the age of 18 live in stepfamilies (Cherlin & McCarthy, 1985). These numbers do not take into account the number of children who visit or live part-time with a stepparent. Neither does it account for the number of children who become members of stepfamilies due to the death or desertion of one parent.

Though the statistics regarding divorce and remarriage may be predicted to stabilize over the next few years, experts do not expect any decline in the pattern (Jacobson, 1980; Saluter, 1983). Visher and Visher (1983) indicate American children born within the past ten years have a 45% chance of being reared in a stepfamily. Counselors are becoming aware that the non-biologic, remarriage family must be recognized as a forceful impactor upon family dynamics and socialization in this country (Jacobson, 1980; Kompara, 1980; Poppen & White, 1984; Visher & Visher, 1979).

The total number of stepchildren was estimated to be close to 15 million in 1975 (Duffin, 1978), but is almost certainly greater at present. A total of 2600 adults are creating 1300 new stepfamilies per day (Visher & Visher, 1983). Thus a vast minority of adults, more than 1.2 million, are accepting responsibility for the socialization and support of thousands of nonbiologic children each year (Glick, 1980). An even larger minority of children, just under 25% of all minor children in the United States

(Saluter, 1983), are being placed in a position of dependency upon parental figures who have only non-specific, ambiguous responsibility toward them.

Though a more liberal attitude presently might be expected given the numbers of people currently living in stepfamilies, in recent research, Bryan, Coleman, Ganong & Bryan (1986) have demonstrated the impact of negative stereotyping of both stepfather and stepmothers. Children of stepfamilies are also burdened by the negative stereotypes common in our society toward stepfamilies (Bryan, Ganong, Coleman, & Bryan, 1985; Fine, 1986) and are not immune to difficulties with role identification and deviation from societal norms (Dahl, Cowgill & Asmundsson, 1987; Kompara, 1980; Poppen & White, 1984; Visher & Visher, 1983).

#### Statement of the Problem

Professional literature attests to the fact that stepfamilies are seeking the help of counselors in unprecedented numbers (Kompara, 1980). Dahl, Cowgill & Asmundson (1987), Kompara (1980), and Visher (1983) suggest that stepfamilies, like intact, biologic families, have difficulties with their relationships but their difficulties appear to be different from those facing intact families. Researchers are beginning to explore the nature of the problems facing stepfamilies (Kompara, 1980; Visher & Visher, 1979, 1983).

Specifically, this study was designed to answer the following question: Are there differences in the presenting

concerns, treatment modalities, reasons for termination and length of treatment for children from single-parent families, intact families and stepfamilies who present for treatment.

#### Significance of the Study

There is evidence that attitudes are changing and relatively recently many Americans are recognizing stepfamily units as an emerging pattern of family configuration incorporating first marriage, birth of children and establishment of a family unit; then, divorce, remarriage and the reconstitution of a new family unit (Kompara, 1980). The question of stepfamily living is surrounded by mythology (Jacobson, 1979; Visher & Visher, 1979) and impacted by long-standing negative stereotyping (Bryan, et al., 1985). Although literature reveals both parents and children in stepfamilies experience stress and low self-esteem (Furstenberg & Spanier, 1984; Nelson & Nelson, 1982) as well as adjustment problems in many areas (Dolan & Lown, 1985; Glick, 1984; Jacobson, 1980) the fact remains at least 30 million American adults (Collins, 1983) and 15 million American children (Cherlin & McCarthy, 1985) are currently living in and coping with stepfamilies.

A comparison of children living in stepfamilies would be helpful in several ways. First, delineation of the type of family presenting for treatment would help counselors determine whether stepfamilies experiencing difficulties tend to remain invisible within the population as the literature suggests. Second, comparing the presenting concerns of

children in families seeking treatment, would help counselors assess whether stepchildren and biologic children differ relative to presenting concerns, whether stepchildren and biologic children with the same treatment concerns are treated alike and whether they terminate counseling for the same reasons. Determining whether duration of treatment for stepchildren may be predicted relative to the variables of family type, presenting concerns, and reasons for termination would help counselors assess whether the problems of stepchildren are perceived as needing longer term treatment than the problems of biologic children. The study provides a basis for improved understanding of the characteristics and treatment issues of stepfamilies within one southwestern State Guidance System.

#### Assumptions

1. It was assumed that the presenting concerns perceived by either parents or intake workers for the Guidance System were an accurate representation of the true difficulties the children were experiencing.

2. It was assumed that families seeking counseling would accurately represent the type of family unit in which they lived.

#### Definition of Terms

Diagnostic Categories. Diagnostic categories were conceptualized as clinically significant behavioral or psychological patterns that occur in an individual and are typically

associated with either a painful symptom, distress or impairment in at least one area of functioning. In this study children were not assigned to diagnostic categories. Rather, the behavioral or psychological symptoms that were the object of concern in seeking treatment for the children, were grouped and categorized.

Four diagnostic categories were used in this study.

(a) Emotional concerns defined as symptoms which suggested the child was feeling pain or distress that impaired appropriate affective functioning.

(b) Behavioral concerns were symptoms which suggested the child was impaired relative to appropriate social conduct.

(c) Academic concerns included symptoms which suggested impairment relative to intellectual function or appropriate motivation for effective school function.

(d) Parent/Child concerns included symptoms suggestive of inappropriate, painful or ineffective interactions with parents and other family members.

Children often show more than one set of symptoms. In this study more than one category could be used to classify children's treatment concerns. A complete description of these categories and specific behavioral concerns are presented in the Appendix.

Intact Family. A family in which the married adults are the natural, biologic parents of the children is an intact family. Also defined as an intact family was any

family in which one or more of the children was adopted by the couple as a unit.

Single-parent Family. A family headed by one adult who is the natural, biologic or adoptive parent of the children is a single-parent family.

Stepfamily. A family in which at least one of the married adults is a stepparent is a stepfamily. Also a family in which the biologic parent is cohabiting with an adult member of the opposite sex is a stepfamily or a family in which one adult has adopted the biologic children of the other adult.

Stepparent. A person married to or cohabiting with the biologic or adoptive parent of a child is a stepparent.

Treatment Modalities. Treatment modalities are the methods of treatment which are assigned to clients. Four treatment modalities were used in this study.

(a) Individual Therapy is a treatment mode during which the child identified as the patient was seen alone by the therapist.

(b) Conjoint Family Therapy is a treatment mode during which the family was seen as a unit by the therapist.

(c) Collateral Family Therapy is treatment in which both the family and the child were seen regularly, but separately, by the therapist.

(d) Collateral Parent Therapy a treatment mode in which parent(s) was seen regularly by the therapist but the child identified as patient is rarely or never scheduled for

therapy.

### Research Questions

1. Are there differences between the presenting concerns of stepchildren presented for treatment and those of children from intact families or single parent families?

2. Are there differences between treatment modalities most frequently recommended for stepchildren and those most frequently recommended for children from intact or single parent families?

3. Are there differences in the reasons for termination of counseling between stepfamilies and intact or single parent families?

4. Can duration of treatment be predicted relative to family type, presenting concerns and treatment modalities?

### Limitations of the Study

1. Subjects selected were families who had presented or been referred for psychological treatment in one southwestern state and may not, therefore, be representative of the mental health of the population in general.

2. Due to the process of sampling from the State Guidance System of only one southwestern state, the sample families may not be educationally nor socio-economically representative of families in the general population.

3. Minority families may not be proportionally represented in the selected sample.

4. The construct of the categorization of presenting concerns is limited to the categories and their definitions used in this study.

#### Organization of the Study

Chapter I delineates the currently changing nature of family composition in the United States and presents the statement of the problem, significance of the study, definition of terms, assumptions of the research, the research questions and limitations of the study. Chapter II contains a review of current literature by discussing the status of divorce as an alternate lifestyle as well as the impact of divorce upon remarriage and stepfamily formation and interactions. Chapter III contains details of methodology and statistical design used in analyzing the data. Chapter IV presents the results of the study and Chapter V includes a summary, the conclusions and recommendations for further research.



## CHAPTER II

### REVIEW OF LITERATURE

There has been a recent surge of interest in the dynamics of stepfamily living. This phenomenon is undoubtedly directly linked to the rate of divorce and remarriage. A discussion of stepfamily issues must involve some review of divorce. This chapter includes a discussion of stepfamily issues by reviewing divorce as an alternate lifestyle and the impact of divorce on remarriage. The chapter continues with a discussion of stepfamilies as different from intact families then focuses on stepmother adjustment, stepfather adjustment and stepchild adjustment. A review of literature on stepfamily interaction concludes the chapter.

#### Divorce as an Alternate Lifestyle

Research relevant to divorce indicates many first marriages are dissolved toward the end of the seventh year (Glick, 1980). Although divorce has long been available, until relatively recently the most likely cause of the marital dissolution was the death of one of the spouses (Glick, 1980). Between the years 1973 and 1974 the number of divorces of persons married for the first time in the United States exceeded the number of deaths of persons married for the first time (Glick, 1980). Between 1970 and 1979, the

chances had increased by 96% that a marriage would be dissolved by an act of the courts rather than by an act of God (Weingarten, 1980). In 1983, there were 114 divorced people for every 1000 married persons living with their spouses, more than twice the ratio in 1970, 47 divorced people per 1000 (Saluter, 1983).

Saluter (1983) notes the divorce ratio reflects the number of persons who have dissolved their marriage by divorce but not those remarried by the time of the survey. Since four of five divorced people, most with children, do remarry and the median length of time between marriages is currently three years (Glick, 1984), the statistics covered in the 12 year period between 1970 and 1983 by Saluter (1983) and Glick (1984) do not include thousands of people presently involved in remarriage, nonbiological family situations.

Given the phenomenal rise in divorce and remarriage statistics and the vast numbers of individuals who are represented by the statistics it would seem that the personal attributes necessary to dissolve one marriage and reenter another reflect some state of being that has come to be valued by the society. This does not appear to be true. In fact the degree to which negativism is still applied to the dissolution of the initial marriage can be seen reflected in such terms as "fatherless children" and "broken home" (Fox, 1982, p. 6 & 7).

While it is not the purpose of this research to address the reasons why divorce has become prevalent in our society,

it would be incomplete without acknowledging the long-standing negativism directed toward it. Goode (1962) discusses marital dissolution.

Divorce is one of the major solutions for an intense degree of marital disharmony and is to be found in most societies and nations. Yet I know of no contemporary society, primitive or industrialized, in which divorce is actually valued. Divorce has its consequences for the society, the kin networks, and the individual; and these are tedious when not awkward, and burdensome when not destructive. (p. 513)

Thus society does not value divorce but at the same time does allow it, accepting it as a necessary solution to irreconcilable differences between individuals. Though many factors impact on the upsurge of divorce in the U.S. (Laner, 1978) most people continue to relate to the fairytale of the intact nuclear family, responding to the necessary evils of divorce as if it were an occasional, unique experience.

One's own divorce and perhaps one's sister's divorce can often be successfully rationalized as the only possible answer to a high level of marital unhappiness without undue concern, but when we begin to examine national statistics on divorce as a whole we begin to understand the overwhelming impact of "everyone's" divorce. (Fox, 1982)

Perhaps attitudes toward adults who choose to divorce

would be more acceptable if there were no children involved. In our society between 33% and 50% of first marriages end in divorce and, while estimates vary, most of these marriages involve minor children (Furstenburg & Spanier, 1984; Glick, 1984). Negativism directed toward divorce impacts heavily upon the children. There are expectations that children from divorced homes will exhibit emotional maladjustment, behavior problems, academic failure and juvenile delinquency (Amato, 1987; Goldstein, 1974).

The research of Bryan, Coleman, Ganong and Bryan (1986) lends credence to the negative perception of families of divorce and remarriage. Bryan et al. (1986) conducted a study relative to person perception and stereotyping to investigate family structure as a cue for stereotyping. In the Bryan et al. study (1986) 460 female and 236 male undergraduate students were asked to rank their first impressions of stimulus persons. The students ranked first impressions of married, remarried, divorced, widowed and never-married parents and their children on six dimensions of social evaluation, potency, activity, satisfaction/security, personal character and stability. Included in the descriptions given students of the stimulus persons were sex of parent and sex of child. Bryan et al. (1986) found that family structure is indeed a cue by which stereotypes are formed. Parents in nuclear families were perceived more positively on all measures. Stepparents were seen more negatively than parents in nuclear families on all scales. Divorced parents were

rated more powerful than stepparents although stepparents were seen as more satisfied and secure than widowed, never-married and divorced parents.

In an attempt to confirm the societal prejudice against divorced and remarried parents Fine (1986) designed a study to replicate the finding that college students hold negative stereotypes toward stepparents (Bryan, Ganong, Coleman & Bryan, 1985). Fine (1986) also attempted to determine whether these stereotypes vary depending upon the family status of the evaluators (intact, single-parent, and stepfamily); whether negative stereotypes of stepmothers are stronger than are those of stepfathers; and, to assess whether the degree of stereotyping varies as a function of the gender of the subjects. His results confirmed the notion that perceptions of stepparents are more negative than those of natural parents. He did, however, find that students from stepfamilies and single-parent families were significantly less stereotyped in their perception of stepmothers than were their counterparts from intact homes. He suggests that these results may be interpreted as supporting the idea that increased exposure to stepfamilies can alleviate negative stereotypes.

As has previously been stated, people who divorce seldom choose to remain single (Glick, 1980). The rate at which people tend to remarry suggests that divorce is seen as an indictment of a particular marriage but not of marriage in general (Fox, 1982; Jones, 1978). Thus negativism directed

toward divorce impacts heavily upon the most emergent form of family living - the non-biological or stepfamily.

### Impact of Divorce on Remarriage

Considering that thousands of persons remarry in this country every day (Visher & Visher, 1983) it would seem logical that a great deal is known about how they are faring in their relationships. At present this is not so. Cherlin (1978) notes that remarriage has been virtually ignored in the sociological family literature. After an extensive review of family textbooks, Furstenberg (1979) concluded that the majority of texts neglected the subject of remarriage or totally ignored it.

Admittedly there is a growing attempt to develop scientific knowledge with regard to remarriage and stepfamilies but Walker, Rogers and Messinger (1979) state that "...few studies on remarriage are based on procedures which permit a clear assessment of their validity, reliability, and generalizability" (p. 535). At present most research on remarriage has been based on samples that are neither random nor representative (Weingarten, 1980). What is known is that remarrieds are more likely than first-marrieds to acknowledge using professional help for problems at some point in their lives (Bachrach, 1975; Redlich & Johnson, 1974).

Although some clinicians have viewed parental divorce and remarriage as traumatic to a child's adjustment (Bryan et

al. 1986; Fast & Cain, 1966; Rallings, 1979), they do not suggest that these events cause irreparable disturbance in a child's development. In contrast, Dolan and Lown (1985) view remarried families as presenting challenges for growth and urge educators and others working with families to convey that the diversity of the remarried family is "healthy and not deviant" (p. 40). Visher and Visher (1979) see the crisis of having to deal with these events as an opportunity for growth and mastery for all family members.

Using anecdotal evidence Visher and Visher (1979) suggest that stepfamilies are very complex units whose permeable boundaries and vaguely defined roles stimulate new strategies of coping. Kulka and Weingarten (1979) also give credence to the idea of divorce as presenting opportunity for personal growth. Studying the long-term effects of divorce and remarriage Kulka and Weingarten (1979) conclude that children reared in nonnuclear families generally learn to cope successfully with life, and that growing up in a household which differs from the nuclear family can result in one's developing a distinct orientation to later marital and parental roles.

Weingarten (1980) attempted to determine whether there are differences in family role orientation and conditions of happiness between remarrieds and first marrieds. The study, limited by use of a self-report measure and assessment of only one member of each household, provides an opportunity to examine the perceived relationship between 184 remarried

Caucasians and 1068 first married Caucasians on a large range of measures of adult functioning.

Weingarten concluded:

Although it has been suggested that individuals who divorce once are poor marriage risks forever after, there is little in the present data to suggest that first-married and re-married people are substantially different in their current well-being and adaptation to marriage and parenting. The complex configuration of results presented here indicates that the remarried are remarkably similar to first-marrieds in most aspects of morale and dissimilar primarily with respect to past distress and feelings of role inadequacy. (p. 555)

Where Weingarten does find some differences they are small, not approaching significance. Her research suggests that the remarried have been able to overcome the trauma of divorce.

That divorce and the post-divorce trauma can be overcome and provide opportunity for growth is also suggested by Kaslow and Hyatt (1981) who believe that "...ultimately divorce may revive feelings of self-esteem, a knowledge of one's ability to cope and survive, and can contribute to a sense of inner peace and harmony" (p. 117). Kaslow and Hyatt delineate two ways in which they believe growth takes place for the divorced person and impacts favorably upon their offspring and extended families. First, the divorced person



becomes a model to others of how to cope with conflict and confrontation and teaches by example how to deal with strained interpersonal relationships and major life crises. Second, the trauma and upheaval of divorce can lead to a breaking down of existing barriers to closeness and affection and allow for sharing in a more effective emotional context that allows for individual needs of many kinds.

Americans still prefer the family structure as an arrangement for living and raising children.

Thus, the preoccupation by some that divorce is destroying the American marriage and family system is hard to support. Divorce merely necessitates another kind of family unit, replacing the nuclear family. The reconstituted family, or stepfamily, with its concomitant step relationships, is a recurring entity in American society. (Jones, 1978)

#### Stepfamilies - Different from Intact Families

For a number of years authors have written about the stress and frustration of becoming a stepfamily. Bohannan (1970) and Maddox (1975) approached the dilemma from the standpoint of trying to integrate the new family. Writing at about the same time Lowe (1970) and Roosevelt and Lofas (1976) incorporated personal experience in attempting to describe feelings and individual adjustments. Still other authors have investigated the special roles of individuals labeled step (Buhr, 1975; Duberman, 1975; LaRoche, 1973).

More recently Gardner (1982) attempted to predict problems and give advice specifically for the children involved.

Many writers have attempted to delineate issues and generate a specific approach to organizing a conceptual model from which to discuss the eccentricities of stepfamily living (Bohannon, 1970; Buhr, 1975; Duberman, 1975; Gardner, 1982; LaRoche 1973; Roosevelt & Lofas, 1976). Perhaps the most succinct, yet comprehensive, model for approaching stepfamily issues has been written by Visher and Visher (1979), who conceptualize stepfamily problems as both structural and cultural.

Visher and Visher (1979) list several criteria differentiating the structure of stepfamilies: (a) There is a biologic parent living elsewhere; (b) stepfamily members have sustained the loss of a primary relationship (parent/child and/or spouse); (c) the relationship between a parent and child predates the new couple relationship; (d) children are usually members of more than one household; (e) there is no legal relationship between stepparent and stepchild.

According to Visher and Visher (1979) the stepfamily finds itself culturally deprived; that is, victimized by tales of wicked and cruel stepparents as well as stripped of social approval and legal support. Included in their discussion of cultural issues is "invisibility" (p. 9-14) of stepparents and stepfamilies. They believe invisibility is caused by socially ill-defined step-roles, low self-esteem of stepparents and stepchildren, and, in particular, low levels

of societal consciousness toward stepfamily living. They conclude that stepfamily members "...feel uncomfortable and outside the accepted cultural patterns" (p. 11).

The Vishers' (1979) concept of low societal consciousness toward stepfamily living is supported by articles dealing with myths surrounding stepparents (Jacobson, 1979; Schulman, 1972), as well as by those denoting poor self-esteem and stress among stepparents (Duberman, 1975; Furstenberg & Spanier, 1984; Nelson & Nelson, 1982).

The development of a stepfamily is in many ways in direct opposition with the formation of a traditional nuclear family (Nelson & Nelson, 1982). In the traditional concept two families, generally with great joy, are united through two adults by marriage. The new marital partners have a period of time ranging from several months to several years during which they create a history, cement the relationship and adjust to individual habits, and develop the premises by which the marriage (and later the family) will operate (Visher & Visher, 1979).

In a developing stepfamily unit husband and wife unite not only their families of origin but the histories of the former marriages. Each child of the stepfamily also brings a concept of a former family which, although it is the same technically as that of one of the adults, is usually conceptually quite different (Nelson & Nelson, 1982). Although remarriage is considered a happy occasion, rarely is it viewed with the same joy of a first marriage, and, in fact,

all individuals concerned may be struggling with ambiguous feelings about the creation of the new unit (Dolan & Lown, 1985). The new family has no history of itself to bind the individuals who do have a history and the history of the previous family is surrounded by a sense of sorrow and loss (Visher & Visher, 1979). Within this framework the marital couple must attempt to cement their relationship as all the individuals cope with developing new relationships. To further complicate the new situation are feelings that families should instantly love each other (Kompara, 1980). Instant love is a difficult concept for stepfamily members in view of divided loyalties to the historical family (Visher & Visher, 1979).

Schulman (1981) addresses the historical perspective of the stepfamily by noting that the task of integrating the stepfamily unit begins as the first marriage is dissolved. She discusses two types of changes which occur in families: internal, described as gradual and evolutionary; and external, abrupt or even violent. Schulman (1981) describes evolutionary changes as the natural ebb and flow of adjustment within a family as new members are added, new dilemmas faced.

When evolutionary change is not sufficient to keep the marriage intact an abrupt resolution, such as divorce, generally ensues and certain tasks must be performed which relate to satisfactory stepfamily integration at some later date (Schulman, 1981). The tasks faced at the time of divorce

are; deciding to divorce, dissolution of the marital relationship and recognizing that parenthood is a non-divorceable item (Schulman, 1981).

The last decision, according to Schulman (1981), which must be made at the time of divorce is the disengagement of the marital relationship while allowing suitable ways for the continuation of the parental one. To the extent that the children feel they can still have and count on both parents, eventual adjustment to the stepfamily will be enhanced.

Schulman (1981) then describes the single parent stage. Disequilibrium follows the gap left by the disengaged parent. In order to re-establish a temporary equilibrium a child will establish a uniquely close parent-child dyad, thus the "parental" or "marital" child (p. 94). The age of the children and the duration of the single-parent family stage are factors which influence the entrenchment of the parent-child dyad.

Schulman (1981) delineates the developmental tasks faced by the step unit. Primary among those tasks is the realignment of the strong parent-child dyad. Also to be accomplished is the development of a strong commitment to flexible boundaries between the historical family and the stepfamily, bonding of the marital couple system and resolving the loyalty pulls between stepsiblings.

Messinger (1976) interviewed 70 remarried couples with children and supplemented the interviews with perspectives from her clinical experience. In this often quoted study

Messinger found that history of the previous marriage played an important part in the integration and adjustment of members of the second marriage. She reported that a particularly pertinent part of that history is the fact that people with children who remarry are heirs to specific problems for which they are generally unprepared. During the interviews, Messinger asked specific questions pertaining to problems in the unsatisfactory first marriage as well as in the remarriage. Problems of the first marriage listed by the participants were, in order of importance, spousal or personal immaturity, lack of marriage readiness and sexual difficulties. Mentioned after a multitude of other difficulties seen as less serious were problems connected with children and finances. Problems of the second marriage in order of importance were almost unanimously listed as children and finances.

Messinger (1976) notes that children are the "...one permanent tie that links the second marriage with the first marriage" although other links include "...financial ties, previous in-laws, other relatives and friends" (p. 195). The very terminology of 'ties' and 'previous' denote the power of the history of the first marriage to impact upon adjustment to the second marriage.

Johnson (1980) stressed the import of the historical first family as she described the relationship of the stepparent and natural parent, commenting that even though a stepparent and the natural parent of the same sex may never

see one another, they must relate to each other in regard to expectations as well as physical and emotional boundaries. Also discussed are parental variables such as the extent of antagonism toward the ex-spouse, the previous experience and comfort level of family living and the presence of the natural parent's own children who need time and attention.

Variables related to the integration and adjustment of the stepfamily from the children's point of view are also described by Johnson (1980). Among those discussed are age of child, both at the time of the divorce and the remarriage, length of time in the single-parent family, degree of continuing involvement with the absent parent and the number of siblings and stepsiblings. She succinctly summarized the dilemma of stepchildren in their relationship to the step-parent by noting.

Unlike children in the original nuclear family, stepchildren do not start their life with a step-parent but instead are introduced to him or her at some point during the course of their development.

Other authors have discussed the strain of finances that carry over from responsibility to the former family. Duffin (1978) states, "A major source of friction in a stepfamily is the effect of finances related to the previous marriage" (p. 10). Espinoza and Newman (1979) comment, "Second only to discipline in frequency are the problems associated with money in the stepfamily" (p. 27). "Alimony and child support are tangible links to a former marriage", according to Visher

and Visher (1983, p. 75). Jones (1978) conceptualizes the issue succinctly when she writes about the guilt of both stepmothers and stepfathers with regard to finances. She notes that the wife in a second marriage is almost always required to work outside the home and may feel resentment, while the husband may feel unable to comfortably provide for both natural and stepchildren.

In summary, considerations of the former family impact heavily on the adjustment of the stepfamily. The personal relationships between the biological parents and children must be considered. Also of paramount importance is the fact that financial arrangements and obligations are incumbent upon the forming stepfamily. Thus, the effect of history renders stepfamily formation essentially different from the formation of the original biological family.

#### Stepmother Adjustment

Though empirical literature contains surprisingly little information with regard to the stepmother, there is no question that the stepmother suffers from a worse reputation than the stepfather (Espinoza & Newman, 1979). Several studies document mythology that contributes persistent negative connotations to the role of stepmother (Duberman, 1973; Maddox, 1975; Smith, 1953).

Duberman (1974) found that stepmothers were less likely than stepfathers to establish and maintain good relationships with their stepchildren. The explanation offered by Duberman



has to do with the greater amount of time that stepmothers spend with their stepchildren, allowing more opportunities for disharmony and conflict. Thus proximity and greater expectation of nurturance from the mother figure appear to affect the adaptation of stepmothers.

The research of Bryan et al. (1986) illuminates the position of the stepmother somewhat differently. They found that while stepparents in general are more negatively stereotyped than parents, stepmothers are no more negatively perceived than stepfathers and more positively perceived in relation to social evaluation, potency and activity. In contrast, the research of Fine (1986) which attempted to replicate the findings of Bryan et al. (1986) was more supportive of Duberman's thesis. Fine (1986) determined that students from three family backgrounds (intact, single-parent and stepfamily) did hold stronger negative stereotypes of stepmothers than of stepfathers.

Mythology which creates a stereotype of evil stepmothers also plays a part in the denigration of the image of stepmothers. Schulman (1972) has labeled these myths generic " ... because they have occurred in different countries and cultures from time immemorial and have been handed down from generation to generation through fairy tales, sayings, and proverbs" (p. 132). Bettelheim (1977) attributed Freudian significance to such fantasies and suggested that they served to resolve Oedipal struggles and order apparent dichotomies of reality. Radomisli (1981) questions Bettelheim's explana-

tion by suggesting that a child of six or seven is no longer overwhelmed by contradictory emotions and can integrate differences of good and bad without polarization. Radomisli believes the grip of the Cinderella myth would be more properly ascribed to the needs of parents. To Radomisli, the Cinderella myth protects the authority of the natural mother and only indirectly benefits the needs of the child.

Radomisli (1981) continues that cultural behaviors which are adaptive under some circumstances become maladaptive when circumstances change. Thus the increasing numbers of stepmothers in our society have made the cruel stepmother stereotype "unacceptably inhumane" (p. 122). He believes the "... stigma influences adversely the behavior of those who are stereotyped as well as the behavior of others toward those who are stereotyped" (p.122). Radomisli credits the perpetration of the Cinderella myth with adversely affecting children by promoting expectations of an evil and uncaring monster and decent women, upon becoming stepmothers, begin to doubt their own decency.

Following this same line of thinking Jacobson (1979) suggests:

All human relationships are marked by ambivalence. One socially acceptable way to deal with ambivalent feelings toward mothers is to talk of 'loving' biological mothers and 'hating' step-mothers--that is, to 'split' the feelings. This strategy has been institutionalized and can be seen in folklore,

television presentations, movies and plays. It is altogether appropriate and quite satisfying in this society to denigrate stepmothers (and, incidentally, mothers-in-law), but not mothers. (p.203)

If denigration and doubt are the bywords of stepmothering, how then can stepmothers determine a positive approach toward defining their own roles? Draughon (1975) proposes a model for the purpose of determining role identification of stepmothers. She suggests three models of identification differing on the degree and nature of the dependency that the child is assumed to have on the stepmother. She states that stepmothers should attempt to determine the psychological mourning state of the child with regard to both the mother and the family that the child has lost. If mourning is complete and the biological mother is psychologically dead to the child, the "only" (p. 188) mother model may be appropriate. If the child is not yet able to allow the mother to be psychologically dead, the "other" (p. 188) mother model may be best. If the child has a viable and vital mother living elsewhere, the "friend" (p. 189) model may prove most satisfying to both stepmother and stepchild.

#### Stepfather Adjustment

While literature does not portray stepfathers with the same degree of evil as stepmothers there can be little doubt that stepfathers identify in a generalized way with denigration of stepparents in general (Duberman, 1973; Radomisli,

1981; Schulman, 1972). Radomisli (1981) implies that the detrimental effects of mythological stepparenting carry over to the stepfather when he notes, "Fathers are caught between their perceptions of reality and the expectations which they too have acquired in their exposure to the stereotype of the wicked stepmother (p. 122).

Several authors agree that a possible explanation for the less vicious portrayal of stepfathers is less proximity to the child as well as less expectation of a nurturing role (Duberman, 1975; Radomisli, 1981; Schulman, 1972). Radomisli suggests:

A displacement figure for a "bad father" image is probably not as necessary as maternal and fraternal counterparts because the father is less involved with the young child and is absent more frequently; therefore, the child's ambivalence for the father is more tolerable and the father's importance is more easily minimized... (p. 126)

Duberman (1973) states that stepfathers have difficulties with poor self images while noting that they have less difficulty of adjustment probably because they spend less time with the children and are not cast in a nurturant role.

Schulman (1981) noted that being a stepfather does not carry with it the same expectations as being a stepmother. She does point out, "In the majority of families, the mother-child unit is strong and stepfathers have a hard time entering the family. ... the most common label pinned on the

stepfather is one of indifference. While the stepmother tends to fight actively for her place in the family, stepfathers tend to withdraw" (p. 108).

Stepfathers have long been suspected of sexually abusive involvement with stepdaughters as well as physically abusive treatment of stepchildren of both sexes (Giles-Sims & Finkelhor, 1984; Schulman, 1972). Writing 16 years ago, Schulman (1972) noted mothers may fear that the stepfather will find the stepdaughter more desirable than the mother. Schulman suggested this fear is often expressed as vague anxiety and allusion but is, nonetheless, real and affects the family. More recently, Giles-Sims and Finkelhor (1984) reported the earliest research relative to child abuse implicated nontraditional family structures, including the single-parent family and the stepfamily. They reported a landmark survey of reported cases of abuse in which, "...stepfathers constituted a third of fathers or father substitutes who were involved as perpetrators of child abuse" (p. 407).

Giles-Sims and Finkelhor (1984) systematically reviewed research in the area of five major theories implicating stepfathers in cases of both sexual and physical abuse of stepchildren. Theories examined by Giles-Sims and Finkelhor (1984) were (a) social-evolutionary, (b) normative, (c) stress, (d) selection factors, and (e) resource theory. In each case they determined, "... available data are inadequate to determine the relationship between the stepfamily structure and child abuse (p. 407).

Lack of role definition is a major factor influencing adjustment of stepfathers. Rallings (1979) stated, "Under the law, the stepfather is a non-parent" (p. 446). He continues by noting that the stepfather has been pictured as assuming parental responsibilities only because of love for his new wife. At worst, he has been depicted as economically and/or sexually exploiting his wife's children. Rallings summarized the situation by saying that "... socialization for the role of stepfather is as yet not even a gleam in the eyes of family life educators" (p.447). Jacobson (1979) described the situation of inadequate role identification as disorientation because no societal guidelines or role models exist to help stepfathers determine what is appropriate behavior.

The usual role that a parent follows would be labeled traditional. Therefore a stepfather, following a traditional role of parenting, could hope to find societal acceptance in that mode. However, traditional parenting in a stepfather situation does not appear to work effectively (Woodruff, 1982). Woodruff (1982) designed a study to explore the extent to which adult parenting figures in 30 biological and 30 stepfather families were dedicated to traditionalism in family ideology. She found father's traditionalism negatively related to both family adjustment and member satisfaction in stepfather families but not in biological families. For stepfather families, as traditionalism scores increased, family adjustment decreased at a significantly higher rate

than for biologicals. Woodruff concluded that stepfather families are significantly different on the variable of traditionalism than biological families. She further concluded that when structured with traditional philosophies uppermost, individual members of stepfather families will perceive poor overall functioning.

Though the literature is sparse in general on the topic of stepfamilies, research that exists indicates that stepfather families indeed can be successful (Duberman, 1973; Hafkin, 1981; Hodge, 1978; Parish & Copeland, 1979; Santrock, Warshak, Lindbergh & Meadows, 1982; Wilson, Zurcher, McAdams & Curtis, 1975). The literature is, however, particularly sparse in regard to the appropriate role for a stepfather to assume.

#### Stepchild Adjustment

The important question in relation to any type of family arrangement is how it affects the health and well-being of children. This question has been asked in regard to stepfamilies though not as frequently as it has in regard to children of divorce (Jacobson, 1980). Some studies indicate that no difference is evident between children reared by stepfamilies and those raised by biological parents. Other researchers have reached different conclusions.

Wilson and Zurcher (1975) analyzed existing studies involving two sets of adults, those who had a natural father in the home in early life and those who had a stepfather.

They found no significant differences between the two groups in regard to important childhood experiences or such indicators of adult adjustment as the proportion who married, the incidence of separation and divorce, reported life satisfaction or stability of health.

In another study, Bohannon and Erickson (1977) compared families in which there were two biological parents with stepfather families. Both parents and children rated the children on self-esteem, personal competence and home and school adjustment. The findings indicated that the adjustment of stepchildren compared favorably with that of children living with two biological parents. The stepchildren and the biological mothers viewed the effectiveness of stepfathers as equal to that of biological fathers, although the stepfathers did not. The authors speculated that stepfathers may measure themselves against some model of an ideal father to a larger degree than do biological fathers.

Burchinal (1964) found no significant differences in the personal and social relationships of adolescents from broken, unbroken and reconstituted families. Strother (1981) designed a study to assess what adolescents who become stepchildren between the ages of 13 and 18 believe to be the stressful and non-stressful aspects of stepfamily living. The study also attempted to ascertain whether the level of stress diminishes over time when comparing subjects living in a stepfamily less than two years, two to three years, three to four years and four to six years. The results suggested



that much of the stress experienced by adolescent stepchildren may be the result of their struggle through adolescence rather than any relationship to stepfamily living.

In contrast to such findings, Langner and Michael's (1963) study conducted over 20 years ago did find an adverse association between the emotional well-being of children and membership in a stepfamily. Their study examined the interrelationship between stress, sociocultural environment and mental disorder in adults. They hypothesized that remarriage would be a favorable factor associated with better mental health of the adult respondents. They were unable to substantiate their hypothesis. In general, they found that those subjects who had lived with a divorced or widowed parent in early life but whose parent remarried had poorer health than those whose remaining parent had not remarried. They also found that usually the older a child at the time of remarriage the worse the child's later mental health. Also those who reported not getting along with a stepparent in early life had a consistently lower mental health rating than those who did.

#### Stepfamily Interaction

Some studies have focused on the relationships within stepfamilies and on the presence of strains resulting from interactions between family members. Researchers pose the question whether, in general, stepfamily living presents relationships and problems that differ from those in other

families.

Duberman (1974) found that stepparent-stepchild relationships tend to work well. She concluded that: Stepfathers were more likely than stepmothers to have excellent relationships with stepchildren; younger stepmothers were more likely to have excellent relationships with children than older stepmothers; and stepmothers with stepchildren under 13 had better relationships with them than those with older stepchildren. Further, stepfathers who had no biologic children had the greatest proportion of excellent relationships with stepchildren, while stepmothers with no biologic children had the lowest proportion of excellent relationships.

Duberman (1974) found the stability of marriage to be significantly affected by the presence of stepchildren and noted relationships to be better between stepparents and stepchildren when the previous marriage had been broken by death rather than by divorce. Also, the higher the social class of the stepfamily, the greater the probability of an excellent stepparent-stepchild relationship.

More recently Ambert (1986) studied relationships between stepparents and stepchildren adding dimensions of structure to include "live-in" and "visiting" children (p. 795). In 1978 Ambert began a three-wave longitudinal and cross-sectional study of divorced and remarried people by interviewing 49 separated or divorced persons. The sample was of the "snowball" type (p. 796) and expanded across time to add

spouses and remarried spouses and their new partners. Time 2 of the study was done in 1981 and Time 3 accomplished in 1984 (p. 796). By Time 3, 252 respondents were reached, 109 were stepparents who formed the basis of the study (p. 796). The study included both qualitative and quantitative data which investigated the living arrangements of the children, the stepparents' feelings toward the children, the stepparents' perception of how close their relationship with their stepchildren was and, the perceptions of their stepchildren's feelings toward them.

When the stepparents also were parents from a previous marriage, Ambert's (1986) study included questions which focused on the interrelations of the two sets of children; (a) how they were getting along, (b) how often they quarrel, (c) how they feel about each other, and, (d) whether the stepparents' own children would be happier without step-siblings. Questions were included which investigated the perceptions of the married partners relative to marital satisfaction and satisfaction with their spouses.

In support of Duberman's earlier research, Ambert (1986) found stability of the remarriage to be significantly affected by the presence of stepchildren. Ambert (1986) further found after an average of two years of remarriage stepmothers who lived with their stepchildren reported a very high level of marital happiness and were totally satisfied with their spouses. These stepmothers also believed their husbands were satisfied with them and were the same stepmothers who report-

ed getting along best with their husbands.

In contrast, when stepchildren were relatively young (from 2 to 12 years of age) and lived with the other parent, stepmothers were less happy maritally, had more conflicts with their husbands, did not feel appreciated by their husbands, and did not appreciate their husbands as much. These findings also tend to support Duberman's (1975) earlier study. Stepfathers were not as affected by living arrangements of the children but the research did reveal that for stepfathers the "...ideal situation was when stepchildren were on their own" (p. 797). Approximately one-third of stepparents with live-in children and over one-half of those with stepchildren living with the other parent felt that their marriage would be happier and they would get along with their spouse better without stepchildren.

Ambert (1986) also found that both stepmothers and stepfathers developed a closer and deeper relationship with their live-in stepchildren than with stepchildren living elsewhere. Thus, while stepchildren's locale of residence was not related to stepfathers' marital life, it was related to their feelings toward their stepchildren. Qualitative information revealed that although stepparents' feelings were more positive toward live-in stepchildren, they were, nonetheless, ambivalent toward these children. Themes of the iniquity of being responsible for the children of other people were often expressed.

Bowerman and Irish (1962) studied junior high students

categorized by the type of family in which they lived; single parent, stepparent, and intact family. Stepparents were perceived as less affectionate and emotionally involved with the children as their biologic parents as well as more discriminating against them. The authors concluded that homes with step-relationships were more generally characterized by stress, ambivalence and low cohesiveness than homes in which two biologic parents were present. In contrast to Duberman's (1975) later findings, Bowerman and Irish (1962) found there tended to be more favorable adjustment to stepparents when the previous marriage had been broken by divorce rather than by death.

Other authors have studied the stepfamily in terms of structure and subsystems. Perkins and Kahan (1979) attempted to study the subsystems within stepfamilies as suggested by the model of Kantor and Lehr (1975) in which three family subsystem units were posted. Kantor and Lehr's (1975) three subsystems were defined as; the family-unit system, the interpersonal subsystem, and the personal system.

The study by Perkins and Kahan (1979) appeared to substantiate the perception that at least two separate subsystems govern the interactions of stepfamily members; the family unit system and the personal system, that of the children. Their results are noteworthy because they appear to have implications for societal acceptance as well as for counselors working with stepfamilies. They found that natural fathers were seen as better and more powerful than

their stepfather counterparts. This finding runs counter to the stereotyped notion that divorced mothers turn their children against their fathers.

Perkins and Kahan (1979) also found that stepfathers rate their stepchildren as less good than natural fathers rate their own children. Additionally, stepchildren reported less understanding of their stepfathers than of their natural fathers. For all stepfamily members rating of both adjustment and satisfaction were less than for natural father families. Perkins and Kahan (1979) suggest:

If, as van der Veen and Novak suggest, 'adjustment' is relabeled 'effectiveness' our results would be interpreted to mean that members of stepfather families perceive their family unit as relatively ineffective and are dissatisfied with this ineffectiveness. (p. 181)

Perkins and Kahan (1979) state that differences in adjustment in stepfamilies may be accounted for by the fact that remarriage and stepfamily living creates confusion on the part of the participants. The divorce ends the previous husband and wife relationship but does not end the adults' relationship; it merely ends one set of roles. They explain that when a remarriage occurs, additional roles are created for everyone resulting in the possibility of confusion for all members of the family substantiating the finding of Bohannon (1970) who described the difficulties of stepparents cast in the role of parenting in addition to, rather than in

place of, the natural parent.

Previously, Fast and Cain (1966) investigated the records of stepchildren from inpatient and outpatient settings and concluded that the stepfather family is vulnerable to dysfunction because social norms make it inappropriate for him to assume the parental role. The stepparent must, therefore, share the role with the previous parent creating a situation which invites contradictory functions of parent, nonparent, stepparent.

Walker, Rogers and Messinger (1979) also address the situation of role confusion within stepfamilies. Defining roles as "...clusters of rights and obligations in reciprocal relations between pairs of individuals and the patterns of expected behavior associated with these rights and obligations" (p. 186), they conclude that stepfamily roles differ from nuclear family roles in degree of clarity about which behavior is appropriate for a stepparent and the degree to which the role is either "ascribed" or "achieved" (p. 186). Their writing adds credence to Fast and Cain's (1966) assertion that the stepparent's capacity to assume a parental role does not depend particularly on willingness and ability but on reciprocal acceptance of them in the role both spouse and stepchild. Mead (1970) suggests this reciprocal acceptance is made difficult in American society by the overly strong central role of the nuclear family as the acceptable family living unit.

Not only has the strong role of the nuclear, biologic

family been thematic to American family living (Mead, 1970) but the centrality of the marital dyad has long been accepted as necessary to proper nurturance and socialization of children (Crosbie-Burnett, 1984). Crosbie-Burnett (1984) challenges the centrality of the marital dyad relative to adjustment of stepfamilies. Crosbie-Burnett (1984) designed a study using self-reported behaviors, cognitions and emotions to directly measure the perceptions of family members in 87 mother-stepfather households. She found that aspects of the stepfather-stepchild relationship were better indicators of overall family happiness than was the husband-wife relationship. These findings are in direct contrast with Duberman (1975) and others (Bowerman & Irish, 1962; Fast & Cain, 1966; Perkins & Kahan, 1979) who determined that stepfamily closeness is dependent upon the couple relationship or particular subsystems and may have profound implications for counselors working with stepfamilies. Crosbie-Burnett suggests that the negative impact stepchildren appear to have upon remarriage may be counteracted by focusing less on the marital-spousal relationship or family unit subsystems and giving more attention to mutually acceptable stepchild-stepparent relationships.

#### Summary

Between 1970 and 1979 the chances had increased by 96% that a marriage would be dissolved by divorce. The phenomenal rise in divorce statistics would seem to indicate that



divorce has come to represent some state of being that is valued in our society. This is not true and, in fact, much negativism still surrounds the broken home. At least 60% of all divorces currently involve one or more minor children. The negative attitudes directed toward divorce impact heavily upon the members of the most emergent form of family living - the stepfamily.

Stepmother adjustment is negatively affected by stereotypes of evil stepmothers which permeate society in general. Stepmothers are found to have more adjustment difficulties than stepfathers and are less likely to develop and maintain good relationships with their stepchildren.

Though stepfathers are more likely than stepmothers to establish good relationships with stepchildren, they too are affected by the negative connotations of society with regard to stepparents. One reason suggested is a lesser expectation of care and nurturance. Stepfathers also are hindered in their stepfamily adjustments when they subscribe to a traditional parenting role.

Studies focusing on the relationship within stepfamilies have found that, in general, stepfamily relationships tend to work satisfactorily. Stepfamilies do have adjustments which appear to be different than those found in intact families. Stepparents are not perceived as attaining the same level of affection and degree of closeness to the children as their biological parents. Stepparents also are perceived by children as discriminating against them more than natural

parents. In general, these relationship perceptions change over time and are perceived as improving, often dramatically, with time.

At least 80% of all divorced people remarry within five years. Clinicians in the past have viewed parental divorce and remarriage as traumatic, though not irreparable, to a child's adjustment. In contrast, researchers working within the past 10 years view the crisis of having to adjust to divorce events as an opportunity for growth and mastery for all family members.

Current literature attests to the fact that stepfamilies formed of remarriage are substantially different from intact families. Stepfamilies differ from intact families in terms of history, structure, cultural disparity and adjusted familial roles. No literature was found to indicate that stepfamilies necessarily will be unsuccessful. Some literature attests to the fact that stepfamilies face developmental tasks and have as good a chance as other families to provide a healthy and nurturant environment for individual members.

The important question in relation to any familial typology is how it affects the health and well-being of children. Although some literature over 20 years old does indicate adjustment difficulties of children from homes of divorce, more current literature notes no difference between children reared by stepfamilies and those raised by biologic parents. Clinicians are being helped by research which delineates specific adjustment difficulties, perceptual differences

and interactional processes within stepfamilies. What appears to be needed is a specific and current description of the exact differences in the difficulties of children in treatment from intact, single-parent and stepfamilies. This study was designed to provide such a description and enhance understanding of the specific nature of the presenting concerns of children from three different types of families.

## CHAPTER III

### METHOD

This chapter describes the methods and procedures to be implemented in the present research. A description of the subjects, instrumentation, research design, procedures for data collection and statistical analyses are also included.

#### Subjects

Subjects for this study were chosen from the files of seven Guidance Clinics operated by one Southwestern State Department of Health. The subjects from two of the clinics represented the urban, metropolitan population and the others represented the rural population of the state. A total of 50 files from the 1987 psychological intakes were randomly selected from each urban clinic and 20 from each rural clinic. Demographic data were collected from each file along with other information pertinent to this study.

A total of 173 families form the basis for this research. Of the sample families, 77 were single-parent families, 46 were intact families and 50 were stepfamilies. Median number of children per family was two with the median age of the children 10.5 years. The median school grade of children was five. A total of 180 patients were identified; 79 were female and 101 were male. Of the 180 identified

patients, 156 were children 18 years of age or under and 24 were adults either over 18 years of age or living independently. Information with respect to family type of adults in treatment was unavailable from the files selected. Of the children under 18 years of age and identified by the family as the person in need of treatment, 45 were from intact families, 58 were living in single parent homes in the custody of their mothers and 13 were living in single parent homes in the custody of their fathers; 29 were from stepfather homes and 11 from stepmother homes. Median age of the children identified as patients was ten years and their median school grade was 4.5.

#### Instrumentation

##### Categorization of Presenting Concerns

To describe differences in the nature of presenting problems of children identified as patients it was necessary to categorize presenting concerns. Difficulties were encountered in attempting to categorize treatment issues for two reasons. First, the Guidance System uses a unique coded format for diagnosis which does not coincide with DSM III categories. A second reason for difficulty was that clinics are not uniform in requiring a diagnosis for each client. Since all applications for treatment uniformly required listing presenting concerns for each client, a decision was made to use presenting concerns rather than diagnoses for the categorization of children's difficulties. From the

researcher's clinical experience in the Guidance System and the perusal of files from two clinics not selected for inclusion in the study, four broad categories of concerns believed to encapsulate presenting concerns became apparent. The categories delineated were (a) Emotional concerns, (b) Behavior concerns, (c) Academic concerns, and (d) Parent/Child concerns.

In order to facilitate data collection, symptoms believed to be pertinent to each broad category were listed. The categories were then submitted for review to a Ph.D. level psychologist with several years experience with the Guidance System as a clinic director. Suggestions from the psychologist were incorporated and the categories refined. A total of 25 files from one Guidance Clinic were then reviewed and a list of 50 presenting concerns obtained. The list, along with the categories were sent to three Ph.D. level psychologists working within the Guidance System. Each psychologist was asked to categorize the list of presenting concerns within the four broad categories and to list separately any which could not be categorized. Presenting concerns which could not be easily categorized were then reviewed by the researcher and the categories further refined. Presenting concerns along with the behavioral definitions were again submitted for categorization to three Ph.D. level psychologists. After the final categorization procedure, each of the four categories was analyzed and the percent of agreement determined. The percent of agreement was corrected

for agreement by chance using Kappa index of agreement. Emotional concerns obtained .9 percent agreement with Kappa index of agreement .62; Behavior concerns obtained .8 percent agreement with Kappa index of agreement .52; Academic concerns obtained .8 percent agreement with Kappa index of agreement .41; Parent/Child concerns obtained .9 percent agreement with Kappa index of agreement .62.

#### Data Collection Survey

A researcher-designed data collection survey was utilized to obtain pertinent information from individual files. Each data collection sheet consisted of five parts (a) demographic information which included the type of family of the identified patient, (b) treatment mode assigned to the identified patient, (c) reason for termination of treatment, (d) duration of treatment in number of sessions, and (e) list of presenting concerns of the identified patient.

#### Procedure

Individual clinics within the guidance system were separated into urban and rural categories based on divisions made by the state. Two clinics were randomly selected from the urban distribution and five clinics randomly selected from the rural distribution. The data base for the study was formed by numbering the 1987 psychological intake files within each clinic. A total of 50 files were randomly selected from each urban clinic and 20 from each rural

clinic.

Each file was reviewed and the pertinent information collected. In order not to breach confidentiality, files were reviewed and data collected by staff members of the clinics. Upon receipt of the data collection surveys the researcher categorized the presenting concerns.

Data gathered from files were analyzed in three steps. First, demographic information was summarized using frequency distributions and measures of central tendency. Second, three, two-way chi square analyses (Bartz, 1981) were performed to assess the relative degree of association between the categorical variables (a) family type, (b) presenting concerns, (c) treatment mode, and (d) termination reason. Third, major variables and levels of variables were then examined by simultaneous regression analysis (Pedhazur, 1982) to determine whether duration of treatment was predictable from the categorical variables.

#### Design and Analysis

This was a descriptive study which analyzed the relationship between the categorical variables of presenting concerns, treatment modes, reason for termination and type of family unit using chi square analysis for interpretation. In addition the relationship between the continuous variable of treatment duration and the variables of presenting concerns, treatment modes and type of family was analyzed using simultaneous multiple regression.



## CHAPTER IV

### RESULTS

This chapter includes the analyzes of the data collected in order to describe the identified patient population of the Guidance System of one southwestern state, their family living units, the treatment modalities assigned them, their presenting concerns, the duration of their treatment and reason for termination of therapy. The purpose of the study was twofold: First, to assess the relative degree of association between the categorical variables and second, to determine whether duration of treatment could be predicted given the variables included in the study. The findings will be presented in four sections; (a) Presenting concerns by family type, (b) Treatment modalities by family type, (c) Reason for termination by family type and, (d) Duration of treatment by family type, treatment modality and presenting concerns.

#### Statistical Analysis of the Data

##### Research Question 1

Research Question 1 was stated as follows: Are there differences between the presenting concerns of stepchildren presented for treatment and those of children from intact families or single-parent families?

To investigate the differences in presenting concerns by family type one two-way chi square was performed. No significant relationship was found between family type and presenting concerns, ( $X^2 = 5.6$ ,  $df = 6$ ,  $p. > .05$ .) Table 1 presents the chi-square data for this analysis.

Table 1

Crosstabulation of Family Type by Presenting Concerns

<u>Family Type<sup>a</sup></u>	<u>Presenting Concerns</u>			
	<u>Emotional</u>	<u>Behavior</u>	<u>Academic</u>	<u>Parent/Child</u>
Single-Parent	11 <sup>b</sup>	13	10	33
	7.1% <sup>c</sup>	8.4%	6.4%	21.5%
Intact	11	8	10	13
	7.1%	5.2%	6.4%	8.4%
Stepfamily	6	8	10	21
	3.9%	5.2%	6.4%	14%

<sup>a</sup>N = 154

<sup>b</sup>Frequency count

<sup>c</sup>Percentage of total

Parent/Child concerns accounted for 31% of presenting concerns in intact families, 4.8% higher than the second most frequently occurring presenting concern. In single-parent families Parent/Child concerns accounted for 49.2% of presenting concerns, exceeding the next highest category by 29.8%. For stepfamilies Parent/Child concerns accounted for 47% of presenting concerns exceeding the next highest category by 25%.

### Research Question 2

Research Question 2 was stated as follows: Are there differences between treatment modalities recommended for children from intact or single parent families?

To test independence of treatment modalities by family type a two-way chi square was performed. No relationship was found between family type and treatment mode ( $X^2 = 10.7$ ,  $df = 6$ ,  $p > .05$ .) Table 2 presents the chi square data for this analysis.

Table 2

#### Crosstabulation of Family Type by Treatment Modalities

<u>Family Type<sup>a</sup></u>	<u>Treatment Modalities</u>			
	<u>Individual</u>	<u>Conjoint</u>	<u>Collateral Family</u>	<u>Collateral Parent</u>
Single-Parent	31 <sup>b</sup> 20.1% <sup>c</sup>	6 3.9%	23 15%	7 4.5%
Intact	14 9%	4 2.7%	22 14.3%	2 1.3%
Stepfamily	15 9.7%	11 7.1%	15 9.7%	4 2.7%

<sup>a</sup>N = 154

<sup>b</sup>Frequency count

<sup>c</sup>Percentage of total

Examination of cells reveals Individual therapy most

frequently assigned to Single-Parent families (46%) and Collateral family therapy 2nd most frequently assigned (34%). For Intact families treatment assignments are reversed with Collateral family treatment most frequently assigned (52%) and Individual treatment 2nd in frequency (33%). For Stepfamilies Individual therapy and Collateral family treatment were assigned equally at 33%. Conjoint family treatment is infrequently assigned across all family types but is utilized more frequently with Stepfamilies than other family types. However, Conjoint family treatment was assigned only 24% of the time even with Stepfamilies.

### Research Question 3

Research Question 3 was stated as follows: Are there differences in the reasons for termination of counseling between stepfamilies and intact or single parent families?

To test for independence of reasons for termination by family type a two-way chi square was performed. No relationship was found between family type and reason for termination ( $\chi^2 = 8.7$ ,  $df = 4$ ,  $p > .05$ .) Table 3 presents the chi square data for this analysis.

Table 3

Crosstabulation of Family Type by Reason for Termination

<u>Family Type<sup>a</sup></u>	<u>Reason for Termination</u>		
	<u>Not Terminated</u>	<u>Withdrew</u>	<u>Further Service Not Indicated</u>
Single-Parent	14 <sup>b</sup> 9.2% <sup>c</sup>	37 24.2%	15 9.8%
Intact	17 11.1%	14 9.2%	11 7.2%
Stepfamily	17 11.1%	15 9.8%	13 8.4%

<sup>a</sup>N = 153<sup>b</sup>Frequency count<sup>c</sup>Percentage of total

Examination of individual cells reveals that frequencies for all termination reasons were approximately the same with one notable exception. Single-parent families withdrew from counseling 56% of the time compared to 33% for both intact and stepfamilies.

Research Question 4

Research Question 4 was stated as follows: Can duration of treatment be predicted from family type, presenting concerns and treatment modalities?

In order to assess the unique contribution of family type, presenting concerns and treatment modalities, simultaneous regression analyses was conducted, and partial coef-

ficients obtained. Simultaneous regression of the variables family type, presenting concerns and treatment modalities on duration of treatment resulted in a multiple correlation of .32 (df = 9, 152;  $p < .05$ ). Partial coefficients (see Table 4) indicated that only Parent/Child concerns and Emotional concerns made unique contributions to duration of treatment.

Table 4

Regression Results for Duration of Treatment

<u>Independent Variables</u>	<u>Dependent Variable</u>			
	<u>B</u>	<u>Beta</u>	<u>T</u>	<u>P</u>
Parent/Child	4.090971	.177010	2.082	.0390
Emotional	5.519898	.239579	2.838	.0052
Behavior	-.595559	-.025673	-.300	.7647
Academic	1.842827	.071595	.901	.3689
Conjoint	-4.505917	-.134830	-1.577	.1168
Collateral Family	1.682484	.071642	.806	.4216
Collateral Parent	-1.398286	-.033181	-.403	.6872
Intact Family	.744100	.028482	.337	.7368
Stepfamily	.761884	.029807	.351	.7257
R <sup>2</sup>	.10			
F	1.95			
P	.05			
df	9,152			

However, only approximately 10% of the variance in treatment duration ( $R^2$  .10374) is predictable from all the variables specifically Parent/Child concerns and Emotional concerns. The independent variables of family type and treatment modality did not make significant contributions to duration of treatment. Although the dependent variable, treatment duration, may be said to be predictable from the independent variables included, the statistical significance may not be meaningful because approximately 90% of the variance in the analysis is unpredictable.

## CHAPTER V

### SUMMARY, CONCLUSIONS, RECOMMENDATIONS

#### Summary

The purpose of this study was to examine the relationship between type of family living unit and presenting concerns, treatment modalities and reason for termination of treatment for children in treatment from single-parent, intact and stepfamilies. The study also examined the effect of family type, presenting concerns, and treatment modalities upon the prediction of duration of treatment.

A review of the literature revealed that the composition of American families is changing and stepfamily living has become a forceful impactor on socialization of children in this country. Stepfamilies have difficulties in several areas of adjustment and their difficulties appear to be different from those of intact families. Although stepfamily formation is surrounded by mythology, hindered by negative stereotyping and poor role identification, and burdened by feelings of low self-esteem there is little evidence that children of stepfamilies experience long-term or insurmountable negative effects from stepfamily living.

A random sample of 173 families in one southwestern state Guidance System was selected for the study. The sample included 77 single-parent families, 46 intact families and 50



stepfamilies and identified 156 children in treatment from these families. A data collection survey was provided for each family and information for the study was collected by staff members of the Guidance System. When the data collection surveys were completed the researcher categorized the presenting concerns according to emotional, behavioral, academic and parent/child concerns, categories which had been defined specifically for the study.

The data consisted of frequency distributions for the identified patients in the areas of presenting concerns, treatment modalities and reasons for termination of treatment. In addition duration of treatment data was collected by specifying the number of sessions in treatment. Demographic data also was collected for each family and identified patient included in the study.

The data were analyzed using three two-way chi square analyses. In addition, simultaneous multiple regression analysis was performed on the variables of family type, presenting concerns, and treatment modalities on duration of treatment. The .05 level of significance was used throughout the study.

Results indicate no relationship between family type and presenting concerns. However, Parent/Child concerns were most frequently reported for each family type. Intact families reported the lowest percentage and Stepfamilies reported the highest percentage of Parent/Child concerns. Emotional concerns were presented equally by Single-Parent and Intact

families but were the least reported presenting concern by Stepfamilies. Behavior concerns were reported equally by Intact families and Stepfamilies but showed the second highest percentage of reported concerns for Single-Parent families. Academic concerns were reported equally by all family types.

No significant relationship was found between family type and treatment modalities recommended. Examination of intercellular frequencies indicates individual therapy the most frequently assigned treatment mode for Single-Parent families and least frequently assigned treatment mode for Stepfamilies; individual therapy is the second most frequently assigned treatment mode for Intact families. Collateral family therapy is the most frequently assigned treatment mode for Stepfamilies and Intact families but is assigned second most frequently for Single-Parent families. While Conjoint family therapy is assigned second most frequently for Stepfamilies it is least assigned for Single-Parent families and infrequently assigned to Intact families. Collateral parent therapy is least assigned to Intact families, second least utilized with Stepfamilies and Single-Parent families.

No significant relationship was found between family type and reason for termination of treatment. Reported reasons for termination were approximately equal across family types with one exception. Single-Parent families withdrew from counseling 56% of the time compared to 33%

withdrawal for both Intact and Stepfamilies.

A significant relationship was found between family type, presenting concerns and treatment modalities on duration of treatment. Significant unique contributions were made by the independent variable Presenting Concerns with the levels Parent/Child concerns and Emotional concerns contributing the unique variance and levels Behavior concerns and Academic concerns contributing no significance. No significance was contributed by levels of the independent variable treatment modality. No significant variance was attributable to duration of treatment by the independent variable family type.

### Conclusions

The following conclusions were formulated based on the results of this study.

1. Results of this study show no significant relationship between family type and presenting concerns. The most frequently occurring presenting concern across all family types is Parent/Child concerns.

Literature suggests that intact families have difficulty with relationships (Kompara, 1980) but that stepfamilies, by reason of more permeable boundaries and more extensive, complicated family contacts experience more and different adjustment difficulties in this area (Dolan & Lown, 1985; Schulman, 1981; Visher & Visher, 1979). The data for this unique population tend to support Schulman's (1981) discus-

sion of developmental tasks facing the divorced, single parent family as well as literature addressing parent and child role realignment and needs to cope with new parent and child relationships in stepfamilies (Ambert, 1986; Crosbie-Burnett, 1984; Perkins & Kahan, 1979).

The high percentage of Parent/Child concerns reported for Stepfamilies is probably reflective of their expanded, extensive family networks resulting in conflicts relative to incorporating new family members, resolving history of the old family and divided love and loyalty. For Single-Parent families Parent/Child issues may be more reflective of the single parent's need for assistance and validation no longer available from a spouse. It is possible that a single parent also requires some validation of the appropriateness of the decision to divorce and desires to have the therapist's input on the adjustment of the children involved.

2. Results showed no significant differences by family type for treatment modalities recommended by therapists. One reason for this result may be that societal views toward stepfamilies are ameliorating, substantiating the view of Fine (1986) who believes that increased exposure to stepfamilies can alleviate negative stereotypes which lead people to expect more problems from children living in stepfamilies (Amato, 1987; Goldstein, 1974).

Another reason for finding no differences between family type and recommended treatment modalities may be that counselors with the Guidance System are experienced in the treat-

ment of families. Although Bryan, Ganong, Coleman & Bryan (1985) suggest that inexperienced counselors are effected by negative stereotyping they found that counselors with two years or more of experience did not hold the same negative ideation.

The fact that Conjoint family therapy is infrequently utilized in an agency dealing consistantly with families was somewhat surprising. Although Collateral family treatment was ofter used, it reflects seeing children apart from their parents and does, therefore, retain some flavor of individual therapy. It is possible that the under-utilization of Conjoint family treatment reflects a lack of training in family treatment for therapists.

3. The study found no significant differences by family type relative to reasons for termination indicating that problems across family types are approximately the same and therefore require similar treatments. Results do show that Single/Parent families withdraw from counseling more frequently than other family types. This difference may be the newly divorced family's developmental need to adjust to the external decision to divorce (Schulman, 1981). As the dissolution of the marriage is resolved, Single-Parent families may withdraw from counseling. It is also possible that single parents utilize therapists and/or therapy for validation and support no longer available from a spouse. Having received such support they may withdraw. It is also possible that Single Parents utilize therapy as a reality check on the

adjustment progress of their children. They may be unwilling to indicate further services are unnecessary and tend to withdraw instead in an effort to keep open their option to return to therapy for further parental validation or adjustment progress check.

4. Results of the regression of duration of treatment on family type, presenting concerns and treatment modes revealed a significant contribution of the independent variables. Most of the unique contribution was accounted for by the variable of Presenting Concerns, specifically the level Parent/Child concerns indicating that interpersonal relationships between parents and children may be the most difficult adjustments for any family. Also contributing a significant portion of the unique contribution was the level of Emotional Concern. It may be that children experiencing Parent/Child conflicts also experience emotional disturbance as a result of these conflicts. It may be that children experiencing emotional problems also find themselves in a position of conflict with parents.

The dependent variable, treatment duration, can be said to be predictable from the independent variables included but the statistical significance may not be practical for the consideration of counselors. While approximately 10% of the variance in the analysis is contributable to presenting concerns, 90% is left unpredictable.

The difficulties of families do not appear to vary significantly based on family type or the method of treatment

involved. It is likely, therefore, that the problems across all family types take the same time to resolve indicating that they are probably approximate in severity.

#### Recommendations

1. Research with stepfamilies suggests that adjustment at the time of remarriage is difficult but concerns decrease as the length of the remarriage increases. It is recommended that presenting concerns of stepchildren and their families be examined across the time of the remarriage.

2. Literature with regard to stepfamilies suggests that there are differences in their relationship difficulties from those of other family types. Given the significance of presenting concerns by family type, the possibility exists that a larger significance exists. It is recommended that the area of presenting concerns be refined and investigated independently to more accurately describe specific presenting problems of stepfamilies.

3. The large frequency of Parent/Child presenting concerns suggests that all types of families experience painful interactions. It is recommended that this area of difficulty be studied independently by family type.

4. It is recommended that research be conducted to determine whether Parent/Child concerns vary by sex of the child as well as sex of a custodial single parent.

5. Research should be conducted to determine reasons for the higher frequency of withdrawal from treatment by

single-parent families.

6. Research should be conducted to standardize instrumentation which would more accurately delineate presenting problems and treatment issues relative to all family types.

7. It is recommended that research be conducted relative to presenting problems and treatment issues with a broader population to provide greater generalizability of results.

8. Research should be conducted relative to presenting problems and treatment issues with adult stepchildren to determine whether adult treatment issues are related to step-family living experiences.

9. It is recommended that research be conducted to determine whether therapists dealing consistently with families are specifically trained to provide family treatment.



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## APPENDIX

### CATAGORIES OF PRESENTING CONCERNS

1. AFFECTIVE/EMOTIONAL CONCERNS
  - a. depressed, withdrawn
  - b. anxious, nervous, worried
  - c. impulsive, unable to concentrate
  - d. harmful to self
  - e. ineffective, painful relationships with peers/others (not parents)
  - f. eating disorders
  - g. sexual abuse (offender unknown or not "parent"/sibling)
  - h. physical abuse (offender unknown or not "parent"/sibling)
2. BEHAVIOR CONCERNS
  - a. harmful to others
  - b. destructive to property
  - c. oppositional behavior, opposition to standards, rules, directives, authority (may include but not limited to parents)
  - d. hyperactive

3. ACADEMIC CONCERNS

- a. low motivation
- b. poor academic performance in spite of known or suspected ability
- c. low intellectual ability, mental retardation

4. PARENT/CHILD CONCERNS

- a. ineffective/painful interaction with parents, siblings
- b. sexual abuse by parent, stepparent
- c. physical abuse by parent, stepparent
- d. neglect
- e. ineffective discipline/other "parenting" problems

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