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Therapy with Remarried Couples—A Multitheoretical Perspective

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Work with remarried couples is often difficult and complex. The first part of this essay provides a comprehensive discussion of the many issues faced by remarried couples under the headings of: emotional consequences of separation, the presence of children in the new relationship, finances, lack of guidelines and models, complexity of structure, and women in stepfamilies. The second part addresses therapy, by first tracing the past contributions to the field by structural, psychodynamic and cognitive models and then moving on to speculate about the offerings of Adult Attachment Theory, Trauma Theory, Narrative Therapy and Feminist Theory. Consistent with the awareness fostered by feminism the essay attempts to create a respectful dialogue between these models with the hope of gaining value from all while elevating none. The discussion is illustrated by a case example.

It is my experience that remarried couples who have children rarely present for therapy for themselves. The usual pattern is for the woman, be it mother or stepmother, to bring a symptomatic child. The characteristic shape of stepfamily conflict thus manifests itself in some form related to the children. Either the children will be expressing distress in some way, or the adults will be arguing about them, or both. (Step) Mother takes responsibility for getting the problem fixed, and Father is absent. This however is usually the tip of the iceberg.

There are numerous characteristics of life in a remarried situation which set it apart from life in a nuclear family, and which constitute a significantly greater and more complex load for the participants to manage. While there are a few central themes or areas on which a therapist might focus in work with remarried couples, it is extremely important to see the whole landscape of their situation in all its complexity and to appreciate adequately the amount of difficulty there may be in negotiating each particular area.

The first part of my paper surveys this landscape. The second part proceeds, with the aid of a case example, to trace how various models of therapy have attempted to map it, and to remould some of its less habitable sites. A very strong theme will involve the centrality of gender

in the difficulties which face remarried couples. In recognition of this, it is appropriate first to set this exploration in the context of values more recently developed and articulated in Feminist theory about the process of discussion itself, which of course, then has implications for the process of therapy.

Where a topic has been the focus of several different schools of theory, as is the case with the remarried family, it would be easy to fall into debate and critique. The implied, if not overt, goal of this would be to determine which model covers the ground most comprehensively, accounts for all the contingencies, has the most lasting effect, is the most universally applicable—in short, which is the 'best theory', and who is the 'expert'.

Feminist values however, direct us to forego this competitive (typically 'male') approach, and to attend, if our intention is to empower, to the practices of power; to choose participation over hierarchy, control and the tyranny of expertise; to place process before outcome; and to eschew deduction in favour of observations which are tentative, personal, self-observing and self-disclosing (Goldner, 1991a). Effectively this means recognising that each 'knowledge' (or theory) has a context of creation. This includes its political and historical context as well as those factors which are more personal to its creator, e.g. gender, life stage, marital status, professional and life experience. Attention to this at the level of theoretical discussion gives us a better chance of facilitating the same kind of respect for the knowledges, feelings, difficulties and efforts of each individual involved in the remarried family system. Such respect is the bedrock of this work.

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Ironically however, these values carry the risk of us creating what Goldner calls 'the oppressive aspects of the ideology of motherhood ... where we are filled with ideas, opinions, and wishes but (can) only express them indirectly in a vicarious resentment-inducing form' (ibid.: 102). Her statements as follows are most helpful in finding some balance in approach.

I think we can do better by imagining relationships from an 'intersubjective' perspective... This standpoint construes the interpersonal field as a context in which all participants work towards 'recognition' as opposed to 'objectification' of one another... Communication, in this view of social relations, is not a matter of whose speech silences whom, but where all voices get a hearing... containing anger, debate, competition, theorizing and sexuality, (to name just a few mortal sins) in our midst, meant transforming their disowned representational status as 'male' and bad into the recognition that, while deeply problematic, these actions and impulses could also be creative, potent and useful (ibid.: 103-104).

In the spirit of this approach, contributions from each theory will be presented, and this will sometimes make for a kind of honouring dialogue, rather than dismissive objectification and debate.

It is appropriate here to also provide a statement of the context of creation of this paper. My professional training is as a Family Therapist and I have been working with stepfamilies for about six years. My interest in this area stems from discussions with many families whom I have met through my general family therapy practice in a non-government welfare agency, and also from the fact that I have been living in a remarried situation for about the same length of time. I am, at one and the same time, a stepmother, a mother of a child who is step-parented, an ex-partner, and a second partner. I have therefore shared many of the thoughts, feelings, and experiences of the people with whom I have worked. I am currently working with women, men and children in a sexual assault counselling setting.

In the interests of simplicity and brevity, this essay refers mostly to *remarried* couples. Although there may be some differences, many of the issues will be similar for those couples who are repartnered without a formal, legal process. There may be some issues discussed here which also pertain to repartnered gay couples; however, the influence of other factors may put quite a different complexion on their situation. This essay does not therefore claim to be applicable to their circumstances.

THE CONSEQUENCES OF SEPARATION FROM A PREVIOUS SPOUSE

Firstly, it is an inescapable fact that at least one of the partners of a remarried couple (and frequently both) will have been through a process of separation from a previous partner. This will have left some consequences, both practical and emotional, for the new relationship. These consequences may be different according to whether the separation was through divorce (and if so, whether the party was the willing or

unwilling participant) or through death. Whatever the case, there will almost always have been enormous *loss*.

There is general agreement that the new relationship will have the best chance of success if there has been a resolution of the attachment to the previous spouse and issues from this relationship (e.g. Visher and Visher, 1979: 134; Sager et al., 1983: 203; Hartin, 1990: 39). Sager et al. (1983: 202-206) describe the myriad ways in which the ex-spouse may intrude into the new relationship, and the 'uses' to which the intrusions may be put by the remarried couple. Anecdotal accounts indicate that complete emotional neutrality is very difficult. Even if resolution of the previous attachment may have been achieved to a certain extent, if there are children involved, the new couple will often still have to contend with the continuing involvement of the ex-spouse in small ways (e.g. access handovers) or large (e.g. court cases, significant child support contributions). The previous attachment is a fact of life that must be accommodated.

There are also a number of complex emotional responses to divorce which can impede the progress of a new relationship. *Guilt* potentially pervades all situations, whether the party chose the separation or not, and even where the ex-partner has died. This may cause the person to 'bend over backwards' for the children (something which may have begun in the sole-parent stage), or to be reluctant to make space in the new family for the new spouse, or to accommodate to unreasonable requests from the ex-spouse, all of which may cause problems for the new relationship.

After loss of a significant attachment and/or severe disappointment, *anxiety* is almost inevitable at the prospect of investing oneself afresh. Loss of the previous partner, in itself, may have been traumatic, but for many it also threatens identity and self-concept. After one failure 'additional failures begin to single out an individual as a loser' (Goetting, 1982: 218). The consequence of this is that people in second marriages are often not prepared to take the risks they took in the first, not prepared to leave themselves as vulnerable. This may mean holding back to a certain extent, and leaving oneself more options (Paterson, personal communication, 1995). This may also mean that remarried couples are inclined towards *pseudomutuality*. Conflict may therefore be diverted elsewhere, for example, through a child or ex-spouse. As a result contentious issues are not brought out and have little chance of resolution.

The exception to this is

... where the second relationship has been entered into at great cost. For example, where one or both partners have left other partners for this relationship, and may therefore have lost regular contact with children, and/or incurred the negative judgments of others. In this case the second relationship must at least justify the sacrifices it has required, and this exerts large pressures on the couple (Paterson, personal communication, 1995).

Where one or both parties have betrayed the trust of a previous partner, this compromises their trustworthiness, in the eyes of themselves and their new partner.

The above may also mean that remarried couples are prone to interpret the normal disappointments that come with the transition out of 'romantic' love as failure of the new relationship, and this may prevent them from undertaking the necessary task of re-evaluating expectations in order to move on to the more stable 'companionate' arrangement (Sager et al., 1983: 91).

Finally, for at least half of remarried couples, divorce is a solution which is the more available for having been tried and demystified. They know they can survive. Indeed what many divorced people do not know is that they can stay in a relationship and survive. Couples are less willing 'to be miserable again simply for the sake of preserving the union' (Furstenburg and Spanier, 1984: 440) and less prepared to waste time.

All the above factors may combine to make second relationships more vulnerable. As Furstenburg and Spanier (*ibid.*) observe:

The apprehension that history might repeat itself and the knowledge of the symptoms of marital breakdown heighten the likelihood that marital disintegration will be swift in the event that serious problems arise.

The presence of children from the previous relationship

There seems to be disagreement in the literature about how significant the presence of children is in the divorce rate of remarried couples. Furstenburg and Spanier (1984) cite research by McCarthy (1978) which rates divorce only slightly more frequent where children were present from the start, but White and Booth (1985, as cited in McGoldrick and Carter, 1979: 403) found that remarried couples with children were more than twice as likely to divorce. The latter position is supported by Hartin (unpublished paper: 16), who states, '... clinical impressions suggest that more second marriages come to grief over the issue of children and parenting than over any other single issue,' and Anderson and White (1986: 417) for whom '... results suggest that many step families can have good marital adjustment and still develop family dysfunction'.

The presence of children brings complications in several different ways. Firstly, the children will have their own responses to the dissolution of the first relationship which may be more or less severe and protracted depending on the nature of life in the first family (i.e. was there abuse, betrayal?) and how the children's responses and the process of separation were attended to. These may carry over into the new situation. The 'flush' of a new romance may seem discordant with, if not disrespectful to, the grief a child may be experiencing over a multitude of losses brought about by the separation. Patterns of behaviour and interaction from the period of the sole-parent family, e.g. the parentification of a child, may also intrude into the new relationship.

Secondly, the response of the children to the new partner may be unfavourable. They may be protective of their biological parent in the new relationship or they

may fear betraying their other natural parent. They may themselves feel displaced by the new partner and/or his child(ren).

Children in nuclear families gain security when the marital relationship is strong and satisfying. Children in a stepfamily may feel threatened by a biological parent's alliance with someone who is not emotionally bonded to them. This insecurity and children's responses to it may undermine the happiness of the family (Crosbie-Burnett, 1984: 459).

Crosbie-Burnett suggests that the steprelationship is as important to the well-being of the household as the marital relationship. Against this, clinicians like Sager et al. (1983: 59) and Ellis (1984: 145) vouch for the strength of the marital pair as a predictor of the family subsystem success. However, the marital relationship may in turn be perceptually or actually threatened by the parent-child relationship. In fact, there often ends up being a tortured triangle where the child(ren) feel powerless because they are the only one(s) who did not choose the relationship (and subsequent arrangements), while the step parent feels powerless because s/he does not have a level of relationship with the child(ren) which will afford any real influence, and the biological parent feels powerless because s/he is the 'meat in the sandwich'. No decision they make in conflicts, even the decision not to choose, can avoid creating upset.

This triangle of tension most usually presents in the form of what seems to be overwhelmingly the greatest challenge for remarried couples to resolve—contention around the parenting of (step) children. Almost invariably, the biological parent is accused of being 'too soft' and the step parent of being 'too hard'. In the rare case where the step parent is 'soft' there seems to not be so much trouble. An alignment of steps against the natural parent can be difficult but it seems less so (Paterson, 1995, personal communication). To the outsider this may seem to be a case of two different but equally legitimate styles of parenting. It becomes a real dilemma however where the partners cannot agree and where two sibling groups coexist. Also, step parents may or may not have unreasonable expectations of their stepchildren. This is not an easy assessment to make, given that stepchildren (of families who present for counselling) are likely to have internalised or behavioural problems. Of 367 children assessed and treated by Sager et al. in an eighteen month period, only nine percent were considered free of such problems (Sager et al., 1983: 223-224). Such children can often end up bearing the brunt of their step-parent's resentment when the latter, feeling powerless with their partner, divert their frustration onto the partner's child(ren).

The situation is worse for children where sex-role stereotypes prevail. 'Women are often recruited into taking primary responsibility for their partner's children (while he goes out to work) as a condition of continuing relationship with him' (Paterson, 1995, personal communication)—an inappropriate and sometimes impossible task given the lack of prior relationship. On the other hand men often demand more authority, privi-

lege of place and status in their stepfamily. In either case the step parent is put in the position of being the less flexible of the two parents, which is the worst possible arrangement (*ibid.*)

To complicate matters even further, children often move between households and are therefore open to influence from their other parent (and network), and to bringing that influence back with them. Remarried couples therefore have to contend with outside, possibly hostile, intrusions, and sometimes with the combination of these from two biologically distinct sibling groups under the same roof.

Financial issues

Divorce is an expensive enterprise. Often money is lost through the forced untimely sale of assets, through legal fees, and in reactionary spending e.g. an overseas trip to 'get away', a new car to compensate for other losses, or alcohol. Perhaps the most long-term issue however for remarried couples to deal with is the provision of child-support funds for non-custodial children. Money may be a factor in compensating for feelings of guilt but even if this is not the case, a new partner may resent the exit of moneys from (usually) her household to another, possibly hostile, one. This will be especially so if she needs to work when she would prefer to stay at home e.g. with a new baby, and/or where she perceives the other household to be better off than her own. Even if money is solely a symbol for a new spouse of his or her partner's commitment, or attachment, to a previous spouse, this can be explosive. As well as this, two sibling groups may be unequally provided for because of their connection with other different households. The remarried couple must face how to respond to this situation and its implications.

Lack of guidelines and role models

Although stepfamilies have always existed, they were previously mostly the result of death (often of the mother during childbirth) rather than of divorce, as is now the case. Despite the longstanding existence of stepfamilies, however, the nuclear family is still seen as the norm. It is Cherlin's hypothesis that '... problems are created by a complex family structure which cannot occur in first marriages. Because of the lack of social regulations, each family must devise its own solution to these problems. The work of establishing rules increases the potential for conflict among family members, and the increased conflict, in turn, increases the likelihood of divorce' (1980: 640). Even if stepfamily members know another stepfamily, it is likely that the configuration and arrangements of that family are so different from their own as to be of little use. Because nuclear families are seen as the norm, because there is a sense of failure attached to divorce, and because of the lack of adequate stepfamily models, stepfamily members can experience a degree of stigmatisation, which creates yet another pressure. These factors can impel the family towards the myth that they can and should imitate the

nuclear family model, which sets up unrealistic and unfair expectations for everybody, unhelpfully perpetuated by popular images like those from *The Brady Bunch*.

Complexity of structure

We have already noted that children have to move between households, and that each remarried household is open to the influence of at least another two. If we figure extended family into this equation the picture becomes almost unmanageable. Ex-parents-in-law often become difficult, sometimes hostile, towards their son's or daughter's ex-spouse but nevertheless tied by relationship with grandchildren. Many a grandparent is bitterly disappointed by denial of access to their grandchildren after a divorce. What about aunts and uncles? Each of these individuals represents a pressure for the remarried couple.

Within the household itself the members of the remarried family will have to deal with important ongoing questions around roles, membership, position, space, time, money, religion, and authority. It may also be that the different members of the couple and their respective offspring will be at different life cycle stages. It is not uncommon for older men, with adult or adolescent children, to marry much younger women, who may have very young children. This may require one or both partners to act in capacities for which they are unprepared and/or for which they must retrace old territory. Where the children are adolescents, the wish of the couple to create a new 'family' with a sense of togetherness may clash with the adolescents' needs to be experiencing more of life apart from the family.

The historical picture is similarly difficult to negotiate. Where the first-married couple might carry with them unresolved issues from their families of origin, the remarried couple may bring issues from their own families of origin, their previous marriages, and from the process of divorce and the period between marriages. The number of deep connections over their lifetimes is enormous and given the degree of disappointment and loss that accompanies separation, it is likely that either or both partners may have powerful hopes that their new relationship will make up for some of this, or at least be different. These hopes may be in direct contradiction to a life story which would anticipate the opposite.

Women in Stepfamilies

It is a widely held view that patriarchy, supported by the political and legal systems, vocation structures, and the media, is the dominant organising framework of our society (e.g. Luepnitz, 1988: 17). Patriarchy is a framework which disempowers women and children in general, and this applies no less to women who remarry.

A range of factors which have their roots in patriarchy combine to make it very difficult for women, especially those with children, to remain single after the loss of a relationship. Many women have no choice but to survive on social welfare payments, which adds stigma.

Sole female parents, especially those with little formal education, are often poor, isolated and exhausted. Their ongoing survival and that of their children is dependent on their finding another male partner. Unfortunately this dependency sometimes places them in a very vulnerable position in regard to the choice of a mate. This particularly applies to those who conform to traditional sex-role conditioning. Such women are likely to choose a complementary mate, who may reflect all the traditional characteristics of domination and rationality. He may therefore also lack the emotional connectedness which may be necessary to make a stepfamily situation viable. If, as is likely, he is also the main income-earner, once in the relationship, the woman will probably have little bargaining power. She relies on him for both emotional and material survival. In this case not only is she disempowered, but this can amount to a 'worst case scenario' for her children and her relationship with them. Where women are not in a position to protect their children, or their place in the family, the conditions are created for child abuse and/or homelessness. 'Children aged from birth to two years are estimated to be 70 to 100 times more likely to die at the hands of a step father rather than a natural parent' (Tomison, 1996: 5). Clinical impressions are that the risk of child homelessness is even greater where the children have reached adolescence.

A remarried woman is also often put in the position of having primary responsibility for her husband's children. This may well be the source of the 'wicked stepmother' label. In the words of McGoldrick and Carter (1989: 400)

... if the old rules that called for women to rear children and men to earn and manage the finances are not working well in first-marriage families, which they are not, they have absolutely no chance at all in a system where some of the children are strangers to the wife.

The expectation that women will take responsibility for the emotional life of the family also often means that the relationships between stepmother and stepdaughter and between new wife and ex-wife are the most strained. The male in the middle, no matter how culpable by commission or omission, often manages to stay out of the line of fire.

THERAPY WITH REMARRIED COUPLES

In situations as complex and compelling as those in which many remarried couples find themselves, a number of theoretical models have something to offer. In my opinion a multitheoretical approach, whereby theories can inform and critique one another, is preferable. It seems however that most of the work done in this area is confined (with a couple of exceptions e.g. Kelly and Halford, 1993) to the period of the late seventies to mid-eighties, missing out on recent developments in Attachment Theory, Feminist Theory and Narrative Therapy. In what follows I will discuss specific contributions from various theories as they relate to

both analysis and treatment of problems presented by remarried couples.

Let me first introduce our case example, which is a compound of several families I have seen, and typical of many. Shelley, 28, called me about her stepdaughter Stephanie, aged eight, complaining that she was at her wits' end with her. The child was disobedient in the extreme. She would lie habitually and wouldn't listen. Moreover, she had told her biological mother Marie, with whom she spent every second weekend, that Shelley had been hitting her with a hairbrush and had pushed her into a cupboard. This had escalated existing conflict between Shelley and Marie, and Shelley was also afraid that Marie would report her to the authorities (unjustifiably, of course). Shelley and Stephanie's father Tony, 30, had been married for two years and lived with Stephanie, their own daughter Bree of twelve months and Shelley's daughter, Krissy, three and a half years old, from a previous relationship.

When I saw the family together at our first session the tension between Shelley and Tony was palpable. They explained they had met through a mutual acquaintance three years before and had started to live together soon after. They got married a year later because it seemed the next logical thing to do. Both of their families of origin lived interstate and they had no regular friends. Shelley was 'stuck at home' with the three children and hated this. She wanted to return to work part time but with the cost of child care Tony maintained that it wouldn't be 'worth it'.

The couple were quite open about their problems with Marie. Tony explained that Marie had left him suddenly, for another man, when Stephanie was nine months and hadn't ever resolved things with him about their own relationship. She later tried to get custody of Stephanie but failed. She would now often be late for access, or just not turn up. She also spoilt Stephanie so she would be 'unmanageable' for three days after she returned from access. They both agreed things had been better when Marie had been away for six months in Queensland. As their accounts of their situation unfolded it became apparent that Shelley was extremely angry and hurt about Tony's response to her trying to 'manage' Stephanie. He would accuse her of being too harsh and would take Stephanie's side. In fact Shelley was so upset by the whole thing that she was almost on the point of leaving.

Structural Theory

Structural concepts—*subsystems, boundaries, hierarchy, coalitions* and *alliances*—are particularly useful in placing a manageable framework around what might otherwise appear as chaos. They can be useful in formulating some broad generalisations about what works best. For example, in white Anglo-Saxon communities, the nuclear family is characterised by a fairly *tight boundary* around its members. The remarried couple, both in their wish to imitate the nuclear model, and probably also in their wish for closure against the pain and uncertainty of their situation, may seek to replicate this type of boundary. However *flexibility of boundaries* is said to hold the greatest chance of success if children are to feel free to come and go when access has been arranged (Hartin, 1990; McGoldrick and Carter, 1979; Walker and Messinger, 1979). In Tony and Shelley's situation many of their problems were 'border

disputes' with Marie. They wished Marie would go back to Queensland, but might have been better to feel more accepting of the fact that their family was different, and that it was all right for Stephanie to have different regimes in each house. Of course, work around practical matters like punctuality was also required.

Similarly for *transgenerational coalitions*. In the nuclear family these are generally seen as evidence of dysfunction, whereas for the remarried family, where the parent-child bond predates the marital bond, they are perfectly natural if not inevitable. Shelley wanted Tony to support her decisions but it would have been very difficult for him not to intervene in disputes where he thought Stephanie was being unfairly treated (Anderson and White, 1986). In fact, acknowledgment of prior allegiance (Walker and Messinger, 1979) and 'acceptance of the parental responsibilities and feelings of one's spouse, without ... trying to compete with the parent-child attachment ...' (McGoldrick and Carter, 1979: 400) are implied in a functional model for remarried families. Open acknowledgement that if it came to it, Tony would choose Stephanie, would mean at least that Shelley could perhaps begin to deal with that reality.

Such resolution might have been facilitated if this couple had followed the advice of McGoldrick and Carter (1979: 417) 'to put the management of the child's behavior temporarily in the hands of the biological parent and get the new spouse to take a neutral position'. If it was clear that discipline was Tony's responsibility then for Shelley the arrangements might be a lot clearer (but such a rearrangement would call into question their traditional gender assignments: he is the breadwinner, and she the main caregiver for Stephanie). Such *detrangulation* can also be achieved with an ex-partner by coaching a spouse in the presence of his new spouse to 'undertake steps outside of the therapy sessions that will change the relationship he or she currently maintains with the ex-spouse' (1979: 415). (Note how McGoldrick and Carter avoid the requirement of detachment of ex-spouses, which is what some people understand is required by Bowen's approach. One would guess that Feminism, which questions Bowen's bias towards differentiation and detachment, has made its influence felt here.)

McGoldrick and Carter (1979), like Sager et al. (1983), make extensive use of genograms to explore structure and track process, and to work on family of origin issues as well as current family problems. This process with Tony and Shelley yielded the following information.

Shelley was the youngest of eight children. She described her relationship with her mother as distant, but her father was the 'everything to her'. He was the only one with whom she was affectionate. Unfortunately, when she was eleven, he died in a drowning accident. She felt she had not been able to grieve his death. She had also not been able to show affection since then until her own daughter Krissy was born. This loss was followed by a series of others: her best friend when she was thirteen, her grandmother when she was fifteen, and her grandfather when

she was eighteen. Also before she reached the age of eleven, her brother's friend had started to indecently assault her. When she was fifteen, he raped her. It was after this that she told her brother to tell his friend that if he ever touched her again she would tell her older brothers and they would beat him up. She never told anyone else about the assaults as she didn't think they would believe her. Shelley had not had any boyfriends until she met Krissy's father. The day she told him she was pregnant was the day he broke off their relationship.

Tony was the oldest of four boys. He had lived a fairly ordinary life in the country. His parents had fairly traditional roles. His father was a dairy farmer, and his mother helped out but took the main responsibility for the children and the house. His father had wanted him to stay on and eventually take over the farm but Tony wanted to see a bit of the world. He'd had a few girlfriends before marrying Marie when she got pregnant. They had had their moments but he'd got quite a shock when she left. He hadn't seen it coming. He still didn't really understand it.

Psychodynamic Theory

There are a number of concepts in psychodynamic theory which can be illuminating in working with remarried couples. A primary focus of this theory is the psychosocial and psychosexual development of the individual as it occurs through a sequence of stages beginning at birth and coinciding with physiological development. Healthy development is seen to be impaired when one or more of the stages, and the associated developmental *tasks*, are interrupted by an event or stalled by a less than 'good enough' environment. Problems experienced in later life are viewed as having their source in this interruption to development and the individual's adaptation to it. One example of this might be that the greater the psychosocial impairment, the greater the likelihood that the individual will experience anxiety in negotiating relationships. The concept of the *ego defence mechanism* is a way of describing the particular way the person then deals with that anxiety.

One of the main applications of this to the marital relationship is the idea that a partner (and sometimes more than one) is frequently chosen for *unconscious reasons* to allow

the individual to continue to work on *unfinished developmental tasks* ... [t]he difficulty [being] ... that, at a conscious level, they are not clear about the problem they wish to resolve, and in many instances, not even aware of it¹ (Hartin, 1990: 38).

Sager et al. (1983) similarly conceptualise problems at an individual level. If we think about how this relates, for example, to Shelley's history, we might note that her unusually strong attachment to her opposite sex parent, and perhaps more importantly, her lack of connection to her mother, might raise some questions about unresolved issues in regard to *object constancy*, and perhaps also her *sexual identity*. These would have been compounded by the death of her father, the sexual assaults, and the lack of processing of both. We could speculate that these and the other losses and betrayals in her life would have impaired the formation of a healthy *self-con-*

cept and her ability to establish satisfactory relationships, including the ability to accept people who were different from her. Trust would also be a huge problem. The *ego defences* to which Shelley seemed to resort were *projection* and *displacement* of negative impulses, especially aggression. The nature of her difficulties, and her aggressive interactions with Tony, Stephanie and Marie make sense in this light.

Sager et al. use the psychodynamic practice of *interpretation* to clients 'when they think that will help' (1983: 211). The situation with remarried couples, however, often conforms to Dare's observations that the 'repetitive sequences between the (participants) are likely to be so forceful and compelling that interpretation alone will neither interrupt them in full flight nor eliminate them' (1986: 24).

In the first section we noted that women are often enlisted in stepfamilies, as they are in nuclear families, to carry the emotional life of the family, while fathers remain peripheral. Luepnitz (1988) talks about the *absent* father. This was certainly the case with Tony, who would come home at night and 'disappear' behind a newspaper or in front of the television. Although it was his daughter who was displaying marked signs of distress, it was her step mother who was concerned enough to seek help. Tony also seemed unperturbed about the lack of intimacy in the marital relationship. The Object Relations branch of psychodynamic theory offers a way of understanding part of this picture in terms of the *discontinuity* which boys experience in their primary relationship (with mother) as compared with the *continuity* which girls experience.

In the Oedipal stage, the boy is asked to give up his identification with the mother, and to become masculine through identification with his actual father, or with a male image that mother and society invoke for him ... [T]hese differences predispose men and women to experience intimacy differently. They incline women to be less afraid of commitments than men, and men less afraid of discontinuity' (ibid.: 179).

It is certainly the case that some individuals bring some unhelpful habits and patterns of relationship into their second (or subsequent) relationships and the psychodynamic framework is useful for understanding these. It does rest however on the assumption that the problem or problems are intrinsic to the individual. One wonders about the effect of this on an already anxious and demoralised couple. We must also bear in mind what Hartin and others have observed—that 'people do learn from experience and the lessons learned in the first marriage are often sufficient to make a second marriage more successful' (Hartin, 1990: 36). This is supported by Anderson and White's (1986: 417) findings that '... many step families can have good marital adjustment and still develop family dysfunction'. Visher and Visher (1979: 144) agree, stating that

... many remarried couples, individuals who have functioned effectively throughout their lives, find the stresses overwhelming when they become part of a stepfamily

couple. Many excellent parents become insecure, unhappy step parents.

The psychodynamic concept of *countertransference* can help the therapist working with stepfamilies make sense of her interaction with the couple. A compounding theme in stepfamilies, because of the past failure and the number and intensity of issues, is the threat of family dissolution and divorce. The intensity of the *countertransference* feeling may thus be increased. Many therapists will have strong self-expectations around rescue, which resound from their own backgrounds and these need to be recognised and resolved if they are not to interfere with the therapy. The often pervasive sense of helplessness described above makes this even worse. My experience in working with Tony and Shelley was that there were many conflicting countertransference responses: anger, sadness, an urgent need to rescue, as well as helplessness.

The Object Relations concept of the *holding environment* is also valuable here in relation to the therapist's ability to contain the couple's distress. Such containment gives the message that the pain is bearable and has meaning. This is of crucial importance to stepfamilies, where the level of emotional intensity is often excruciating. Psychodynamic theory, in its ability to describe '... the emotions, sexuality, childhood, relationships, body functions, and the irrational' (Luepnitz, 1988: 22) is often the model of choice for feminist therapists (ibid.)

Group Work

Group work of all kinds (focussing on discussion, support, self-help, education, and less commonly, therapy) seems to have been popular and effective (Visher and Visher, 1979; Ellis, 1984; Ellis and Pyke, 1983). Such opportunities for contact with others in a similar situation would counteract the extreme sense of isolation felt by most stepfamilies. It 'also helps address the problem of lack of models and ideas of what is 'normal' and what to expect. It helps to create a stepfamily culture' (Paterson, 1995, personal communication).

Cognitive Behavioural Theory

A lot of the actual therapy done with remarried couples however seems to have been based on the cognitive behavioural model. Sager et al. work with the idea of a *contract*—the expressed and unexpressed, conscious and unconscious concepts of obligation within the relationship and expectation of the spouse and marriage in general. They have couples write out separate marital *contracts* (framed in terms of their expectations) before the first session and proceed on the idea that the contracts are incongruent, unrealistic or have changed. The therapist helps the couple move towards making their separate *contracts* conscious and verbalised, and then helps them negotiate a single contract based on respect and *quid pro quos* (1983, 1986). This work is supplemented by the concept of *behavioural profiles*—'the

characteristic way in which each partner behaves with the other in order to attempt to get her or his marriage *contract fulfilled*' (1986: 328).

Tony expected Shelley to fulfil a traditional mother role, and moreover, to love all their children equally. At day's end he could come home and relax and she would continue in this role with the added expectation that now he would act as director, the one with authority and expertise. Shelley expected him to share in the housework and parenting in the evenings. She expected that she should share in the discipline and that Tony would always support her decisions. After discussion, Tony made several concessions in terms of childcare and housework. Shelley made none and was extremely sceptical about Tony's keeping his agreements because he'd made them and broken them in the past. The success of this contract was, in fact, for a number of reasons, short-lived.

Behavioural marital therapy usually involves a *regime* of increasing the ratio of positive to negative interactions, *teaching communication* and *problem solving skills*, and *identification* and *challenging* of *maladaptive cognitions*. All of these would be very useful given the number of potentially problematic issues to be negotiated by remarried couples. Jacobson and Holtzworth-Munroe (1986) note however that in certain circumstances couples fail to generalise these skills to 'high-risk' issues. It is as if the parties are 'hard-wired' for conflict in these areas (Gottman, 1994: 47). Kelly and Halford (1993) cite remarried couples as one group where there is a need to adapt this regime. They present a case where they used Wood and Jacobson's (1985) 'trouble shooting' approach (similar to Greenberg and Johnson's Emotionally Focussed Therapy, 1986) in working with a couple who presented, like Shelley and Tony, around the issue of arguments related to the stepmother's discipline of the children. The approach involves inducing the resumption of an unresolved argument in the session, with all the attendant affect, and in the context of this, *exploring the thoughts and feelings* that are aroused, the *meaning* of the issue for the individuals, and the *unexpressed affect* (primary feelings) (Greenberg and Johnson, 1986) associated with it (Jacobson and Holtzworth-Munroe, 1986: 61-62). The theory behind such a technique is that 'certain core *cognitions*, *cognitive-affective sequences*, and *complex meanings* learned originally in particular affective states are much more accessible when that state is revived' (Greenberg and Johnson, 1986: 261).

As well as this, the expression of primary emotions is said to 'provide a disposition to respond in a particular way that can aid problem solving' (ibid.) This change in what amounts to the emotional climate of the situation, might be similar to, or at least promote the conditions for, Jacobson's (1992) later developments around *acceptance*. In as much as this could be generalised to, or at least be the beginning of, *acceptance* of other parties and the situation in general for remarried couples, this would be a very good thing (see the recommendations of McGoldrick and Carter, 1989, which revolve largely around acceptance). One could speculate that

some of Shelley's core cognition-meaning clusters might be something like: '*He loves her more than me.*' '*People (men in particular) are unreliable. As soon as you care for them they leave you. Even if you don't care for them they will hurt you.*' '*I have to fight to defend myself. No one else will.*' '*But then I probably don't deserve better because I'm a horrible (bad) person.*'

Bonding (Attachment) Theory

Johnson suggests that 'teaching a quid pro quo approach to intimate responsiveness may further impair distressed couples' relationships since it is reinforcing an already dysfunctional pattern' (1986: 264) whereas focus on the emotional climate of the relationship may more effectively change negative behaviours and promote problem-solving. Part of the theoretical basis for Emotionally Focussed Therapy (see above) is the concept of *emotional bonding* a la Bowlby:

Adult intimate relationships do display characteristics which are similar in nature to those found in parent-infant attachment ... (Attachment) behaviours are, by their very nature, difficult to bring under cognitive control and end only in the event of reassuring contact with the spouse or in emotional divorce and withdrawal ... In general ... sensitive responsiveness is the one quality that is likely to create and maintain secure bonds between people ... From the perspective of bonding theory, marital conflict arises as a result of an insecure bond, involving perceiving inaccessibility and emotional responsiveness on the part of at least one of the partners ... (Johnson, 1986: 262).

Radojevic (1996) has developed the thinking on adult attachment even further. She utilises Bowlby's categorisations of *internal working models* of intimate relationships which are influenced by child attachment. These models 'direct not only feeling and behaviour but also attention, memory and cognition, insofar as these relate directly or indirectly to attachment' (Main, Kaplan and Cassidy, 1985, as quoted in Radojevic, 1996: 35). How this relates to family functioning is explained by Radojevic as follows:

Insecure infant and adult working models of relationships restrain the optimal functioning of family members, by imposing spoken or unspoken rules regarding which attachment-related communications (specifically which feelings and cognitions) may be perceived and acted upon. Both restraints and injunctions to feelings, thoughts and behaviour may produce confusion and conflict depending on the claims made by family members, who may hold different working models of relationships. Identifying the restraining 'rules' is obviously then an important initial step in therapy (ibid.: 35).

The model consists of three primary classifications of adult attachment: Secure/Autonomous, Insecure/Dismissive and Insecure/Preoccupied. A fourth classification: Insecure/Unresolved is secondary to the others and may only be evident 'in reference to questions relating to loss or trauma' (ibid.: 36). Radojevic discusses more fully than we can summarise here the effects of different combinations of types within relationships,

and the clinical implications of these, but worth noting is the finding that where at least one partner has a secure attachment pattern there will be 'greater capacity to capitalise on family therapeutic endeavours' (ibid.: 39). However, 'Clinical populations show a strong over-representation of insecure attachment representations. Further, insecure men and women are more often married to one another than can be expected by chance' (ibid.: 38). We could speculate that there is a considerable over-representation of Insecure couples in the remarried population.

It would seem that Tony would fall into the Insecure/Dismissing category where there is a reluctance to acknowledge his own attachment needs and a corresponding insensitivity to the needs of the child. Following the model of the father, especially where the father is absent (physically and/or emotionally) to the son, there would be a covert (or often overt) message about the need for 'self-reliance, stoicism, and emotional independence during periods where such expectations are clearly developmentally inappropriate' (Radojevic, 1996: 36). Briere adds to this from his work on trauma, saying that men are encouraged towards 'imperturbability' and the externalisation of internal states (Briere, 1996a). Shelley fits better the Insecure/Preoccupied type, at a primary level, still angry at the shortcoming of one or both parents, and alternating inconsistently between intrusion and relative neglect. She operates however, within the Insecure/Unresolved model whenever loss or trauma are evoked.

Shelley would have huge needs for intimacy but this would be hidden by her hostile presentation. Combine such needs with those of Stephanie, herself with an insecure attachment, and you have a competitive dynamic. Loss would seem an imminent possibility for both of them and anxiety and pain would be likely constants in their lives. Moreover, their attachment patterns may well be incompatible, adding more fuel to the fire because, practically speaking, there is the potential here for misunderstanding and conflict over the whole range of individual and group experience: thoughts, feelings and behaviour. In this light, the tortuous nature of the triangles that develop are the more comprehensible. The demand would be for Tony to maintain 'sensitive responsiveness' to both wife and child when it is unlikely he can do this to the satisfaction of even one.

The work, which 'should directly address each partner's sense of security' (Johnson, 1986: 262), might perhaps take two tracks. The first, through Emotionally Focussed therapy, might address unhelpful assumptions (cognitions) about bonding, and threats to the bond, e.g. where allegiances 'should' lie and what constitutes (non)aligning behaviour. The second task, more inspired by conflict resolution, might address preferred parenting, or ex-spouse contact, arrangements. Being a process the couple decides on together this would, hopefully, consolidate the bond as well as resolve the content. The parent-child bond should not be neglected. Attention to strengthening this relationship will help to allay the anxieties of both about disruption by the stepparent and thereby create favourable conditions in which both spousal and step-relationships can grow.

Conversely, it may also be beneficial to work with the

couple as Jacobson (1992) recommends, towards the opposite end from bonding, focussing on greater fulfilment of their own needs. This capacity is probably required more of remarried individuals, who need some latitude to cope with the presence of other coalitions, and with the inevitable chaos of stepfamily life, which may temporarily require their partner's focused attention.

Trauma Theory

The therapist who works with stepfamilies may often have cause to refer to Trauma Theory because abuse itself, in some form(s), frequently gives rise to insecure childhood attachments, which then predispose adults to insecure, and sometimes serial, relationships. Insecure attachment also predisposes people, as children and adults, to further acts of abuse.

According to Trauma Theory *intrusive phenomena*—reminders of previous trauma—are activated by *triggers*. If the individual does not have the personal resources to cope with any accompanying distress brought about by these intrusions, s/he will resort to some form of *avoidance*. This is counterproductive for therapy. It is common for people abused in childhood to lack some personal resources for coping with distress (see Briere, 1996). It is important for therapists to realise that *what happens in the therapy room may constitute a trigger* e.g. episodes of conflictual interaction, talk about loss or abuse, feelings associated with loss or abuse, or close engagement with the therapist. It is incumbent on the therapist to create and maintain a context of maximal safety for people with such vulnerabilities (one can see how an approach like Emotionally Focussed Therapy would be contraindicated here). This may mean that, at least initially, it is not safe enough to engage in family or couple work, where for example, discussion about issues related to loss or abuse, or even simply the level of emotional intensity, may act as a trigger. It may be necessary to first engage in individual work with the person concerned. We do well to remember that the more individually focused we become, the greater the risk of pathologising the client. This is especially risky with a very fragile family or individual. It may however be initially necessary, as in the case of someone with a history of trauma.

Research would seem to confirm that sometimes trauma is registered in implicit or nondeclarative memory. It may thus be only minimally (or, in the case of amnesia for the event, not at all) available for recall or expression in a narrative form (Van Der Kolk, 1996b: 285–287). This means that the survivor may, on exposure to a sensory or emotional trigger which in itself may be quite neutral, react as if she or he were being traumatised all over again, possibly without any conscious awareness that this is related to the previous trauma. This response is due to the way in which the brain stores memory connected to states of high emotional arousal. There may also be alterations in neurobiological processes involved with arousal (and its

modification), attention, stimulus discrimination, and somatisation (Van Der Kolk, 1996a: 184). These are physiological changes which interact with the other effects that abuse has on the person's behavioural repertoire, and self and world views.

All this can play absolute havoc with the couple relationship as potentially a multitude of interactions trigger fear, anger, shame, disgust and a host of other responses in the hyperaroused survivor. These reactions may not at first be apparent because the survivor may go along with the interaction for fear of hurting, or losing the partner. The avoidance strategy that he or she uses to cope with the distress (e.g. dissociation, alcohol) will escape the notice of the partner either in occurrence or significance. Over time however, this avoidance itself, if not the reaction to the trigger, becomes problematic for one or both of the partners and the scene is set for the development of one or more of a number of unhelpful patterns around 'the problem'. Without an awareness of the nature and context of these patterns 'the problem' will usually end up being attributed to the character of one or other partner. Sometimes an awareness of the abuse context actually compounds the difficulty because this results in all of the blame being directed at the survivor, by both partners. In the case of the remarried couple we can speculate that the effects of interactional patterns of the previous relationship around the same issues will be carried over into the new one.

This has significant implications for treatment. Because it is not simple for the survivor to talk about the trauma (and even after doing so, he or she may still experience the intrusive phenomena) therapies which rely purely on talking are less likely to be sufficient. Many therapists are now incorporating other modalities such as art, dance, and role play, not to mention innovations like EMDR, which allow the survivor to revisit, in a safe context, the emotional experience of the trauma. This makes sense given our current understanding (as per the above discussion on emotionally focussed therapies) that, 'emotionally significant material, laid down in states of high arousal, is accessed more easily in subsequent states of high arousal' (Van Der Kolk, 1996b: 291).² What this also means however, is that alongside the probable need for individual work with the partner who has experienced trauma, we should not ignore the potential that lies within the couple relationship itself. Each day the couple will have interactions which may invoke a high level of emotional arousal (except, of course where these are being avoided in some way). These provide opportunities for either healing or harm which go way beyond the therapy hour. It may, however, be within the power of the therapist to influence whether harm or healing prevails. For example when she recoils from a certain touch because it is what her father used to do, he may comment on her 'touchiness' and persist until she gives in and completes the act in a dissociative state, with her sensitisation to the trigger reinforced. Or, they can discuss the matter and agree to stay with what feels okay for her until she is ready to

risk something different. One replicates the abuse. The other assures her of safety, delivers control into her hands and begins to undo a whole host of destructive patterns and beliefs.

The therapist can benefit the couple by providing: accurate information about the effects of trauma (and the effects of engaging in therapy related to traumatic sequelae); open discussion about their interactions which appreciates their efforts and the complexity and difficulty of their situation, and reexamines some of their assumptions and understandings (contextualisation and externalisation can be quite liberating for both partners—see Narrative Therapy below); 'discovery' (if not overt teaching) of ways to make their interactions safe for both of them before they gradually risk new behaviours which may desensitise the survivor to some stimuli; and lots of support. In my experience such therapy proceeds on a mixture of individual and joint sessions tailor-made for each couple.

It was clear in working with Shelley, and Stephanie, that both had experienced significant loss and abuse. We have seen from the above that many of the core cognition-meaning clusters which probably underlie Shelley's interactions with Tony may be connected to her earlier experiences. Insufficient resources to deal with her considerable distress are indicated by her strong avoidance of thinking and talking about the experiences in any detail, evidence of numbing in her intimate life with Tony, and her very active use of ego defenses. Shelley's description of herself as a 'cold' person was evidence that something that should more accurately be understood as a response of emotional (and probably physical) numbing² had been attributed by her to her being 'just her,' i.e. she was the problem. We might imagine that her previous relationship did nothing to dispel this. Although Tony knew about the abuse it was unlikely he had made any connection between this and their sexual interactions. So the numbness continued, with the concomitant lack of enjoyment of life in general and their intimate life in particular. With all the other difficulties they were experiencing by virtue of their being a stepfamily, we can imagine that Tony would have been even more likely to withdraw. This would again reinforce Shelley's fears of abandonment. It would be important to discuss with her the issue of the past abuses she has experienced and the probability that they were the origin of many of the problems she was now having in her new family. Gaining her permission to engage Tony in the above manner could have united them against these difficulties rather than leaving them isolated and opposed to each other.

Narrative Therapy

Much of the model of Narrative Therapy as built by Michael White, and others, on the foundations of Foucault and Bourdieu, focuses on the *deconstruction of 'dominant assumptions'*, those

taken-for-granted realities and practices; those so-called 'truths' that are split off from the conditions and the context of their production ... that hide their biases and prejudices ... and are subjugating of persons' lives' (White, 1991: 26).

It will be obvious to any clinician who has worked with remarried families that their lives are indeed 'subju-

gated' by 'dominant assumptions'. Some 'truths' that particularly pertain to them might be, '*We should be like a 'normal' (read 'nuclear') family.'* 'Marital partners have to live in the same house.' 'Parents should be consistent with their discipline and not contradict one another.' 'Family members have to love one another.' The previous discussion would seem to indicate that for remarried families to succeed, such assumptions need a healthy serve of scepticism. Narrative therapy could help couples to 'exoticise the domestic' in regard to such assumptions and determine if the assumptions are consistent with their wishes and intentions for their life's course. With the lack of established societal guidelines for remarried couples, much of their work is pioneering, charting new territory. A model which challenges the norms that operate within people's lives is especially appropriate in contexts where using the wrong map might lead one into stormy seas.

For example, Tony might be 'invited' to explore his job description as husband, father and wage earner. Where does it originate? What are the skills required? Are there aspects of the job he particularly likes, or dislikes? Where does he think it will take him in five, ten, thirty years time?

It is also obvious that feelings like guilt and anxiety, and a sense of over-responsibility, complicate life even further. Insight does little to help. Often insight's chief contribution is to add to the script of failure further guilt about lack of self-control. By contrast, it is usually quite easy for individuals to identify these feelings and then to trace what responses they are 'invited' into, which then in turn create further havoc. This technique of *externalisation* is well suited to help people gain some control over the effects of these emotions in their lives, without feeling blamed or guilty. A focus on 'unique outcomes' is also inherently empowering; remarried couples need empowerment in no small measure. This is consistent with recommendations by Furstenberg and Spanier (1984: 441) that therapy should focus on positives i.e. the couple's adaptiveness, to avoid their acting on 'erroneous conclusions' that the risk of failure in their relationship is high.

Shelley herself raised the fact that she often felt like the 'wicked stepmother', that things had got so bad that she often felt like she hated Stephanie, and she thought that this was 'just horrible' because she actually wanted what was best for Stephanie and all of them. We explored some of the interactions that had happened between them that had seemed to confirm her in the wicked stepmother role, how her best intentions had gone astray, and how she'd been disappointed in herself. We then explored some of the times she was able to achieve what she really wanted and how she could expand on these. While she didn't quite accept the role of 'fairy godmother' she was a lot more empowered to fulfil her good intentions, and to be gracious to herself.

The *acknowledgment of context* as the source of difficulty in the lives of remarried couples is also very important. Recognition of the amount of effort that couples put into overcoming this, and of the extraordinary heights of creativity that they achieve in their sol-

utions combats the sense of isolation and 'going crazy' that they feel. The use of 'outsider witnesses' (White, 1995) can be especially useful in this regard, especially if the 'team' consists of some 'peers' i.e. remarried people.

Narrative therapy is a strongly cognitive model. It is not inconsistent with the sort of exploration that takes place within the 'trouble-shooting' and emotionally-focussed work described above and could combine quite powerfully with that model.

Feminism ...

Many of the tenets of Narrative Therapy are based on a feminist analysis of the family and individuals in relation to a patriarchal society. These are one subset of the 'dominant assumptions' upon which we build our lives:

Although every relational arrangement, along with the metacommunicative context of meanings and injunctions that surrounds it, is a unique subculture, it is also a product of culture, and in that sense, it is socially patterned and symbolically structured in terms of normative gender categories....

In difficult and ambiguous relationships, people cannot reach agreement on a mutual definition of their respective positions with regard to such issues, and as a consequence, every exchange becomes a 'politicised' medium through which their struggle for control of the relationship is enacted (Goldner, 1991b: 265-266).

Although Goldner did not write the above specifically in relation to remarried couples, it makes plain how much of their struggle is gender, and therefore power, based. What sets them apart from the rest of the coupled population is that their history and their current life's requirements call many of the normative gender patterns into question even more acutely, e.g. men need to take on more of the parenting tasks, and women, to contribute to an often diminished income, must engage more in the paid workforce. This intensifies the 'ambiguity' of their relationship. No wonder life is so tumultuous.

However, herein lies opportunity. With the cards thrown in the air, there is the chance for them to settle into a different pattern. Within the remarried family lie the seeds of hope for the 'reconstruction of the family and shared parenting' thought by Chodorow and Dinnerstein (as noted in Quadrio, 1994) to be necessary for altering the developmental imperatives towards gender differentiation where 'Woman (is seen) as derivative of Man or as defective in relation to Man' (ibid.: 183).

For Tony and Shelley, intense conflict and unhappiness, financial worries and increasing awareness of Stephanie's distress all served as high motivation for them to change their arrangements in some way, if their family was to be preserved. Tony's increased involvement with the children, and greater financial and social independence for Shelley were serious, and, according to the above discussion, hopeful considerations for them.

... and the Process of Therapy

With so many perspectives, each with its focus on different issues involving different individuals or groups, the challenge becomes, in the actual practice of therapy, to utilise these in a way that is not only effective, but which makes sense to the couple. It is impossible to set down a universal process because, as we know, we as clients and therapists are far too complex and diverse, both on our own and in combination, to fit one formula. This is a work which is almost entirely a cooperative creation negotiated anew at each step and with each new group of people. Indeed such creation is much of the 'stuff' of therapy. We have to be prepared for our hypotheses and strategies to change at any point. (Breunlin et al., 1992, provide a model based on the notion of a 'web of constraints' which offers some way forward in assessing and planning, with the family, how change might proceed. Concepts from different therapy models are organised into six core domains or 'meta-frameworks': internal process, sequences, organisation, development, culture and gender). Having said this however, the above models do have the potential to provide a rich understanding of clients which can frame our choices about content, timing, and sequencing of therapy. For example, initial individual therapy may be indicated for people who have been abused, and for whom the sequelae of that abuse are interruptive of their personal and therapeutic relationships.

Regardless of what models of therapy are chosen, it is important for therapists to review their own assumptions, and those of each particular model, about the way families should look and operate, and to be aware of how society's 'truths' and the practices they dictate can pervade both people's lives and the therapy process. What was stated at the beginning of this paper in relation to discussion amongst clinicians applies no less to the process of therapy. It is important to remember that the theory decides what questions we ask, and what we can observe. Empowerment takes place where there is an appreciation of context and experience over objectified 'truth', and where the process mirrors this.

It is crucial to truly acknowledge the level of pain and frustration that the remarried situation induces for people and to not use one's own experience to gauge this, lest one be tempted to see pathology where it does not exist. A high level of emotional intensity is normal, especially for women with their propensity for taking responsibility for relationships. Therapists need to become comfortable with working in this climate and to find ways to do so which are both containing and respectful.

It is necessary to be very aware that there can be no hard and fast rules, e.g. while it may usually be preferable for biological parents to have primary responsibility for their children, in some instances this may not be the case, e.g. where the parent is very sick. Being inclusive, and privileging individual experience, may also mean involving as many participants as possible, especially children, and possibly ex-partners at some stage. We

should also note again however that it is important not to deny families the accumulated wisdom of the field.

... I hope we can reclaim without guilt, and with honour and conviction, our intentions, affects, hypotheses and expertise. These are the vibrant motivations behind our work, as much as being touched and 'moved' by families. These desires need to be acknowledged and enjoyed, otherwise they operate as an odd kind of guilty secret, and like all secrets, they inevitably pervert the relational process we have been called upon to heal (Goldner, 1991a: 104).

SUMMARY

Clinical experience, supported by a wider theoretical discussion, points to certain preferred characteristics of remarried family life which, while we should avoid prescription, may contribute to the likelihood of maintaining relationships, if not of achieving happiness. It is apparent that the remarried situation is almost inevitably complex and frustrating. Some features of this complexity cannot be dealt with in therapy and merely have to be lived with. However some key changes can be facilitated through therapy. *Current* practice wisdom would seem to indicate that the stepfamily which seems to have the greatest chance of success is one in which:

- Both partners have gone some way to resolving (not necessarily eradicating) previous attachments.
- There is a cooperative-operative relationship between ex-partners which is focussed around the welfare of any mutual children.
- The step-parent is accepting and unthreatened by this involvement.
- There are permeable boundaries for children and others to move in and out.
- The biological parent takes primary responsibility for his or her own children.
- The step-parent accepts the biological parent-child bond as primary (and accepts the involvement necessary to maintain it) without seeing this as a threat to his/her own spousal relationship.
- The ideal of the 'nuclear family' has been foregone for a model which is suitable for the group of individuals involved, and both partners have moved away from traditional sex-role stereotypes and are operating more on a basis which equally respects the needs, rights and contributions of male and female.
- Both partners have an adequate capacity to meet their own needs, both emotional and financial, and to tolerate displays of negative affect.
- The family have adequate extended-family and community links for support.
- The level of anxiety is reduced, thereby reducing the chances of cut-offs, closure of boundaries, pseudo-mutuality and lack of emotional investment.

Notes

¹Paterson wonders, if this is the case, what happens if the developmental task is completed? The union having served its purpose, for at least one partner, do the couple then separate? (1995, personal communication).

²'In an apparent attempt to compensate for their hyperarousal, traumatised people tend to 'shut down.' On a behavioural level, they do this by avoiding stimuli reminiscent of the trauma; on a psychobiological level, they do this through emotional numbing, which may extend to both trauma-related and everyday experience. Thus people with chronic PTSD tend to suffer from numbing of responsiveness to the environment, which gets in the way of taking pleasure in ordinary events. This anhedonia is punctuated by intermittent excessive responses to traumatic reminders' (Van Der Kolk, 1996a: 188).

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