

TREATING STEPFAMILIES: ALTERNATIVES TO TRADITIONAL FAMILY THERAPY

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Why does stepfamily therapy seem more challenging than therapy with the traditional first-marriage family? Unlike the gay family, the alcoholic family, or the single-parent family, the stepfamily is hidden within the general rubric of family more than families that are recognized as falling within a distinct and acknowledged type. In this presentation, I argue that a clinical approach that perceives the stepfamily as a distinct type of family offers many advantages.

Problems presented clinically by stepfamilies frequently seem to match, in tone and nature, problems from traditional, first-marriage families. However, attempting to address these problems by incorporating a traditional family therapy approach only reminds the clinician of the unique dilemmas experienced by most stepfamilies. Therapeutic impasse is not uncommon when the distinction between the stepfamily and traditional first-marriage family is ignored. This impasse arises from the position in which the therapist might put the family by following traditional tenets of family therapy. From the emergence of the field of family therapy, many individuals have supported the idea that the therapist's ability to understand the systemic functioning of a family may be a necessary and sufficient foundation for family therapy (Haley, 1976). This notion, which established the entirely unique view that the family, and not the individual, was the

patient, may have created precedents that are not optimal for treating stepfamilies. Theoretical models embracing all living systems (Bertalanffy, 1968) and research on schizophrenia and the family gave family therapists a vocabulary that dramatically shifted the way in which they understood how clinical change could occur. In understanding a family as a system, clinicians recognized that they could intervene at a variety of levels. Thus, clinicians and researchers began shifting their ideas of the therapeutic process. The ideas that were central to this movement involved accepting a new epistemology, which accepted the belief that the client could be a family rather than an individual.

Given the novelty of the notion of family treatment, it is not surprising that students of this form of therapy needed to follow closely the writings and lectures of established practitioners. When a leader of a new movement creates a model, the initial ideas take on considerable influence for eager students. Even as theorists evolve, change their theories, or adapt to changing clinical needs, their initial writings are only just beginning to be absorbed and understood by those in the field. When adapting to an entirely unique view, the nuances that would represent a significant revision to the theorists might only slightly shift the thinking of the practicing clinician.

One myth that clinicians formerly accepted as true was that all families are similar. However, as Jackson (1967) stated, "There is no such thing as a normal family." Jackson's statement implied that rather than establishing whether a family was normal or pathological, it was more important to understand that families were systems. A system, as defined by Bertalanffy (1968), involved the interaction of elements. When the elements, or component parts, interacted, they influenced each other. Solar systems, corporations, and computer networks were systems, and so, too, the family was viewed as a system, insofar as it included the interaction of elements. Furthermore, the interaction of elements followed specific rules. Given the

extraordinary range of relational units that were considered systems, all families were subsumed as equally amenable to the benefits of family therapy.

The pioneers of family therapy established theories based on therapy with a "generic" family in order to gain acceptance and establish credibility. There were good reasons to avoid heading in the direction of addressing family typologies (Hoffman, 1981). It might have been destructive to the nascent field of family therapy to dilute the conception of systems thinking by creating separate rules for stepfamilies, single-parent families, adoptive families, and other nontraditional family types. Different proponents of family therapy did not identify their models as particularly useful for one family type compared to another. In fact, the early general acceptance of "the family" allowed early theorists to focus on the systemic nature of family.

The theories and techniques that were set forth as the basis of family therapy established precedents that ill prepared the family therapist for the great variety of family types. Although they were always aware that families that did not fit any hypothetical norm might seek therapy, the pioneers in the field chose to avoid focusing on generating different treatments for each of the many possible discrete categories of family types. Therefore, in accepting systems thinking, the idea was also accepted that any and all families could be understood within the framework of family patterns, compositions, and rules. Stepfamilies were no exception: they, like any family type, could be understood as a system. However, while one could understand stepfamilies; as a separate system, the therapy imposed on them was based on beliefs about the traditional first-marriage family.

The honored role played by the early theorists and pioneers of family therapy in the history of psychotherapy is well-deserved. In challenging the status quo of treating the individual patient, they achieved an epistemological shift in the understanding of what therapy is and does. The following critique is not intended to question the tenets or

efficacy of the theories postulated by the originators of family therapy. Rather, the critique offered here is meant to examine how established theories set forth precedents that caused confusion and inconsistent clinical results when applied to stepfamilies.

My primary argument is that the generic application of general systems theory to all family types serves the stepfamily poorly. First, a discussion of specific tenets that are common in traditional family therapies will be offered. This is followed by an examination of how to apply systemic notions to the stepfamily in a manner that respects the unique realities experienced by each of the stepfamily subsystems.

Bertalanffy, I. von. (1968). *General systems theory: Foundation, development, applications*. New York: Brazillier.

Haley, J. (1976). Problem-solving therapy. San Francisco, CA: Jossey-Bass.

Hoffman, L. (1981). Foundations of family therapy. New York: Basic Books.

Jackson, D. D. (1967). The myth of normality. Medical Opinion and Review, 3, 28-33.

