Step child-parent relationship: implications for mental health

ML Mphahlele, M. Cur. (Psychiatric Nursing), Department of Nursing Science, Rand Afrikaans University
M Poggenpoel, PhD, Department of Nursing Science, Rand Afrikaans University

Abstract

In this article, the results of the research undertaken to explore the experiences of stepfamily members in relationships are discussed. The research questions that arose are: what are the experiences of family members in stepfamily relationships? And what guidelines can be described as a framework for the advanced psychiatric nurse practitioner to support stepfamilies in order to mobilize their resources so as to promote their mental health. A qualitative, explorative, descriptive and contextual design was utilized. Phenomenological, subjective, semi-structured, in-depth interviews were conducted with stepfamily members to explore and describe their experiences. It was found that the lack of interaction was evidenced through rejection by stepfamily, isolation and no sense of belonging, emotional turmoil related to difficulties in adjusting which was evidenced through depression, anger, suicidal ideas and distrust. Also, physical distress as a result of psychological turmoil as evidenced through headaches, poor sleep and poor appetite. Low self-esteem added and related to the perception of not belonging as evidenced through helplessness, insecurity and self-blame. Lack of communication between stepfamily members related to little support as evidenced through conflict in communication, failure to communicate, feelings of being belittled. The lack of support and coping with adjustment as evidenced through lack of finances, material and emotional support.

The following guidelines were suggested for the advanced psychiatric nurse practitioner to use in supporting family members to mobilize their available resources to promote mental health as integral part of health:

- Establishing one-on-one relationships with stepfamily members
- Encouraging family meetings among stepfamily members

- Developing effective coping mechanisms
- Conducting family therapy and forming support groups as well as referrals to the relevant multi-disciplinary team members (MDT)

Background and rationale

The concept of a family has evolved over time to a point where its definition may differ from context to context. There are different types of families, namely the nuclear family, the extended family, the single parent family and the stepfamily. Whereas the nuclear family consists of two parents and a biological child or children, the extended family comprises of the primary family and their relatives, usually grandparents, uncles, aunts, cousins, etc. On the other hand, the single parent family consists of one parent bringing up a child or children in the absence of the other parent. The absence of the other parent could be due to divorce, separation or death. The stepfamily is, on the other hand, formed by one or both partners, bringing a child or children from previous relationships into the new family. Two common factors running through all these different types of family is that people involved are related either by blood, marriage, co-habitation, birth or adoption and that they share a common household (Zastrow, 1996: 141).

It is in this common household, the family, that members interact with each other and experience the primary learning context for their behaviour, thoughts and feelings. The family structure is considered the most consistent, ongoing, most intense influence in the development of a person's capacity to view the world and to deal with other people. It provides family members with a platform to learn patterns of behaviour.

The basic functions of a family, namely, provision of affection and affinity between parents and children, personal security, assurance of acceptance by family members irrespective of an individual's uniqueness, a sense of purpose and satisfaction, continuity of companionship and association, placement in society, control as well as a sense of what is right are expected in every family unit. Emotional problems and challenges are experienced in any type of family once these functions are totally absent or not sufficiently provided for.

Stepfamilies have been found particularly challenged in providing the emotional support base found in traditional nuclear families. This could be attributed to the fact that stepfamilies are more likely to come into existence beset with painful and negative emotional experiences that need to be dealt with beforehand or receive attention in the course of building a new family. A case in point could be divorcees with children remarrying and thus forming a stepfamily. As divorcees, they find that they cope with an array of feelings such as loss, anger, guilt and relief. The presence of children usually puts an added strain on the new family and misunderstanding are easy to occur. All this makes relationship adjustment very difficult, resulting in the family experiencing stress due to diverse cultural norms, values and expectations. Sometimes stepparent-child relationships remain strained because there are mixed emotions floating around (Visher & Visher, 1991: 82).

Cherlin (in Coleman et al, 2000:8) proposes that there is a lack of conventional wisdom in society regarding stepfamily life. Hence, stepparents face role ambiguity with no socially approved norms to guide them in establishing and maintaining their home lives. The absence of societal norms for remarried families in as far as role performance, socially acceptable methods of resolving problems and the lack of institutionalized social support contribute to a greater stress for these families. The result is that lacking culturally institutionalized support stepparents are unsure about how to relate to stepchildren and remarried couples lack appropriate solutions to family problems.

Problem statement and research objectives

The researcher works in a private hospital in Gauteng as an advanced psychiatric nurse practitioner. Many patients presented stress related problems ranging from personal, family, relational, financial and work related losses, to other mental conditions and disorders. The majority of patients she assesses belong to stepfamilies. These patients experience failure to function optimally in daily life activities. The reasons for their failures are many and varied and include failure to adjust to new and different cultural norms and values brought by the new member joining their family. In her dealing with members of the stepfamilies, the researcher observed that either a stepchild or a stepparent would express frustrations at not fitting well into the new family. Such frustrations often create psychological problems for those involved and

disable them from coping anymore in their careers. Low self esteem, depression, hate, anger and attempted suicide usually follow. The following questions arose:

- What are the experiences of family members in a stepfamily relationship?
- What guidelines can be described as a framework for the advanced psychiatric nurse practitioner to support stepfamilies in order to mobilize their resources so as to promote their mental health?

The objectives of this research were to explore and describe the experiences of family members in stepfamily relationships and guidelines as a framework for an advanced psychiatric nurse practitioner to support stepfamilies to mobilize their available resources to promote their mental health as an integral part of health.

Research design and method

A qualitative, explorative, descriptive and contextual design was utilized (Mouton & Marais, 1990:43-44, Burns & Grove, 1993: 29). Phenomenological, subjective, semi structured, in-depth interviews were conducted and transcribed using a tape recorder (Burns & Grove, 1993: 578). Field notes were taken during and following data collection (Minichiello, Aroni, Timewell & Alexander, 1991: 256). Tesch's (in Cresswell, 1994: 154) descriptive method of data analysis was used. The population of this research consisted of eight individuals from different stepfamilies. Purposive sampling was based on the criteria of:

- All stepfamily members live in Gauteng province
- One respondent was interviewed in English because she is Tsonga speaking and the researcher does not speak the language. One other respondent is Xhosa speaking but the interview was conducted in Tswana as she is fluent in the language. The rest of the respondents speak Tswana and North Sotho and understand English as well. The researcher understands all three languages. Tswana and North Sotho respondents were able to express themselves well without losing the richness of the content, a phenomenon often experienced when individuals use a language other than their mother tongue
- Five stepmothers and three stepchildren totalled the number of stepfamily members interviewed

- The stepmothers' ages ranged between 29 and 36 whilst the stepchildren's ages ranged between 17 and 20. There were two male stepchildren and one female stepchild
- One couple, both stepparents were interviewed
- Not all the stepfamily members were interviewed lived together for a period from six months to a year. It was difficult for the researcher to meet this criterion

Data were utilized in the original language to preserve the richness of expression and only the final themes were translated into English.

Ethical considerations

The researcher has a moral obligation to strictly consider the rights of the research respondents who are expected to be provided with this knowledge (Struebert & Carpenter, 1995:44). Participants were invited to take part in this research voluntarily and to withdraw without penalty. Any possible identified harm or discomfort to the participants were explained during the process of obtaining informed consent. Measures to ensure anonymity and confidentiality were described. There was no victimization of participants who opted to withdraw from the research process.

Measures to ensure trustworthiness

Throughout the research, Linclon and Guba (in Krefting, 1991: 215) model was used. The four criteria were:

- Truth value
- Applicability
- Consistency
- Neutrality

Truth value was ensured by utilizing the strategy of credibility and applicability applying the strategy of transferability. Consistency was ensured through the use of the strategy of dependability and neutrality was ensured by applying the strategy of confirmability.

Data collection

Data were collected by means of field notes and semi-structured, subjective and in-depth phenomenological interviews with eight participants (De Vos, 1998: 285). A pilot study with one interviewer was conducted to avoid possible problems that might occur during the process in this research. The participants included five stepmothers and three stepchildren. One interview was conducted in English and the rest were conducted in the respondents' languages, i.e. Tswana and North Sotho. The ages of the stepmothers ranged between twenty nine and thirty six whilst the stepchildren's ages ranged between seventeen and twenty.

The research question posed to participants/stepfamily members was 'what are the experiences of family members in stepfamily relationships?' The participants were led to tell their experiences in a narrative style, with the least possible disruption and the use of non-verbal techniques, namely, minimal response, clarifying and paraphrasing (Okun, 1992:75). Field notes were taken during and after the interviews and transcribed verbatim to enable the coder to analyse the data.

Data analysis

Data were analysed by a co-coder – a psychiatric nurse specialist with experience of coding of qualitative research and the researcher self. A protocol for coding was described, using Streubert and Carpenter's (1995:25) method as well as Tesch's(in Creswell, 1994:154-156) as follows:

- Read through the interview transcriptions and field notes to get an overview or listen to the audiotapes, jot down some ideas as they come to mind.
- The researcher then selects an interview, the most interesting or shortest and goes through it, asking what this is about.
- Repeat the above-mentioned for each interview. List the group themes. Distinguish between main, and other themes.
- A final decision on abbreviating for each category and alphabetizing the codes is made by the researcher.
- The data material belonging to each category is assembled in one place and a preliminary analysis performed.
- The researcher records existing data if necessary.

- Consensus discussion between the independent coder and the researcher were held.

Results, discussion and literature control

From the interviews conducted, the following categories recurred: a lack of interaction; emotional turmoil related to difficulties in adjusting to the stepfamily; physical distress as a result of psychological turmoil; low self-esteem; lack of communication between stepfamily members and lack of support in coping with adjustment. With some categories, translated quotes will be given and supported by some literature quotes.

- **Lack of interaction**

Lack of social interaction in this research entailed the way some stepfamily members felt unwanted and sometimes embarrassed as though they were interfering. One respondent worded his/her feelings as follows: "I feel lonely and alienated as I find it difficult to mix in a new family because I am not used to their life style. Johnson (1993:16) observed that an individual must interact socially so that they can communicate with others, accept and support each other, know and trust each other and promote interpersonal skills. Lack of interaction resulted in rejection by some stepfamily members, isolation and a sense of not belonging. Emotional turmoil related to difficulties in adjusting to the stepfamily. This entailed a situation in which stepfamily members experienced blatant or subtle hostility and hate directed towards them. One respondent had this to say, "I feel shameful and hurting because my father left my mother for another woman and now, it is yet another woman. When will this stop? As it is now, my stepmother is giving me hell, she can spend the whole day not speaking to me and this depresses me. I feel so sad sister".

Varcarolis (1994:262) observed that emotional abuse kills the spirit and the ability to succeed in life and can take the form of terrorizing the victim through verbal threats, constantly ignoring the victim and their needs. This was evidenced through anger, depression, suicidal ideas and distrust.

- **Physical distrust as a result of psychological turmoil**

Stepfamily members could not handle the situation in which they lived and became very anxious, fearful, bottling all the worry, pain in themselves until they developed physical distress. One respondent expressed it this way: "I cannot sleep well these days. I wake up in the middle of the night and will not fall asleep until in the morning then I get body pains". Smeltzer and Bare (1996:180) observed that pain is an unpleasant sensory and emotional experience from actual or potential damage.

- **Low self-esteem related to the perception of not belonging**

Stepfamily members were unable to communicate needs directly, resulting in loss of self-esteem, which indicated self-rejection and self-hate. One respondent mentioned that she felt unworthy as she would not be listened to when she wanted to allocate household chores to her stepchildren. She had this to say: "I cannot give orders in the house as a mother and no one listens when I have to ell them what to do. I feel worthless in my house".

According to Stuart and Sundeen (1995:381-383), low self-esteem involves negative self-evaluation and is associated with feelings of being weak, helpless, hopeless, worthless and inadequate. This was evidenced through insecurity and self-blame.

- **Lack of communication between stepfamily members**

This entailed the way stepfamily members lived together without proper communication. Sometimes there was nothing at all and only actions could tell the story or explain the meaning of behaviour. One respondent had this to say:"My stepmother does not mind not talking to me. I wonder what wrong have I done to her. She makes me feel uncomfortable".

Townsend (1996:156-157) observed that functional communication patterns are those in which verbal and non-verbal messages are clear, direct and congruent between sender and intended receiver. Behaviour includes actions which belittle others and encourages the individuals to withhold honest feelings to avoid being hurt by the negative response of others failing to listen.

- **Lack of support in coping with adjustments**

This led to the stepfamily members' inability to cope with daily life activities and this was evidenced through lack of financial, material and emotional support as one respondent had this to say:"I feel bad and it is hurting as I do not get support from my stepfather. He does not want to give me money to go to school. I do not know what will become of me".

Stanton (2001:202) observed that the withdrawal of important support system of significant others at he point of crisis, represents a serious loss for children. In addition, to this loss, some children experience the losses of peers, neighbourhoods and economic stability.

A literature control was conducted to verify the results of the research.

GUIDELINES AS A FRAMEWORK FOR ADVANCED PSYCHIATRIC NURSE PRACTITIONER TO USE WHEN SUPPORTING STEPFAMILIES, TO MOBILISE AVAILABLE RESOURCES AND TO PROMOTE THEIR MENTAL HEALTH AS AN INTEGRAL PART OF HEALTH.

- **Establish one-on-one relationship with stepfamily members**

The advanced psychiatric nurse practitioners are the primary health care providers in health institutions and are at the forefront to assess, diagnose, plan, implement and evaluate the mental status of an individual who comes for consultation. One-on-one relationship is built between the psychiatric nurse and the individual and therapy continues whereby feelings of fears, anxiety are allayed through the nurse's reassurance.

- **Encouraging family meetings amongst stepfamily members**

When a stepfamily is formed, the members have no shared family history or shared ways of doing things and they may have different beliefs.

It is therefore imperative that the newly formed family build strong bonds among themselves by holding regular meetings, supporting one another, maintaining and

nurturing the original parent child relationship and developing new skills in making decisions as a family.

- **Developing effective coping mechanisms**

The need to be aware that stepping into a new family, learning their cultures, norms and values will not be easy, but with the guidance, support and encouragement, they will eventually adjust. When stepfamily members form new relationships, they need not be rushed. They should let time to take its pace.

The nursing process utilized by he advanced psychiatric nurse practitioner through assessment should help reveal issues such as low self-esteem, isolation, anger which the stepfamily members are currently experiencing.

- **Conducting family therapy**

The advanced psychiatric nurse practitioners with expert skills are to conduct family therapy sessions in which every stepfamily member is given opportunity to express feelings concerning the life pattern in their relationship. During family therapy sessions, no member should feel that he/she is targeted at.

- **Forming support groups and referral to relevant individuals**

As it is difficult to spontaneously fit in to a new stepfamily, learning new ways, cultures and norms of new members, the stepfamily members will need continuous support and encouragement through networking with other stepfamily members experiencing the same problems.

The advance psychiatric nurse practitioner should highlight to the stepfamily about the clergy, the legal system, social workers for grants, and a referral to a psychiatrist for treatment if a need a arises.

Conclusion

Experiences of stepfamily members relationships were described whereby feelings of anger, hate, worry and uncertainty about their future were explored. These resulted in the setbacks in the promotion, maintenance and restoration of mental health as an integral part of heir health, mentally, physically, socially and spiritually.

Limitations

The researcher could not get the entire family for interview as this is a sensitive issues. It was difficult to access stepfamily which lived together for a period of six months to a year. Cancellations for conducting interviews were made at the eleventh hour and some family members did not even try to inform the researcher that they were not going to make it.

Recommendations

Recommendations from the research will be made with specific reference to nursing practice, nursing education and nursing research.

Nursing practice

As with any achievements, developing good stepfamily relationships requires a lot of effort as the members have each experienced losses and face complicated adjustments to the new family situation. A comprehensive approach should be used by psychiatric nurse practitioners to address all components of stepfamily members' internal and external environments at all levels of interactions.

Nursing Education

The experience of stepfamily relationships can be used in the nursing education to teach psychiatric nurses and other health professionals within the discipline to develop therapy.

Nursing Research

More research is necessary to understand the complexities of stepfamilies in forming new relationships so as to prevent mental illness.

REFERENCES

BURNS, N & GROVE, SK 1993: The practice of nursing research. Philadelphia: Saunders.

COLEMAN, GANONG L, FINE, M 2000: Re-investigating remarriage: another decade of progress. <u>Journal of Marriage and the Family</u>. 62.

CRESWELL, J 1994: Research design: qualitative and quantitative approach. London: Sage.

DE VOS, AS & FOUCHE, CB 1998: General introduction to research design, data collection methods and data analysis. (In: DE VOS, AS(Ed.)1998: Research at grassroots. A primer for caring professions. Pretoria; JL van Schaik)

JOHNSON, DW 1993: Reaching out: interpersonal effectiveness and self-actualisation. Boston: Allyn & Bacon.

KREFTING, L 1991: Rigor in qualitative research: the assessment of Trustworthiness. American Journal of Occupational Therapy. Vol. 45 (3).

MINICHIELLO, V. ARONI, R TIMEWELL, E & ALEXANDER L 1990: In-depth interviewing: researching people. Melbourne: Longman Cheshire.

MOUTON, J & MARIAS HC 1990: Basic concepts in methodology of social sciences. Pretoria: Human Science Research Council.

OKUN, BF 1992: Effective helping, interviewing and counselling Technique. 4th Edition. California: Pacific Grove.

SMELTZER, SC & BARE, BG 1996: Brunner and Suddatz Textbook of Medical Surgical Nursing. Philadelphia: Lippincott.

STANTON, GW 1986: Preventive intervention with stepfamilies. National Association of Social Workers. Inc.

STREUBERT, HJ & CARPENTER DR 1995: Qualitative research in nursing Philadelphia: Lippincott.

STUART GW & SUNDEEN SJ 1995: Principle and practice of psychiatric Nursing. 5th edition. St. Louis. Mosby.

TOWNSEND, MC 1996: Psychiatric mental health nursing: concepts of care. 2nd edition. Philadelphia: PA

VARCAROLIS, EM 1994: Foundations of psychiatric mental health nursing. 2nd edition. Philadelphia: Saunders.

VISHER, EB & VISHER, JS 1991: How to Win as a Stepfamily. New York: Brunner.

ZASTROW, C 1996: Introduction to social work and social welfare. California: Pacific Grove.