

## **CHAPTER 1: OVERVIEW OF THE RESEARCH**

### **1.1 BACKGROUND AND RATIONALE OF THE RESEARCH PROBLEM**

The concept of 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 plus their relatives, usually grandparents, uncles, aunts, cousins, etc. On the one hand, the single parent family consists of one parent bringing up the 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 families is that the people involved are related either by blood, marriage, 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 early 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.

This research is based on the stepchild-stepparent relationship and the implications of this relationship for mental health. In her experience as an advanced psychiatric nurse practitioner in a private psychiatric hospital, the researcher came across a number of patients coming from stepfamilies and exhibiting some psychological and behavioural tendencies that were unique to members of stepfamilies. As it is with primary families, stepfamilies are found in every culture and every community. The prefix "step" derives from a word meaning "bereaved". Bray (1994: 68-80) avers that stepfamilies are due to the death of a spouse, separation by biological parents or abandonment by one biological parent. What this reflects is that stepfamilies are bombarded by a myriad of relational tensions and challenges.

Individuals placed in a family unit, including stepfamilies, and functioning as such, see their lives as interconnected (Rawlins, Williams & Beck, 1993:580). From the system's theory point of view, all family members are dependent on each other. If there is a change in one part, there is a change in the whole system. When one family member changes, the whole family changes. As a system, the family strives to maintain balance, often referred to as homeostasis or steady state (Rawlins, et al. 1993:582).

Duvall (1971:4-6) contends that members of a family do not see themselves as separate from each other, a phenomenon he refers to as undifferentiated family ego mass or nuclear family emotional system. What happens to one family member is seen as happening to the whole family. Examples of comments that indicate the existence of an undifferentiated family ego mass include instances of family members saying they know what someone in the family is going to say even before they say it. Such comments illustrate the basic functions of a family, namely that a family provides 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 (Duvall, 1971: 4).



The basic nature and functions of a family as outlined in the previous paragraphs are not limited to a particular type of family, but extends to all types of families, including stepfamilies. 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 have to 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 misunderstandings are easy to occur. This is especially so if the children are at the adolescence stage and are themselves battling with their own emotional and physical needs and changes, and are also expected to accommodate a stranger in their lives. All these demands make relationship adjustment very difficult,

resulting in the family experiencing stress due to diverse cultural norms, values and expectations. Sometimes, stepparent-stepchild relationships remain strained because there are mixed emotions floating around (Visher & Visher, 1991:82).

According to Amoore (1996-1997), stepfamilies are shown by research as having multiple problems unique to this type of family. These problems may include role ambiguity, role strain, increased stress and adjustment problems in children. It often happens that stepchildren prefer to stay with their biological parents as they see the stepparent as a stranger who is coming to deprive them of their only parent's love and attention. According to Bray (1994:66), many stepfamilies will experience greater conflicts, resulting in negative effects such as lower self-esteem in the children. The relationship becomes distant in these families with no cohesion, love and understanding. Maslow (*in* Kaplan, Sadock & Grebb, 1994:257-258), emphasises, in hierarchical order, the needs of every individual. Once someone's need like self-esteem is devalued, self-actualisation becomes difficult to attain. This means that if there is no harmonious relationship in stepfamilies, the individual members will fail to function optimally, gradually distancing themselves from other family members. Ultimately, this may result in mental disorders, conflict in parenting, agitation, isolation, depression, suicide or a death wish.



Ganong, Coleman, Fine and Martin (1992:299) observe that the stepchild-stepparent relationship is the most problematic and stressful relationship in stepfamilies. The stepchild-stepparent relationship exists because of ties to a third person, which is the child's biological parent. In some stepfamilies, there may be little motivation for stepchildren and stepparents to establish close bonds. Such relationships are likely to be more distant, less positive and have more conflict than parent-child relationships in first marriage families. These differences may persist up to 10 years after remarriage if no effective intervention is sought and applied. It also has to be taken into consideration that the media often portrays stepparents as evil, abusive and wicked, while stepchildren are variously portrayed as victims, naughty and manipulative. What these portrayals suggest is that emotional challenges brought on to stepfamilies make stepfamilies to be, on average, more often dysfunctional than the majority of nuclear families. This dysfunctionality means that stepchildren are more likely to reject a stepparent who engages in severe discipline and control, lack of respect, emotional distance, hate, rage and anger. This will lead to the stepchildren missing their biological parent. The main reason for this has been widely assumed to be the imbalance between the positions of the parents in

these families, compared to families where both parents have more equal (i.e. biological and historical) relationship with the children (Beer, 1988:17).

Minuchin (in Rawlins, et al. 1993:583), the first theorist in structural family therapy observes also that stepfamilies reveal a dysfunctional structure through their interaction. It becomes imperative then to seek some form of family therapy in order to be sustained. Together with the Bowen theory, the structural family therapy approach are offshoots of the system theory (Rawlins, et al. 1993:582). The goal of the structural form of therapy is to find the underlying element in the family structure that supports the existence of the problem and change it by joining the family in a position of leadership and identity. It does this by evaluating the family structure by using three concepts, namely, boundaries, alignment and power.

The Bowen theory, on the other hand, considers the stepfamily as a unit for treatment (Rawlins, et al. 1993:584). An individual family member, whom the family identifies as a patient, is seen as reflecting the disturbances and anxieties of the family itself. The Bowen theory focuses on a three-person system of emotions among family members. In this emotional triangle, relationship patterns alternate between periods of calm and stress. This means that in a conflict situation between mother and daughter, for example, the daughter rallies the support of her father to her side, in order to oust the mother.

Cherlin (in Coleman, Ganong & Fine, 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 regarding role performance, socially acceptable methods of resolving problems and the lack of institutionalised social support, contribute to a greater stress for remarried families. The result is that, lacking culturally institutionalised support, stepparents are unsure about how to relate to stepchildren and remarried couples lack appropriate solutions to family problems.

## 1.2 PROBLEM STATEMENT

The researcher works in a private hospital in Gauteng as an advanced psychiatric nurse practitioner. Many patients present 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 stepfamilies, the researcher has observed that either a stepchild or stepparent would express frustration at not fitting well into the new family. One of the patients, a stepchild, commented, **“I hate this man”** referring to the stepfather, **“he is not fair, he is very domineering and thinks he is the boss of the family.”** In another instance that was observed, a woman of twenty years who is still at school commented, **“before my mother and stepfather had children of their own, my stepfather used to be very caring and supportive to me until their first baby girl was born. Things changed in the house. My stepfather just yells at me or sometimes when I greet him he just keeps quiet.”** Such frustrations often create psychological problems for those involved and disable them from coping anymore in their careers. Low self-esteem and depression, hate, anger and attempted suicide usually follow.

The main function of the research is to describe and explore experiences of family members in stepfamily relationships and to develop guidelines as a framework for advanced psychiatric nurse practitioner to support stepfamilies to mobilise their available resources to promote their mental health as integral part of health. Chapman (in Coleman, et al. 2000:20) mentions that children find it difficult to like the new stepparent, thinking that they are replacing the absent biological parent. They feel divided loyalties. In other instances, the biological parent, who now find him/herself in the middle, between the children and the new partner, experiences mental fatigue after trying to bring the two together. Stepfamilies define who is part of their family, not by who they live with, but by their emotional ties. In this instance, all the members of the stepfamily become dysfunctional in the family process, leading to mental illness such as sleepless nights, poor appetite, poor concentration, isolation,

agitation, depression, neglect of personal hygiene, death wish and finally having suicidal ideas, even attempting and succeeding.

In view of the above, the following research questions are asked:

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

### **1.3 OBJECTIVES OF THIS RESEARCH**

- To explore and describe the experiences of family members in stepfamily relationships.
- To describe guidelines as a framework for advanced psychiatric nurse practitioners to support stepfamilies to mobilise their available resources promote their mental health as an integral part of health.

### **1.4 PARADIGMATIC PERSPECTIVE**

In approaching the research, the researcher acknowledges the complexity of the phenomenon of stepfamily relationships and their implications for mental health, and believes that the holistic approach is especially suitable for studying this phenomenon. The researcher believes in her own qualities and those of the research respondents in generating scientific knowledge on the phenomenon for advanced psychiatric nurse practitioners to support stepfamilies in order to mobilise their resources and promote their relationships and mental health.

In understanding the research, the researcher's assumptions will be based on the Theory for Health Promotion in Nursing (2001:3-8, Department of Nursing, Rand Afrikaans University). This paradigm focuses on the promotion of health, and encompasses all dimensions of the whole person: body, mind and soul, and the internal and external environments. The paradigm further adds that a person functions in an integrated manner with the environment. To facilitate the promotion of mental health for an individual, the advanced psychiatric nurse practitioner will engage in the nursing process, a methodology through which nursing care is provided. This process includes assessment, planning,

implementation and evaluation as continuous and integrated activities (Theory for Health Promotion in Nursing: 2001:3-8: Department of Nursing, Rand Afrikaans University).

The researcher's assumptions in this research will be related to stepfamily members, the stepfamily and the community. These assumptions will be divided into meta-theoretical, and methodological categories respectively.

#### **1.4.1 META-THEORETICAL ASSUMPTIONS**

The researcher believes that a human being is a spiritual being who functions in an integrated bio-psychosocial manner within the family and the community. The researcher further believes that this human being should always strive to attain their quest for wholeness and that they are capable of making a choice about their own mental health. In this research, the human being will be any stepfamily member who is concerned with their relationship with other members in the stepfamily and to promote their mental health. The mental health of stepfamily members referred to in this research is the state of the spiritual, mental, social and physical wholeness. The patterns of interaction between the internal and external environments of stepfamily members within the family context determine the resultant quality of the stepfamily member's mental health.



In this research, the advanced psychiatric nurse practitioner will be a professional person with knowledge to support stepfamily members to mobilise resources and promote their mental health and relationships. The advanced psychiatric nurse practitioner will focus on the family's mental processes that will influence the patterns of interaction between the internal and external environments.

The researcher believes also that the environment encompasses both the internal and external environments of stepfamily members. These environments are in consistent interaction, comprising of the dimensions of body, mind and spirit in the internal environment and the physical, social and spiritual dimension in the external environment. This is according to the Theory for Health Promotion in Nursing (2001:3-8, Department of Nursing, Rand Afrikaans University).

### 1.4.2 THEORETICAL ASSUMPTIONS

- **Theoretical Model**

The theory will guide the researcher when conducting this research and also when stating the theoretical statements in this research.

The researcher will enter the field “open” using bracketing to create an open and non-threatening climate to stimulate discussions, insight and interest in the ideas of the research respondents (Holloway & Wheeler, 1996: 149). This means that the researcher is to identify any preconceived ideas concerning stepfamily members in their relationships. Intuiting will be used as an accurate interpretation of what is meant in describing the phenomenon under investigation (Struebert & Carpenter, 1995:32).

Systems theory is the interaction of parts influencing the operation of the family system as a whole. It is a theory that explains that any living organism, including the family, is composed of interacting components, i.e. people mutually affecting one another. In this research, the systems theory will refer to the stepfamily member’s relational interaction with one another. This explains that if one member’s relations are not harmonious with the other, the whole stepfamily become dysfunctional (Woolfe & Dryden, 1996:243).

- **Theoretical Statements**

The stepfamily members are spiritual beings who function in an integrated-bio-psychological manner within the family context. According to the Theory for Health Promotion in Nursing as well as the system theory, the individuals, family and community are the interrelated parts of interaction within the environment. This means that the advanced psychiatric nurse practitioner and families interact holistically within their internal and external environments during the discussions about their experiences in stepfamily relationships. Both theories focus simultaneously on the physical, mental, social and spiritual aspects of wholeness as interconnected parts to support the families in acquiring adequate knowledge in order to mobilise their resources to promote their mental health.



### 1.4.2.1 CENTRAL THEORETICAL STATEMENTS

The exploration and description of stepfamily members' experiences in stepfamily relationships will serve as the basis to describe guidelines as a framework for the advanced psychiatric nurse practitioner to support stepfamilies in order to mobilise their resources and to promote their mental health.

### 1.4.2.2 DEFINITIONS

**i. Family:**

A family is defined as two or more persons related by marriage, blood, birth or adoption. Structurally, a family is a set of positions each of which is composed of roles which, in turn, are composed of norms. Dynamically, a family is a system of role complexes played sequentially to form a set of related carriers (Duvall, 1971:551). In this research, the family will refer to stepfamily members:

**ii. Parent:**

A parent refers to a biological mother or father of the child or children.

**iii. Relationship:**

A relationship is the connection between how and in what terms, two or more persons engage in interaction. This involves both long and immediate elements of interaction within stepfamily members.

**iv. Mental health:**

Mental health refers to a state of balance between the body, mind, spirit and the values in society in which a person lives, as well as his consistent behaviour that is attempted (Rawlins, *et al.*, 1993:2).

**v. Advanced Psychiatric Nurse Practitioner:**

A professional individual who is educated to be able to interact with patients in a goal directed way in supporting them to mobilise resources to facilitate their quest for mental health as an integral part of wholeness (Poggenpoel, 1994:54).

### **1.4.3 METHODOLOGICAL ASSUMPTIONS**

Methodological assumptions guiding this research are based on the Botes research model (1998:15). The central theme of this model is that research should be functional, namely that nursing research should be undertaken to improve nursing practice. In this research, insight into the experiences of family members in stepfamily relationships will provide the basis for guidelines as a framework for advanced psychiatric nurse practitioners to mobilise resources to promote the mental health of stepfamily members.

## **1.5 RESEARCH DESIGN AND METHOD**

### **1.5.1 RESEARCH DESIGN**

The researcher will utilise a qualitative, explorative, descriptive and contextual research design. (Mouton & Marais, 1990:43-44; Burns & Grove, 1993:29). This will be described in more depth in Chapter 2.



### **1.5.2 RESEARCH METHOD**

The research method will be carried out in two phases. The first phase will be to explore and describe the experience of family members in stepfamily relationships and their implications for mental health. The second phase will be to describe the guidelines as a framework for advanced psychiatric nurse practitioners to support stepfamilies in order to mobilise their resources and promote their mental health.

#### **1.5.2.1 PHASE 1: Exploration and Description of Stepfamily members' experiences in their relationships**

In the exploration and description of stepfamily members' experiences in their stepfamily relationships, the following concepts are discussed:

### **i. Sampling**

Sampling is the process of selecting the people with whom to conduct the research (Burns & Grove, 1993:58). Purposive sampling will be utilised to ensure that stepfamily members who participate in the individual interviews will be the ones who meet the sampling criteria. This means that a conscious and intentional selection of individuals who meet the criteria will be done. This will be done to ensure that the research respondents participating in this research should have been part of a stepfamily for at least a period of six months to a year.

### **ii. Sampling Criteria**

Sampling criteria are used to determine the target population for the research (Burns & Grove, 1993: 403). The criteria are developed from the research problem, research purpose and research design. Events, incidences and happenings in stepfamilies are also observed to be important when forming the sampling criteria (Sandelowsky, 1995:180).

The individuals who meet the following criteria will be selected:

- Stepfamily members who have been in this family for a period of six months to a year will be purposively selected, irrespective of gender.
- These individuals should be able to communicate in English as well as their mother tongue so that the researcher and the independent coder will be able to communicate clearly and meaningfully.

The researcher will be obliged to contact the relevant research respondents by visiting them, getting consent and building rapport for subsequent visits so as to set the scene for data collection. A literature control will be guided by the data of the research interviews to include relevant information that will justify the results of the interview (Rossouw, 2000:158).

### **iii. Sampling Size**

This research is qualitative. The researcher is committed to obtain a clear and in-depth understanding of stepfamily members' experiences in stepchild-stepparent family relationships through data saturation. Hence, what determines the sample size will be the rich and dense

description of the experiences of stepfamily members through data saturation of the phenomenon in this research (Struebert & Carpenter, 1995: 24).

#### **iv. Data collection**

During data collection, the researcher will assume a position (intuition) and bracketing to avoid bias in this research. A phenomenological, subjective semi-structured, in-depth interview will be done, using a tape recorder to record the interview (Burns & Grove, 1993:578). The aim of the interview will be to allow the research respondents to speak freely. Field notes will be taken during and following data collection to describe the researcher's own observations and experiences during the interview (Minichiello, Aroni, Timewell & Alexander, 1991:256). This will be described in depth in chapter 2.

#### **v. Data analysis**

Tesch's (in Creswell, 1994:154) descriptive method of data analysis will be used as follows: The researcher will carefully read all the transcripts in order to get a sense of the whole, picking one interviewed tape, the most interesting, and going through it. Ideas will be jotted down as they come to mind, identifying the major categories and sub-categories and their relationship, then reflecting them as themes. This will be done by both the researcher and a co-coder who is knowledgeable in the field of qualitative research. An open coding method will be used again, and the processes of intuiting and bracketing will be used during data analysis.

#### **vi. Literature control**

After the completion of data analysis, the literature from relevant and similar research studies will be used to re-contextualise data (Morse & Field, 1996:10). The literature will provide a mechanism that supports to demonstrate the validity and justification of the results as well as clearly identify those similarities and differences between this research findings and other related studies.

**1.5.2.2 PHASE 2:** Description of guidelines as a framework for the advanced psychiatric nurse practitioners to support stepfamilies to mobilise resources and promote their mental health. Results from phase one as well as the literature control will serve as the basis to derive guidelines for advanced psychiatric nurse practitioners.

## 1.6 TRUSTWORTHINESS

Lincoln and Guba's model (1985:329) will be used to ensure trustworthiness in this research. The four criteria for ensuring trustworthiness are as follows: credibility, transferability, dependability and confirmability, while the strategies are neutrality, applicability, consistency and objectivity. These measures will be described more fully in Chapter 2.

## 1.7 ETHICAL CONSIDERATIONS

This research will strictly undertake appropriate steps to ensure the rights and the protection of the research informants. The ethical conduct will be ensured by the following standards for the nurse researchers (DENOSA 1998:2-3).

- Assessment of possible physical or psychological discomfort/harm will be conducted by the researcher prior to the commencement of the research project.
- Any possible identified discomfort/harm for the participants will be explained during the process of obtaining informed consent.
- Any possible identified discomfort/ harm shall be attended to so as to avoid any disruptions.
- Fair and equal treatment of participants during a clinical trial is ensured.
- There will be no victimisation of a participant who refuses to participate in the research or has withdrawn during the research.
- These ethical considerations will be addressed in more detail in Chapter 2.

## **1.8 CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS**

Conclusions, limitations and recommendations in this research will be highlighted after the results of the research have been discussed.

## **1.9 DIVISION OF CHAPTERS**

- CHAPTER 1: Background and Rationale
- CHAPTER 2: Research Design and Method
- CHAPTER 3: Description of Results and Literature Control
- CHAPTER 4: Guidelines and Literature Control, Conclusions, Limitations and Recommendations



## **1.10 CONCLUSION OF CHAPTER ONE**

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In this Chapter, an overview of the background and rationale on stepfamily members' experiences of relationships was done. Reasons supported by relevant literature were stated to justify the experience of stepfamily members. In Chapter two of this research, the methodology will be described in detail.

## **CHAPTER 2: RESEARCH DESIGN AND METHOD**

### **2.1 INTRODUCTION**

In Chapter one, an overview and rationale of this research on stepfamily relationships was done. The research design and method will be discussed in this chapter so that the researcher clearly reveals the research design and methods appropriate to this research.

### **2.2 RESEARCH OBJECTIVES**

The objectives of the research are two-fold, namely:

- To explore and describe the experiences of family members in stepfamily relationships.
- To describe guidelines as a framework for advanced psychiatric nurse practitioners to support stepfamilies to mobilise their available resources to promote their mental health as integral part of health.



### **2.3 RESEARCH DESIGN AND METHOD**

The research design and method guiding this research will be described in this chapter and will be presented as follows:

#### **2.3.1 Research Design**

A qualitative, explorative, descriptive and contextual design will be utilised in this research (Mouton & Marais, 1990:43-44; Burns & Grove, 1993:29).

##### **2.3.1.1 Qualitative**

The research will be qualitative in nature as described by Lobiongo-Wood (1994:254) as it broadly states the questions about human experiences. It is about lived experiences as they naturally occur. Its

qualitativeness can also be explained by the fact that it is systematic and a subject approach is used to describe life experiences and attribution of meaning (Burns & Grove, 1993:28-29). Working with stepfamilies, the researcher will not impose any ideas, but will allow respondents to respond in a way suitable to them.

### **2.3.1.2 Explorative**

In this research, exploratory means to establish the facts, to gather new data and to determine whether there are interesting patterns in the data (Mouton, 1996:103). Stepfamilies will explore their relationship experiences. The researcher will depart from a position of “not knowing” and this will enable her to gain insight into the phenomenon (Burns & Grove, 1993:28-29).

### **2.3.1.3 Descriptive**

Descriptive studies provide truthful descriptions of the phenomenon in the world making a claim about what really is the case (Mouton, 1996:102). In this research, the descriptive approach is particularly appropriate because an accurate description of stepfamily experiences in relationship is required. According to Streubert and Carpenter (1995:36-44), a descriptive method is central to phenomenological studies. This implies that the researcher will facilitate the description of stepfamily experiences in relationships applying the principles of “bracketing” and “intuiting”.

#### **i. Bracketing**

The process of bracketing is important in phenomenological research. It enables the researcher to create an open and non-threatening climate in which to stimulate discussions and gain insight and interest in the participants'/respondents' ideas (Holloway & Wheeler, 1996:149). The identified assumption, knowledge, beliefs, attitudes and values about stepfamilies relationship will be bracketed by retaining a neutral stance during interviews.

#### **ii. Intuiting**

Streubert and Carpenter (1995:32) describe intuition as an accurate interpretation of what is meant in the description of the phenomenon under study. This entails the description of experiences of stepfamily relationships by varying the data collected from interviews until a common understanding emerges by reflecting on the phenomenon in relation to the generation of various descriptions.



#### **2.3.1.4 Contextual**

Mouton (1996:133) avers that in a contextual strategy we study phenomena because of their intrinsic and immediate contextual significance. The primary aim is to produce an extensive (thick Geertz's term) description of the phenomenon in its specific context. This research is contextual in the sense that the researcher has to take into account the social, physical and cultural values of the research respondents. The research will focus on the experiences of stepfamily relationships in the Gauteng Province.

### **2.3.2 RESEARCH METHOD**

The research will be conducted in two phases. The first phase involves the exploration and description of the experience of stepfamilies in relationships. Phase two of the research will involve the guidelines as framework for advanced psychiatric nurse practitioners to support stepfamilies to mobilise available resources to promote their mental health as an integral part of health.

#### **2.3.2.1 PHASE 1 The experiences of stepfamilies in relationships**

The objective of the first phase is concerned with the exploration and description of the experiences of stepfamilies in relationships in the Gauteng Province. In this phase, the researcher aims to obtain much information possible about the experiences of stepfamily relationships. A phenomenological research approach will be used to guide the research.

- **Population and Sampling**

- i. **Population**

Burns and Grove (1993:246) define population as research respondents or the target population that is purposively selected for a study. For this research, the population is stepfamilies.

## **ii. Sampling**

Sampling is the process of selecting the people with whom to conduct the research (Burns & Grove, 1993:58). Stepfamily members will form the sample in this research. This will be the target population to which the researcher has reasonable access.

## **iii. Purposive Sampling**

Purposive Sampling refers to a conscious and intentional selection of individuals from each stepfamily at a time for the interviews. The selection of the research respondents will be done according to the Sampling Criteria described below.

## **iv. Sampling Criteria**

Sampling criteria are the characteristics which are essential for membership of the target population. The sampling criteria are designed to make the population as homogenous as possible or to control extraneous variables (Burns & Grove, 1993:326; Sandelwosky, 1995:180).

The sample will be selected from a population which meets the following criteria:

- \* Stepfamily members who have been in this family and experienced the stepfamily relationship for at least six months to a year.
- \* Should all reside in the Gauteng Province.
- \* Should be able to communicate in English as well as their mother tongue, so that the researcher and the independent co-coder will be able to communicate clearly and meaningfully.
- \* Sampling Size: The research is strictly qualitative, in which the researcher is committed to obtain a clear and in-depth understanding of stepfamily members' experiences in relationships through data saturation and repeating themes (Burns & Grove, 1993:247-248). According to Streubert and Carpenter (1995:24), what determines the sample size will be the rich and dense description of the experiences of stepfamily members through data saturation of the phenomenon in the research.

- **Data Collection**

Data collection is a series of interrelated activities aimed at gathering information to answer emerging research questions (Creswell, 1994:110). The researcher will utilise intuition and bracketing in order to avoid bias in this research.

Data will be collected by means of in-depth phenomenological interviews, field notes, use of communication techniques and the role of the researcher. To avoid possible problems that might occur during the process in this research, a pilot research will be carried out with step family members that meet the criteria.

- **Phenomenological interviews**

Phenomenological studies refer to studies in which human experiences are examined on the basis of detailed descriptions by the people being studied with their experiences. The procedure involves studying small numbers of subjects through extensive and prolonged engagement to develop patterns and meanings of relationships. In this research, the researcher will bracket her own experiences in order to understand those of the respondents (Creswell 1994:12).

The atmosphere should be relaxed so as to allow free expression of feelings. Therefore, data will be collected in a private room where there will be no distraction but a comfortable atmosphere where the physical setting lends itself to audio taping of the interview (Creswell, 1994:124). A central question will be asked during the interview: **“How do you experience stepfamily-relationships?”**. Each interview will last approximately 45 - 60 minutes.

- **Field notes**

The researcher will pay attention to non-verbal cues which include gestures, movements, tone of voice and any other mannerisms which the research informants may reflect. According to Burns and Grove (1993:363), interviews need not be in a structural form. This will allow spontaneous participation by the research respondents.

According to Wilson (1989:434), a researcher needs a system for remembering observations and more importantly, for retrieving and analysing them. In this research, observations will be made during the

interview processes. Field notes will be recorded in a written form. These are a written account of the things that the researcher hears, sees, experiences and thinks in the course of collecting or reflecting on data in a qualitative study (Morse & Field, 1996:91).

According to Talbot (1995:478), there are various kinds of field notes, namely, observational notes, theoretical notes, methodological notes and personal notes.

\* **Observational notes** are descriptions of events through watching and listening.

\* **Theoretical notes** are notes which the researcher makes with the intention of deriving meaning from observational notes. Following the interview, these notes will be used to interpret information on which an analytic scheme can be built.

\* **Methodological notes** are instructions to oneself, critique of one's tactics and reminders about methodological approaches that might be fruitful.

\* **Personal notes** are about one's own reactions, reflections and experiences and are complementary to phenomenological interviews.

#### ▪ **The role of the researcher**

The researcher directs the interaction and inquiry in a much unstructured manner (Denzin & Lincoln, 1994:364-365). The researcher must be flexible, empathic, objective and a good listener, ensuring that one person or small coalition of persons should not dominate. The interviewer must remain open to the perceptions of the respondents rather than attaching her own meaning to the experience of participants (Burns & Grove, 1993:94).

#### ▪ **Communication Techniques**

Non-directive communication techniques will be utilised with the stepfamilies in order to encourage a thorough and precise description of the phenomenon and allowing it to unfold in an unbiased way (Okun, 1992:75). The following are the communication techniques that will be used during phenomenological interview:

**\* Probing:**

Probing refers to the interviewer's ability to help the study informants identify, explore and describe their opinions on stepfamily relationships. Probing will also help the study respondents engage more constructively in any of the communication steps.

**\* Paraphrasing:**

Paraphrasing is a method of restating the researcher's basic message but using few words.

**\* Clarifying:**

Clarifying is attempting to find the meaning of the communicated message so as to ensure mutual understanding between the researcher and the study respondent.

**\* Summarizing:**

Summarizing involves bringing together several ideas, opinions and feelings at the end of an interview into one statement.



**\* Minimal Response:**

This will be maintained to make the respondents feel less threatened. The emphasis will be on listening with interest and sensitivity than on talking (Okun, 1992:72).

**iii. Data analysis**

According to Streubert and Carpenter (1995:25), data analysis is a description of what has been found from the interviews, observations and various notes. Data analysis requires that the researcher must be comfortable with developing categories and making comparisons and contrasts. It is the final stage of listening to hear the meaning of what is said. Tesch (in Creswell, 1994:154-156) provides eight steps to consider, namely:

\* To get a sense of the whole through reading all the transcripts carefully. The researcher then jots down some ideas as they come to mind.

\* The researcher then selects one interview, the most interesting or shortest and goes through it, asking what this is about?

\* When the task has been completed for several respondents, a list of all the topics is made. The researcher clusters together similar topics and forms them into columns that might be arranged into major topics, unique topics and leftovers.

\* The researcher takes the list of all the topics and returns the data. She then abbreviates the topics as codes written next to the appropriate segments of the text. The researcher tries out this preliminary organizing scheme to see whether new categories and codes emerge.

\* The researcher finds the most descriptive wording for the topics and turns them into categories. She tries to reduce the total list of categories by grouping topics that relate to each other. Lines are drawn between the categories to show inter-relationships.

\* A final decision on abbreviating for each category and alphabetising 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.

Raw data will be sent to an independent coder, an advanced psychiatric nursing practitioner with extensive experience in qualitative study to do open coding. A consensus meeting will be held between the researcher and the independent coder for discussions on themes and categories.

#### **iv. Literature Control**

The results of the study will be discussed in the light of relevant literature and information obtained from similar studies to verify the results (Streubert & Carpenter, 1955: 21).

### **2.3.2.2 PHASE 2 Description of guidelines as a framework for advanced psychiatric nursing practitioners to support stepfamilies to mobilise the available resources to promote their mental health as an integral part of health**

The objective of Phase 2 is to describe guidelines as a framework for advanced psychiatric nursing practitioners to support stepfamilies to mobilise the available resources to promote their mental health as an integral part of health. The data gathered from Phase 1 of this study will be used as a basis to describe guidelines for the restoration of mental health. After analysing the results, literature will further be reviewed to effect that it can help in the formulation of guidelines.

## **2.4 ETHICAL CONSIDERATIONS**

The researcher will have a moral obligation to strictly consider the rights of the study respondents who are expected to provide this knowledge (Streubert & Carpenter, 1995:44). Conducting study ethically starts with the identification of the study topic and continues through the publication of the study (Burns & Grove, 1997:195). The ethical conduct will be ensured by the Democratic Nurses Association of South Africa (DENOSA, 1999:23) as follows:

- Invitation to participate
- Voluntary participation, freedom to withdraw without penalty
- Benefits and risks explained
- Assessment of possible discomfort/harm to the participants will be conducted by the researcher prior to commencement of the study project
- Any possible identified harm/discomfort shall cease with the termination of the study project
- Any possible identified harm/discomfort to the participants will be explained during the process of obtaining informed consent
- There will be no victimisation of a participant that refuses to participate in the study or has withdrawn during the study
- Assumption of anonymity and confidentiality: Any information that a participant divulges will neither be made public nor available to others

## **2.5 TRUSTWORTHINESS**

Trustworthiness is a method of establishing or ensuring rigor in qualitative study without sacrificing relevance (Lincoln and Guba *in* Krefting ,1991:215). Trustworthiness addresses four criteria and strategies for establishing trustworthiness, which should be applied when using a qualitative study approach. The strategy for truth is credibility, for applicability is transferability, for dependability is reliability and for neutrality is confirmability.

### **2.5.1 Truth Value (Credibility)**

This first criterion is used to establish trustworthiness. It is used to demonstrate that the inquiry was conducted in a manner that ensures that the subject was accurately identified and described. Truth value can be obtained through credibility strategies as follows:

#### **2.5.1.1 Prolonged engagement**

The researcher will spend reasonable time with each stepfamily to establish rapport and mutual understanding in an environment conducive for both and to allow the respondents the opportunity to express their views during interview. This will enable the respondents to reveal hidden or suppressed factors about their experiences in their relationships.

#### **2.5.1.2 Reflexivity**

This is a process whereby the researcher explores personal feelings and integrates this understanding into the study (Burns & Grove, 1997:531). To minimise the researcher's feelings and experiences in influencing the study, reflexivity will be promoted and will be achieved through the use of a tape recorder and field notes, which will be taken by the interviewer.



### **2.5.1.3 Member checking**

This entails follow-up interviews with a selected few of the study respondents for verification and clarifying certain themes identified from data collected. This will enable the study respondents to be familiar with the themes.

### **2.5.1.4 Peer examination**

The service of a colleague with experience in qualitative method will be utilised to discuss the study process.

### **2.5.1.5 Authority of the researcher**

The researcher has the authority to conduct this study as she has been successfully trained in study methodology. The researcher has the supervision of an advanced psychiatric nurse practitioner with experience in study.



### **2.5.1.6 Structural coherence**

Attention will be focused on stepfamilies relationship experiences and the results will be analysed and interpreted within the Theory for Health Promotion in Nursing (2001: 3-8, Department of Nursing, Rand Afrikaans University).

## **2.5.2 Applicability (Transferability)**

Application is the second criterion used to establish trustworthiness. It refers to the degree to which the study results can be transferred to other contexts or with other subjects (Lincoln & Guba, 1985:316). The following are some of the strategies that will be employed to ensure transferability:

### **2.5.2.1 Dense description**

This is the complete description of results presented in a manner that enables other researchers to follow the steps and compare the findings (Lincoln & Guba, 1985:316). Literature control to facilitate exploration and clarity will be provided.

### **2.5.2.2 Sample selection**

This is the choice of people with experience in the phenomena, culture or situation (Lincoln & Guba, 1985:316). Purposive sampling will be used where stepfamily members with experience in their relationships will be chosen for interviews.

### **2.5.3 Dependability (reliability)**

This is the third criterion also used to establish trustworthiness. It assesses the extent to which the findings of an inquiry would be repeated if the inquiry were replicated with the same subjects in the similar context. Dependability is the strategy used to establish consistency. This can be achieved through:



#### **2.5.3.1 Dependability audit**

This is when another researcher can clearly follow the decision trail used by the original research in the study Guba (*in* Krefting, 1991:221). In this study, the researcher will keep personal logs and reflexivity notes to promote audit trial. Other researchers in turn can be in a position to trace the methods used and to provide a dense description of stepfamily experiences in relationships.

#### **2.5.3.2 Dense description of study method**

Here the study methodology will be fully described.

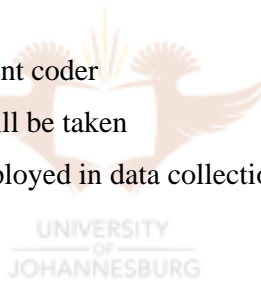
### **2.5.3.3 Code-recode procedure**

This is the consensus discussion between the researcher and the independent coder. Both the researcher and the independent coder will discuss the data collected so as to reach consensus about stepfamily experiences in relationships.

### **2.5.4 Neutrality (Confirmability)**

This is the fourth and last criterion in ensuring trustworthiness. Neutrality is the extent to which the findings of the study are free from bias. The researcher will approach this research and enter the field without subjectivity or set ideas. Neutrality promotes the acceptability of the study findings by others as worthy. Neutrality will be achieved through confirmability. This neutrality will be facilitated through the following approaches to provide confirmability:

- i. Audit trail the use of an independent coder
- ii. Reflexivity whereby field notes will be taken
- iii. Descriptions of methods to be employed in data collection
- iv. Literature control



## **2.6 CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS**

Conclusions, limitations and recommendations in this study will be built on the strength of its findings concerning the application of this study in nursing study, nursing education and practice after results have been announced.

## **2.7 SUMMARY**

In this chapter, the description of the study design and method was done. In Chapter 3 the results of phenomenological interviews and literature control will be discussed.

## **CHAPTER 3: DISCUSSION OF RESULTS AND LITERATURE CONTROL**

### **3.1 INTRODUCTION**

Chapter two dealt with the study methodology and design. In this chapter, the results will be presented and discussed according to the main theme and categories. A literature control will be done to verify and recontextualise the data (Morse & Field, 1996:10).

### **3.2 DESCRIPTION OF THE SAMPLE**

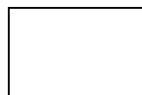
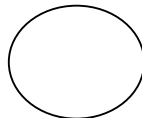

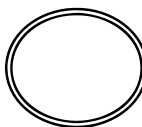
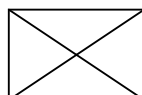
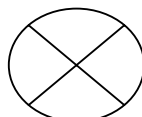

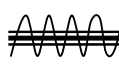

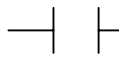

The study sample comprised of eight individuals from different stepfamilies. They were selected purposively and met the sampling criteria except the time frame as wished. Data were saturated after completing eight interviews as themes started repeating themselves and did not depend on the number of interviews done (Morse, 1994:285).


Data were collected by means of semi-structured, in-depth phenomenological interviews and field notes (De Vos, 1998:285). The interviews conducted met the following sampling criteria:

- 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 these 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 range between twenty nine and thirty six whilst the stepchildren's ages range between seventeen and twenty.
- There were two male stepchildren and one female stepchild.

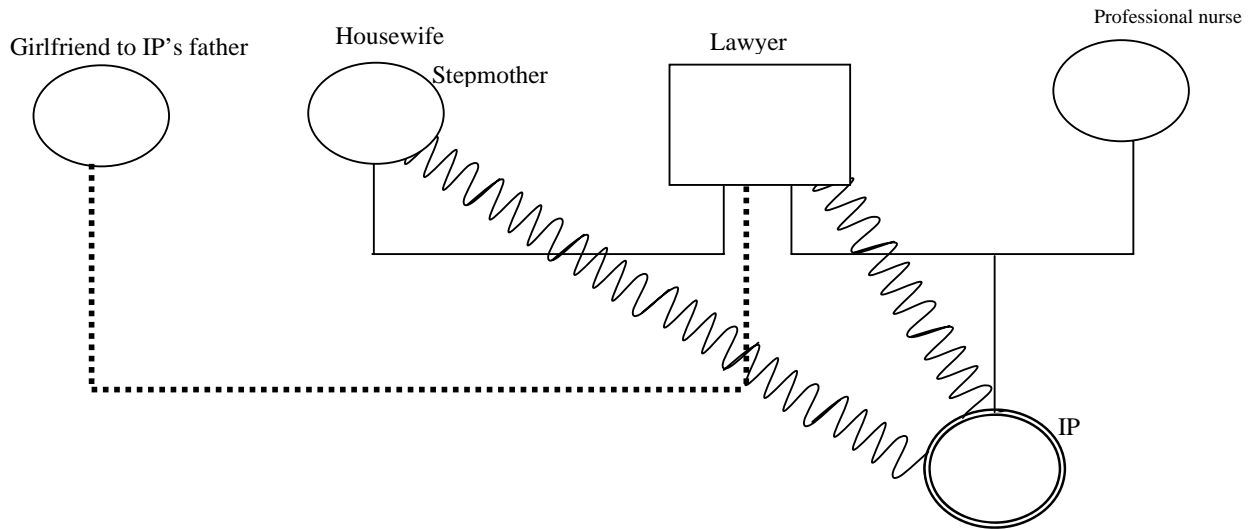
- One couple, both stepparents, were interviewed.
- Not all the stepfamily members interviewed lived together for a period from six months to a year. It was thus difficult for the researcher to meet these criteria.
- Data was analysed in the original language to preserve the richness of expression and only the final themes were translated into English.

### 3.2.1 DEMOGRAPHIC INFORMATION OF STEPFAMILY MEMBERS INTERVIEWED

	=	male
	=	female
	=	identified male patient (IP)
	=	identified female patient (IP)
	=	individual who died (male)
	=	individual who died (female)
	=	good relationship
	=	fused or conflictual relationship
	=	distant relationship
	=	cut off relationship
	=	cohabiting/not married but living together

 = strained relationship



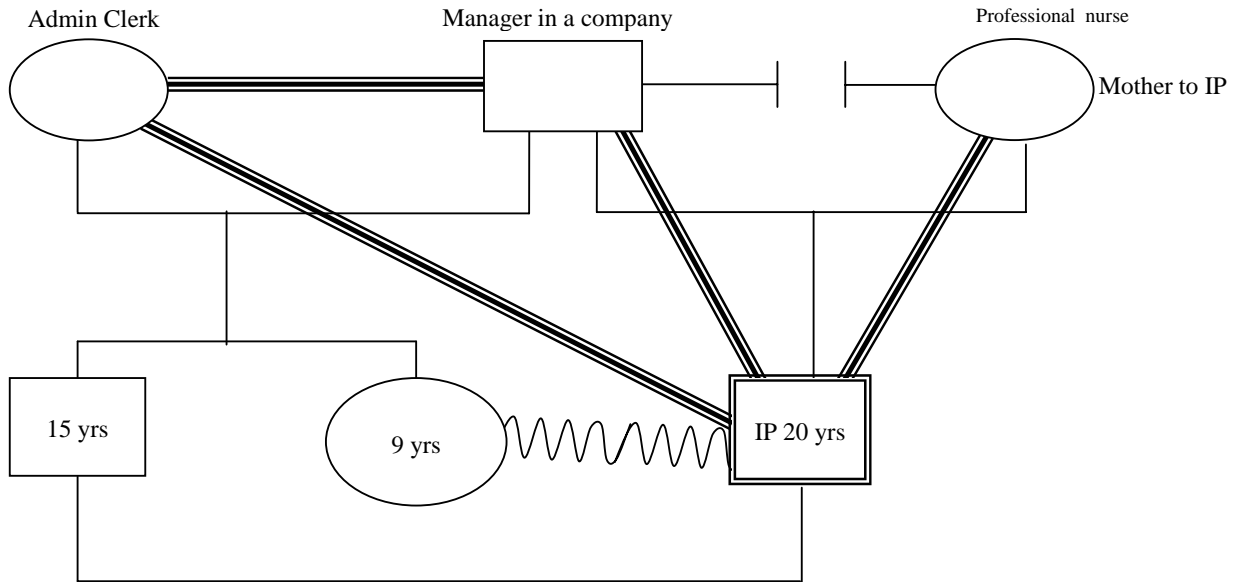
**1<sup>st</sup> INTERVIEW**

The identified person is a student in grade twelve (12).

She is Tsonga speaking.

She belongs to the Anglican Church.

She is currently at a girls' residence. She spends weekends with her stepfamily and goes to her mother during school holidays.

**2<sup>nd</sup> INTERVIEW**

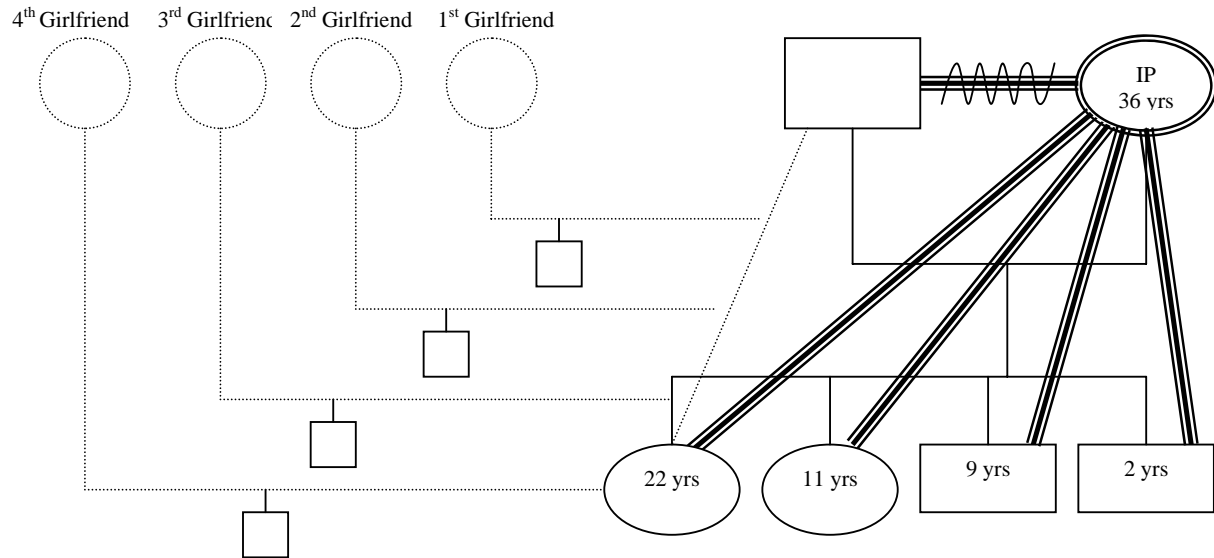
The identified person is a student in computer science in his 1<sup>st</sup> year.

He speaks North Sotho.

Belongs to the Anglican Church.

Currently stays with his mother. He visits his stepfamily regularly.



**3<sup>rd</sup> INTERVIEW**

The identified person is a housewife.

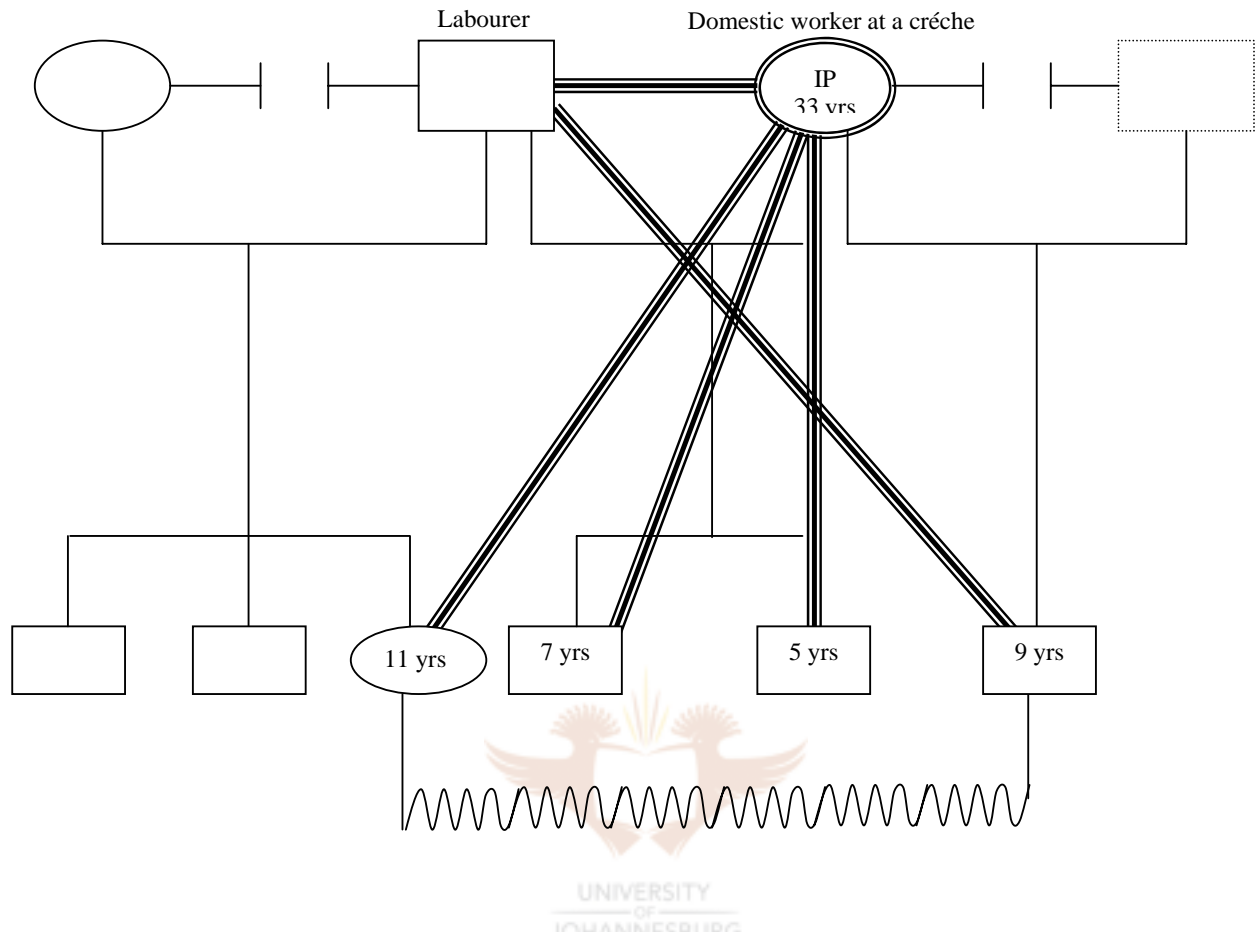
She speaks Zulu.

She belongs to the Methodist Church.

She has a poor relationship with all her stepchildren but a good one with her own children.

All the stepchildren visit their father frequently as they do not live with their father's new family.

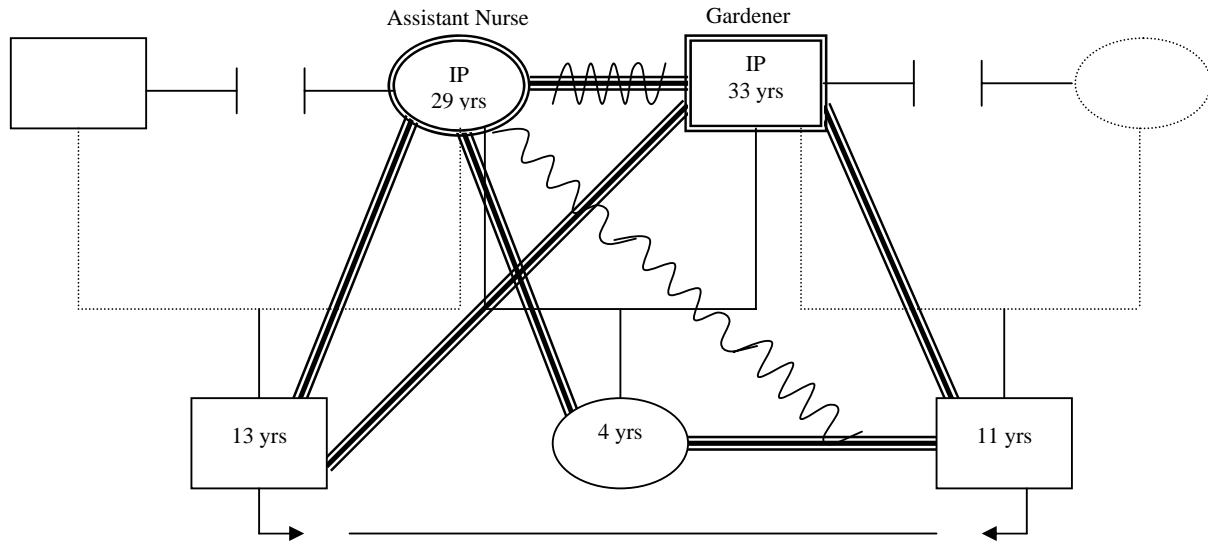


**4<sup>th</sup> INTERVIEW**

The identified person speaks Northern Sotho.

She belongs to the Lutheran Church.

She has a good relationship with her family and stepchildren. However, her relationship with her son whom she conceived outside wedlock is distant because of the son's jealousy.

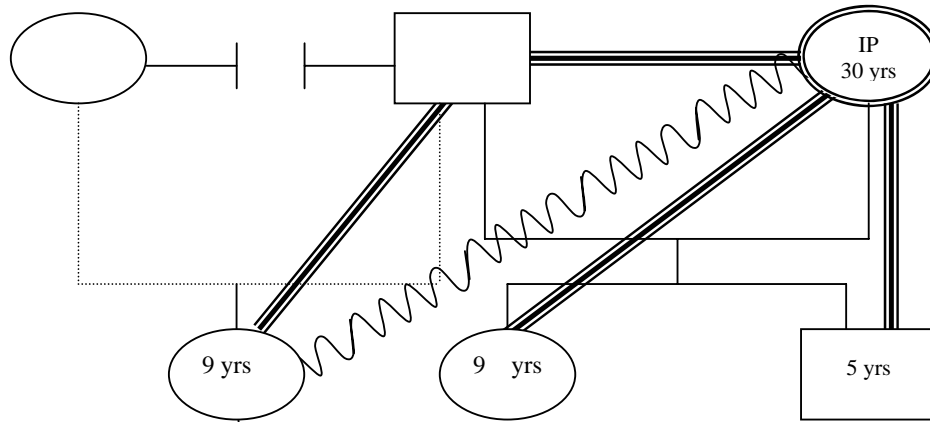
**5<sup>th</sup> INTERVIEW**

The female identified person is amongst the five stepmothers interviewed. Her husband joined in the interview as the appointment was made with his wife and after the wife had pleaded with him to come.

They are both Tswana speaking.

They belong to the Apostolic Church.

They have a strained relationship whereby the wife (respondent) threatens to divorce if her stepson does not go to his biological mother. On other hand, the husband loves his son.

**6<sup>th</sup> INTERVIEW**

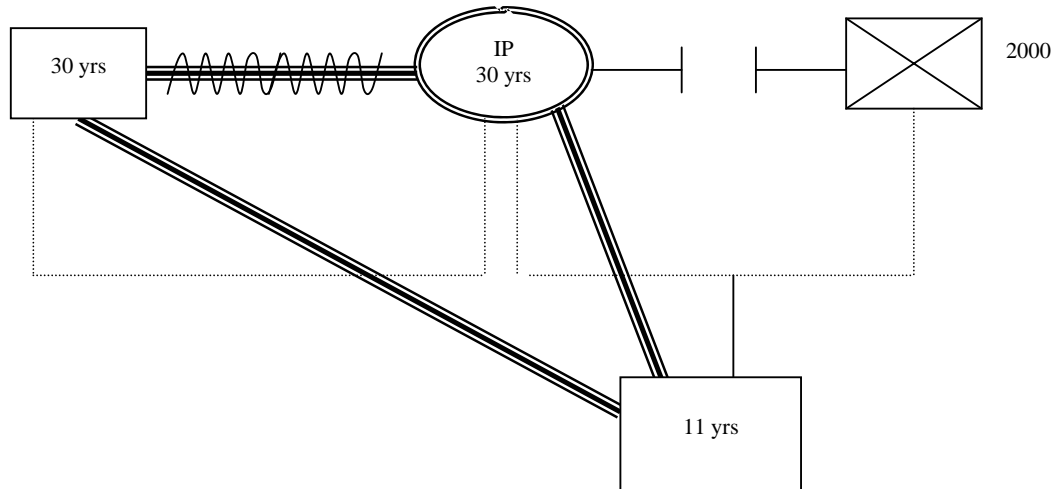
The identified person is an assistant nurse at a clinic.

She is Xhosa speaking but also speaks and understands Tswana very well.

She belongs to the Methodist Church.

Her husband is working in Cape Town and visits only when on leave.

She has a strained relationship with her stepdaughter.

**7<sup>th</sup> INTERVIEW**

The identified person is unemployed.

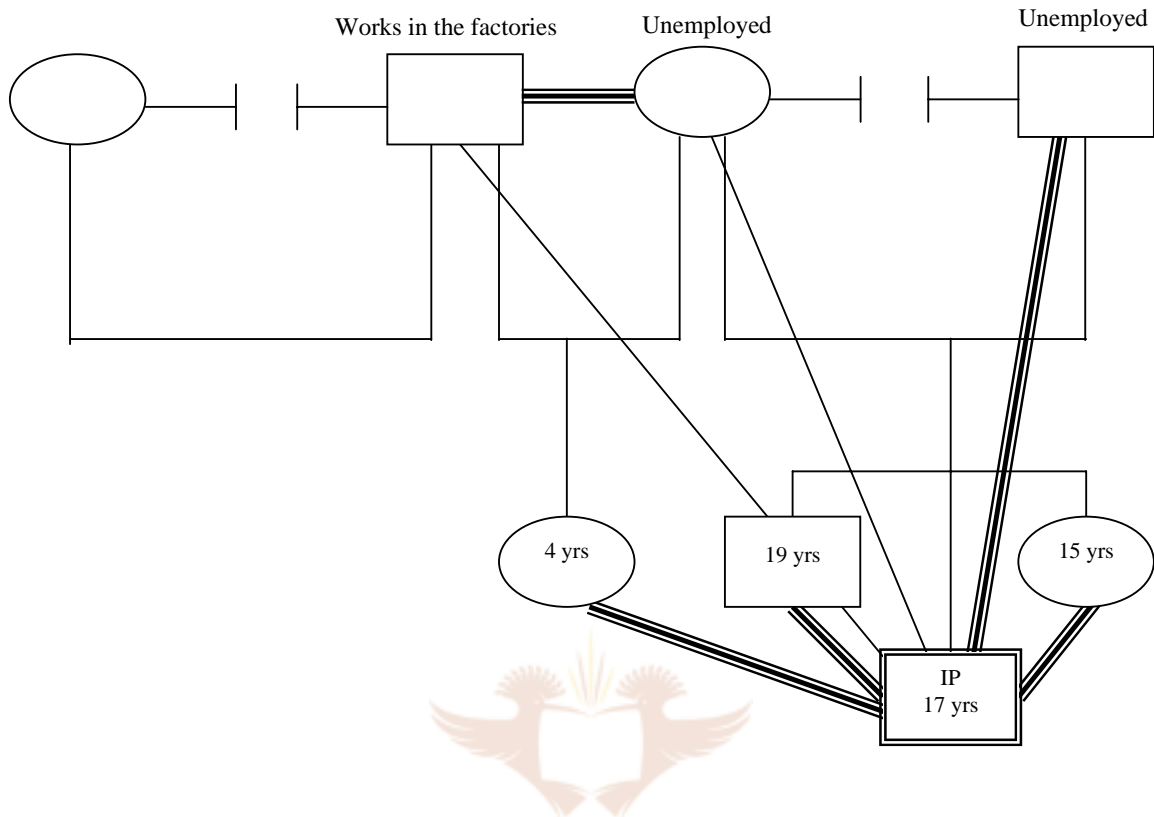
She speaks Tswana.

She belongs to the Apostolic Faith Mission Church.

She has been cohabiting with her boyfriend for two years now after her child's father died in 2000.

She is not married to the man.



8<sup>th</sup> INTERVIEW

The identified person is Tswana speaking.

He belongs to the Apostolic Faith Mission Church.

He dropped out of school in grade 9 as he had no money to further his studies.

He has recently moved out of his mother and stepfather's house and is temporarily staying at his aunt's place.

His father is in the North West Province.

### 3.3 DESCRIPTION OF RESULTS AND LITERATURE CONTROL

Table 3.1 presents an overview of the major theme and categories from experiences of stepfamily members in their relationships. In order to maintain clarity, the discussion will be, where relevant, substantiated by the appropriate direct quotes from the transcription and literature control.

**TABLE 3.1 An overview of major themes and categories of stepfamily members experiences in relationships.**

MAIN THEME	CATEGORY
3.2.1 Stepfamily members experience difficulties in adjusting to the stepfamily relationship	3.2.1.1 Stepfamily members experience lack of interaction through: <ul style="list-style-type: none"> <li>▪ Rejection by stepfamily</li> <li>▪ Isolation from stepfamily</li> <li>▪ No sense of belonging</li> </ul>
	3.2.1.2 Emotional turmoil related to difficulties in adjusting to the stepfamily as evidenced by: <ul style="list-style-type: none"> <li>▪ Depression</li> <li>▪ Anger</li> <li>▪ Suicidal ideas</li> <li>▪ Distrust</li> </ul>
	3.3.1.3 Physical distress as a result of psychological turmoil as evidenced through: <ul style="list-style-type: none"> <li>▪ Headaches</li> <li>▪ Poor sleep</li> <li>▪ Poor appetite</li> </ul>
	3.3.1.4 Low self-esteem related to the perception of not belonging, as evidenced through: <ul style="list-style-type: none"> <li>▪ Helplessness</li> <li>▪ Insecurity</li> <li>▪ Self blame</li> </ul>
	3.3.1.5 Lack of communication between stepfamily members related to little support from family members as evidenced through: <ul style="list-style-type: none"> <li>▪ Conflict in communication</li> <li>▪ Failure to listen to each other</li> <li>▪ Feelings of being belittled</li> </ul>

	<p>3.3.1.6 Lack of support in coping with adjustment due to stepfamily members focussing on own family stumbling blocks, as evidenced through:</p> <ul style="list-style-type: none"> <li>▪ Lack of financial and material support</li> <li>▪ Lack of emotional support</li> </ul>
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### **3.4 DISCUSSION OF FINDINGS**

The discussion of findings will be based on main theme and categories as set out in table 3.1. In discussing the results, relevant data from the literature will be incorporated. The main theme that will be described is stepfamily members experiencing difficulties in adjusting to the new stepfamily relationship.

#### **3.4.1 STEPFAMILY MEMBERS EXPERIENCE DIFFICULTIES IN ADJUSTING TO THE NEW STEPFAMILY RELATIONSHIPS**

It has been evident from the interviews conducted that all stepfamily members experienced difficulties in forming a new relationship. The stepfamily members had to learn a new culture from a member or members joining an existing family. This is a very difficult and challenging adjustment, especially when the couple brings in their adolescent child/ren to a new stepfamily. These adolescents are still adjusting to their status which is to some rebellious, under pressure from their peer group, and engaged in opposite sex relationships. They are vulnerable, battling with their emotions and being expected to learn to cope and adjust to these new stepfamily relationships. If their stepparents are not supportive, these adolescents display oppositional behaviour like stubbornness, anger and other regressive behaviour. Their performance at school deteriorates. Boys play truant from school because of a lack of emotional and financial support. During the collection of data for this study process, one of the participants could not go to school, not because of truancy on his part, but because of lack of financial support from his stepfather.

The stepmothers interviewed expressed emotional pain as their husbands were not supportive toward the running of the family, making the relationship very strained. Some stepchildren became jealous of



their stepsiblings. As a result of the difficulties experienced in forming new relationships with stepfamily members, they were presented with feelings of rejection, no sense of belonging, isolation from one another and thus developed physical distress due to psychological turmoil. All these were organised in this study as the main theme and category respectively. One of the respondents expressing difficulties in forming a relationship had this to say:

**“You know, stepchildren think one does not like them. When you reprimand them, they think you don’t love them because you are not their biological parent.”**

Another respondent commenting on difficulty in establishing the relationship expressed his feelings this way:

**“I love my stepbrother and stepsister but their mother does not show any love to me and I don’t know why as I am trying to love everyone in the home”**

According to Cook and Fonteine (1995:183), in all stepfamilies, individuals enter with a total or partial loss of significant relationship. There is a problem relating to role confusion, unrealistic expectations, guilt and conflicts. Stepfamily members enter into this new relationship with no clue as to what to expect because they entered because two people fell in love and involved other family members. Some members got into this stepfamily with pre-conceived ideas as one respondent stated:

**“It is difficult to be a member of a stepfamily because you encounter so many things as you do not know their way of living.”**

Cook and Fonteine (1991:183) seem to agree with the finding in this study in which stepfamily members experienced difficulties in their new relationships due to role confusion and unrealistic expectations.

Kaplan, Sadock and Grebb (1994:49) observed that, when remarriage occurs, the child must learn to adapt to the stepparents and the so-called reconstituted family. The adaptation is usually difficult especially if the stepparent is non-supportive or resentful of the stepchild or favours his/her own natural children. A natural child born to the new couple, a stepsibling, sometimes receives more attention than a stepchild and as a result, is the object of sibling rivalry. This also seemed to agree with the findings as observed where some stepchildren became jealous of their stepsiblings.

In another study, Coleman (in Friedman, 1998:23) pointed out that the relationship between stepparents and stepchildren is a primary source of many difficulties. Discipline becomes a problem and the stepchildren experience difficulty in accepting the stepparent as parent because of “divided loyalties” and typically strain relationships in the family. This was observed when a stepmother found it difficult to give orders to her stepsons, fearing that they would think that she was punishing them.

In addition, Fine and Mckenry (1992:1) observed that stepfather families reported that their children’s lives were not going well, that they experienced more distress and they had poorer quality relationships. This has been observed in the research that some stepchildren, especially adolescents, displayed regression, anger and hate toward their stepparents and stepsiblings.

According to Bray (1994:66), stepchild-parent relationships are likely to be more distant, less positive and experience more conflicts than child-parent relationships in first marriages. Less cohesion in stepfamilies is more common during the early years of family formation and in stepfamilies with adolescents. Bray (1994:66) further observed that there is some indication that same sex stepchild-parent relationships are the most difficult. This is observed in the research whereby a stepdaughter felt that her stepmother was not in favour of her as she (stepmother) would project her anger on her when her husband (stepdaughter’s father) came home late.

Because of difficulties adjusting to new relationships, stepfamily members experienced a lack of interaction as seen below:

#### **3.4.1.1 STEPFAMILY MEMBERS EXPERIENCE A 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. This was especially so where most of the adolescent stepchildren were not residing with their new stepfamily but frequently visited. One respondent who felt unwanted by her stepmother had this to say:

**“The minute my stepmother arrives and finds me with her children, they immediately drift away from me as if she told them something about me. I now spend the whole time alone in my room and cry.”**

Another respondent commenting on social discrimination between him and stepsiblings had this to say:

**“I feel very bad and inferior because my stepsiblings make me as though I am an outsider even if I am their half-brother. I feel isolated and experience a sense of not belonging.”**

Maslow (*in* Fonteine and Fletcher, 1995:33) observed the needs theory for social interaction where he states that “an individual must be loved and have a sense of belonging, give and receive affection, companionship and identification with a group.” In this research, the respondents expected to be loved and to interact with family members, but experienced the opposite and hostility and alienation resulted.

One respondent expressing lack of social interaction put it this way:

**“I feel lonely and alienated as I find it difficult to mix in a new family because I am not used to their lifestyle.”**

Johnson (1993:16) in his study 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. The deliberations by Johnson (1993:16) are irrelevant to this study because stepfamily members experienced poor interaction amongst themselves. These led to many problems and will be discussed as follows:

#### **i. Rejection by stepfamily**

Stepfamily members experienced hostility and rejection by their family members whereby they felt criticized, disapproved of, had a feeling of coldness, being ignored and sometimes being abused verbally. This was observed when a stepchild-parent was joining an already established home and the old family members felt that there was an intruder coming to disturb their usual way of living. For example, a stepmother or stepfather entering into a house where one of the parties had died or is divorced.

One respondent who expressed rejection by her partner when he was under the influence of alcohol was told:

**“Go away you ugly, I don’t want to see you in my house again.”**

Another respondent who experienced feelings of rejection from her mother had this to say:

**“My mother does not say much about our welfare. As long as she is getting comfort from my stepfather, she does not worry or bother about us. I have even decided to move out of their house to live with my aunt for some time because me and my brother and sister are suffering since our parents divorced.”**

Yet another respondent commented about rejection from her mother-in-law as such:

**“Aus sister.... My mother-in-law started to phone my stepson’s mother who started to visit them, forgetting that she has long dumped her son when he was young. I wonder today what brings her back. I start to feel useless and rejected as though my mother-in-law wants my stepson’s mother back into my husbands life again. This is bothering me”.**

Beck, Rawlings and Williams (1994:251) observed that people who lack support when feeling rejected and isolated, experience similar feelings as people going through grief. The statement supports the experiences of stepfamily members who expressed concern about being rejected and tend to be more depressed and worried.

Allen (2001:27) on the other hand, states that “rejection or antipathy is the expression of hatred toward an individual.” The stepfamily members in this study, due to feelings of rejection became anxious and were not sure of their status in the family as well as what would happen to their future. Therefore, the family started distancing themselves and feeling isolated as seen below:

## **ii. Isolation from stepfamily members**

Isolation from stepfamily members in this study refers to a situation whereby members/respondents felt unwanted and lonesome/lonely socially and ultimately isolated.

One respondent who felt lonely and isolated had this to say:

**“I feel very shameful and hurting as I spend the whole day isolated especially week-ends when I thought I was going to be with my stepfamily when coming back from school. They go out shopping leaving me. I cannot see my father to report to him about my stepmother’s behaviour towards me because he comes home late.”**

Another respondent who experienced social isolation had this to say:

**“I am becoming to feel more isolated, nobody wants me.”**

Haber, Mc Mahon, Price-Hoskins and Sideleau (1992:216) affirm the notion of social isolation being dysfunctional in a family. The dysfunction in a family in most instances disturbs the process of unity, harmony and respect as well as the need to love and to be loved and valued. Wilson and Kniesl (1992:407) observed that social isolation is lack of significant purpose and insecurity. This is noticed in this study by the comments of the respondents as they felt socially cut-off and isolated.

Burgess (1990:214) describes social isolation as “aloneness experienced by the individual and perceived as imposed by others and as a negative or threatened state.” The findings in this research support this description as isolation was experienced by some stepfamily members.” The isolated stepfamily member feels lost and unwanted and develops a sense of not being part of the family and has no sense of belonging, as seen below:

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### **iii. No sense of belonging**

In this research, no sense of belonging reflects a situation whereby stepfamily members felt unwanted as though they were lost and wandering, without any place of abode. Even though they had a roof over their heads, the fact that in a new family which they joined and hoped to love and to belong, they were alienated as one respondent expressing his views said:

**“I feel I don’t belong here, I am not part of this family and I am like an outsider even though I frequent this place every now and then. I have to be here because of my father who is also their father.”**

Another respondent commented about not being wanted by stepfamily members:

**“My stepmother loves me but her son makes it difficult for me to be around. He does not even doubt to say I must go back to my mother and leave them alone.”**

### **3.4.1.2 Emotional Turmoil Related to Difficulties in Adjusting to the Stepfamily**

Emotional turmoil in this study entails a situation in which stepfamily members’ experienced blatant or subtle hostility and hate directed toward them. An individual who is constantly belittled or criticised will end up withholding warmth or affection. The respondents have to accommodate the feelings of others, especially if the other step member is dominating and making the other feel belittled.

One of the respondents expressed emotional pain when she was not happy about the environment she found herself in:

**“I feel very shameful and hurting because my father left my mother for another woman and now, it is yet another woman. When will this ever 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.”**

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Another respondent expressed her emotional pain by saying:

**“My stepdaughter of nine years told me straight in my eyes that she hates me and does not want to stay with me anymore. I don’t know why she is saying this because I have been treating her like my own child. I think someone told her that I am not her real mother. Her biological mother is in the Cape and was not married to my husband. This child started to stay here when she was five years old.”**

Haber, McMahon, Price-Hoskins and Sideleau (1992:63) state that emotional pain is experienced as acute and unremitting, guilt feelings focused on perceived omissions. The findings in this study support the situation whereby some stepfamily members sometimes felt as though they were guilty when living in a stepfamily environment and were left feeling depressed.

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 and demeaning their work.

Kniesl and Wilson (1992:523) observed that emotional abuse involves one person shaming, embarrassing, ridiculing or insulting another individual. This observation is relevant to this study because one respondent felt insulted by her stepdaughter who had no respect for her. Emotional turmoil and the difficulties these stepfamily members have in adjusting is widened by depression, anger, suicidal ideas and distrust as discussed below:

### **i. Depression**

Depression in this study refers to a situation in which stepfamily members were saddened by the way they were treated, as they missed the home they had before their parents remarried. They felt hurt and frustrated.

One of the respondents who was experiencing feelings of depression said:

**“My parents got divorced and my mother decided to live with another man who does not treat us the same and this make me feel sad.”**

Another respondent who also felt depressed had this to say:

**“I feel so sad and depressed that I cannot cope in my daily life. I cannot even concentrate at work because this thing worries me. I am really stressed.”**

Cook and Fontaine (1991:438) observed that depressed people withdraw from activities and other people, experience feelings of despair, guilt, less of gratification, distorted thinking processes and self-criticism. The findings from this study supported the situation whereby stepfamily members could not make decisions and had unachieved goals.

Dunn, Deafer-Deckard, Pickering and Golding (1998:818) observed that women in stepfamily relationships are at greater risk of depression because they are the “mothers” who should take the responsibilities of the households and everyone and if things do not go well, they get the blame. This

observation is relevant to this study because stepfamily members experienced feelings of worthlessness and hopelessness and felt that life was not of worth to them. Besides being depressed, some described intense feelings of anger.

## **ii. Anger**

The interviews revealed that the majority of stepfamily members expressed their feelings of anger as they could not meet their demands as they tried to compromise in the stepfamily environment. One respondent was angered by her stepmother who projected her frustration on her by saying:

**“My father has started to come home late and now my stepmother becomes irritated and projects her anger on me as though I am responsible for my father’s late coming.”**

Another respondent expressed her anger after feeling frustrated by her stepchildren and had this to say:

**“I feel bad and angry about these stepchildren and their father as they would not want to obey to the rules. I sometimes feel like going away, visiting my mother but the problem is I have two small children who need my supervision for their schoolwork and this other baby. Now, if I go, who will take the responsibility because as you can see, these big boys are not prepared to do anything.”**

Rawlins, Williams and Beck (1993:207) observed that anger is a strong feeling of annoyance or displeasure. Words such as indignation, wrath, frustration, resentment and fury express the feeling. This observation is relevant to the study because the respondents felt frustrated and were irritated by the arrogance of the stepfamily members who belittled them.

According to Townsend (1996:241), anger is a stage in the grieving process. Individuals who become fixed at this stage may become depressed. The anger is turned inward as a way for the individual to maintain control over the pent-up anger.

Pasquali, Arnold and De Basio (1989:632) observed that children and adults may repress their angry feelings because they fear that expressing their feelings might alienate them from the persons they are dependent on, feel a sense of shame and perceive their anger and rage as potentially dangerous and uncontrollable.



### iii. Suicidal ideas

Suicidal ideas in this study refer to a situation whereby some stepfamily members could no longer cope with their living environment because of the stressful situation they were exposed to, and felt that suicide was the only other option for them.

One of the respondents expressed suicidal thoughts after poor treatment by her stepparent as saying:

**“I feel like killing someone. I am tired of being harassed or I will kill myself as I once tried before by using overdose of tablets.”**

Another respondent expressed her suicidal ideas after trying very hard to conform to the family rules but failed, said:

**“I wish I could just sleep forever and not wake up as this life is horrible or maybe putting poison into one’s tea and get finished.”**

Kaplan, Sadock and Grebb (1994:803) describe suicide as intentional, self-inflicted death. It is associated with thwarted or unfulfilled needs, feelings of helplessness, conflicts between survival and unbearable stress. This is confirmed by stepfamily members who experienced these feelings.

Varcarolis (1994:587) observed that suicide ideation means that the person is thinking about harming themselves. This act of suicide may be precipitated by many internal and external events as seen in the study by stepfamily members who were provoked to the level of wanting to die.

According to Aguilera (1994:182), suicidal reactions are usually associated with feelings of hopelessness and helplessness, and are often related to the loss of a significant or valued relationship. This explanation supports the situation where stepfamily members felt hopeless and unwanted and reported that suicide was the solution to end their misery. Besides, these stepfamily members also experience intense feelings of distrust.

#### **iv. Distrust**

Distrust is noted in this study as a situation in which stepfamily members experienced feelings of doubts, uncertainty and apprehension.

One respondent stated that she had no trust in her partner as he was always fighting and chasing her away with her son when he was drunk:

**“I do not trust this man and I am not sure as to how long he will keep us in his house as he always chase us and bring us back. He does this when he is drunk. I am concerned about myself and child’s future as I am unemployed and depend on him.”**

Johnson (1993:71) observed that a betrayal may create distrust and once established, distrust is extremely resistant to change. The observation of Johnson’s study can be relevant to the findings of this study because the respondents distrust members of stepfamilies they lived with. They worried as they were not sure of the outcomes of their future.

Cook and Fonteine (1991:18) observed that distrust may develop when an individual does not have access to information. What Cook and Fonteine say is relevant to this study because it became clear that the respondents felt threatened and unwanted when they were not informed about daily activities happening in their lives.

#### **3.4.1.3 Physical Distress as a Result of Psychological Turmoil**

Stepfamily members could not handle the situation in which they lived and became very anxious, bottling all the worry, pain and anxiety in themselves until they developed physical distress. Some members developed headaches, sleepless nights, poor appetite, palpitations and panic attacks due to bottling up their anxieties.

One of the respondents who experienced physical distress had this to say:

**“I am now developing stress, headache, and can't sleep or eat properly. I can no longer concentrate at work as I am having pains and feel tired. I really feel bad because I have not been like this. I spoke to the sister at the clinic about this. I really need help.”**

Another respondent expressed her physical distress as follows:

**“I cannot sleep well these days. I wake up in the middle of the night and will not fall asleep till 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. In this study, stepfamily members experienced physical pain from lack of sleep or very little sleep and stress.

In view of the above, the American Psychiatric Association (APA) (1995:478) stated that pain disorder is a subtype used when psychological factors are judged to have a major role in the onset, severity, exacerbation or maintenance of pain. This observation is relevant to the findings of this study because the physical pain of stepfamily members was caused by psychological turmoil.

Geyer (1998:20) observes that pain is tolerated less by people who perceive pain as unnecessary or as a threat to their comfort. This observation is relevant to this study because stepfamily members bottled up the stress until they started to talk when addressed.

All the subcategories under physical distress were explained above with the quotations and literature substantiating.

#### **3.4.1.4 Low self-esteem related to the perceptions of not belonging**

In this research, low self-esteem entails a situation in which stepfamily members are unable to communicate needs directly, resulting in loss of self-esteem, which indicates self-rejection and self-hate. One of the respondents mentioned that she felt unworthy as she would not be listened to when she wanted to allocate household chores to stepchildren. She had this to say:

**“I cannot give orders in the house as a mother as no one listens when I have to tell them what to do. I feel worthless in my own house.”**

Stuart and Sundeen (1995:381:383) observe that low self-esteem involves negative self-evaluation and is associated with feelings of being weak, helpless, hopeless, worthless and inadequate. The findings in this study support the definition as low self-esteem has been noticed in stepfamilies to make them feel worthless, hopeless and inadequate.

According to Pasquali, Arnold and De Basio (1989:557), low self-esteem is a significant factor in a person’s health status. This may result from a client’s inability to accept a less independent state. The observation is relevant to the findings of this study because stepfamily members experienced low self-esteem as it affected their health status. Besides, these feelings led the respondents to feel helpless.

#### **i. Helplessness**

The interviews revealed that the majority of stepfamily members experienced feelings of helplessness as they tried very hard to make the environment conducive but failed, as one of the respondents had this to say:

**“If a child is not yours, it is difficult to reprimand them because you will be told you are ill-treating them because you are not their biological mother and this makes you feel helpless as there is nothing you can do.”**

The same respondent who expressed her feelings of helplessness after trying several times to maintain harmony in the house continued to say:

**“I have been speaking to my husband several times about his children to help in the house but it is as though I am speaking to a wall. I just don’t know what to do.”**

Another respondent had this to say about the way his stepsiblings treated him:

**“I don’t know at the moment-no idea, I just live and cope with the situation.”**

Haber et al (1992:61) observe that helplessness is an unpleasant effect of incompetence and vulnerability in a particular situation. This observation is relevant to the findings of this research because of the helplessness and incompetence the stepfamily members felt.

Frisch and Frisch (1998:256) observed that helplessness and hopelessness are feelings related to long-term stress, abandonment and lost belief in transcendent values which led to feelings of insecurity and self blame as seen below:

## **ii. Insecurity**

Insecurity entails a situation where stepfamily members felt unsure of their positions in the house. One respondent who is unemployed and depending on her partner for food, money, clothes and shelter, said:

**“My partner uses alcohol and when he is under the influence, he starts to make noise and fight me, even chasing me away. I feel so unsure about my future with him.”**

Another respondent who felt insecure about her future said:

**“At the moment, I cannot go to school because my stepfather says he does not have the money but he can send his own children at the rural area. I don’t know what is going to happen to me in the future. My own father is unemployed and I don’t know when is he going to get a job, I am nowhere. It is sad because I cannot get what I want.”**

According to Stanton (1986:202), “There is increasing evidence that all children in stepfamilies struggle with issues of loss, separation-individuation, allegiance and self-worth. An exacerbation of these struggles, especially in adolescence, often leads to problems in functioning which is likely to be expressed by depression, alcohol abuse and drug abuse.” Stepchildren interviewed in this study manifested depression but none mentioned any alcohol or drug abuse.

### iii. Self blame

Self blame can be described as the stepfamily members' perception of having done wrong in the family and experiencing guilt feelings. One of the respondents felt she was responsible for her father's behaviour which irritated her stepmother and had this to say:

**“Now that my father has got another girlfriend, my stepmother projects her anger on me as she no longer gets attention from my father. It is as if I am responsible for this.”**

Another respondent felt she was wrong after her stepson was taken to her mother-in-law when he felt ill and said this:

**“You know.... Sometimes my husband would come home drunk and make a lot of noise, talking how I hate his son and even caused his illness. Well, at the moment, I no longer love his son for what he has done to me, but sometime I feel I neglected him when he started to be ill, I was still very angry with him and could not notice that he was ill.”**

Kendell and Zeally (1993:922) observe that self-blame in stepfamily results in “the idea that it is horrible when things are not the way one would like them to be, instead, of the idea that it is too bad that one ought to try to change or control conditions so that they become satisfactory and if that is not possible, one had better temporarily accept their existence.” The findings in this study support this definition because stepfamily members had guilt feelings and blamed themselves for the discomfort experienced by the other stepfamily members.

#### **3.4.1.5 Lack of Communication Between Stepfamily Members Related to Little Support from Family Members**

Lack of communication in this study entails the way stepfamily members live 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 felt there was no communication between herself and her husband as she saw his children coming to their house without her being informed. She had this to say:

**“Nobody told me about the arrival of these stepchildren. I don’t know whether they are here permanently or are just visiting.”**

Another respondent felt there was no communication in the house and said:

**“My stepmother does not mind not talking to me. I wonder what wrong have I done to her. She makes me feel uncomfortable.”**

Temke (1995:2) observes that when family members talk about what bothers them, they are revealing their needs. In this research, some stepfamily members could only read communication non-verbally.

According to Townsend (1996:156-157), functional communication patterns are those in which verbal and non-verbal messages are clear, direct and congruent between sender and intended receiver. Behaviour that interferes with functional communication includes feelings of being belittled. This action involves ignoring or minimizing other feelings when they are expressed. This encourages the individuals to withhold honest feelings to avoid being hurt by the negative response of others failing to listen. The findings in this study support this definition as stepfamily members had difficulty in expressing their feelings through communication for fear of being snapped at or ignored. This is evident in the following:

**i. Conflict in communication**

Conflict in this study refers to misunderstandings between stepfamily members when they do not agree on certain terms. One respondent mentioned that her two small children were not happy as they were being dominated by their big stepbrother when wanting to watch television. She had this to say:

**“My small children complain to me about the television as they are watching because their stepbrother change the channels without requesting. My children are not used to this behaviour because they have time to watch the cartoons without being disturbed. Now, strangers have come to bully them. I am tired and annoyed about this.”**

Another respondent expressed the jealousy and hate she saw in her son’s behaviour toward his stepsister and causing confusion in the house:

**“My son is very jealous and selfish toward my stepdaughter. He even fight her for little things thinking I will protect him and this bothers me because my stepdaughter is sweet and have good manners. I am very concerned about my son’s behaviour, you know, he is very rude.”**

Dunn, Deater-Deckard, Pickering and Golding (1999:1025) affirm that the quality of sibling relationship differs markedly. Between some siblings, conflict is marked and frequent, between others, such negativity is rare.

Roberts (2002:96) observes that “Each time that the family kaleidoscope reconfigures and enlarges, connections come unglued, habits bump into one another and people sharing the same roles jockey for position.” She was explaining a situation of a daughter who wanted to be first in everything against her stepsiblings. Roberts further tells of a woman’s stepmother who would not come to the hospital to see her step-grandchild because the woman called her mother first. The situation makes one to be in a conflicting position and not knowing whom to please first. This statement supports this study as conflicting situations were observed amongst stepchildren.

Bray (in Nicholson, Fergusson & Horwood, 1999:406) observe that stepchild-parent relationships may be characterised by poor communication, disengagement and in some cases overt hostility. Young people living in stepfamilies may also be exposed to elevated levels of negative life stress and conflict. This observation is relevant to the study because stepfamily members, especially stepsiblings, could not hide their negative feelings toward one another.

## **ii. Failure to listen to one another**

Stepfamily members fail to listen to one another due to lack of respect, courtesy and compromise. This was caused by some stepchildren who would not listen to their stepmothers when household chores were delegated.

One respondent who was not keen to stay with her stepchild had this to say:

**“I am not going to live with this child again as he will not listen to me. I do not want to get stress of reminding him about this or that. I would rather go out and look for another place with my**



**own children than this stepchild who has nothing to do with me. She said the following in Tswana: Nka mpane ke ile go dula ko mokhukung go nale gore ke dule le ngwana o.” (I would rather go and stay in a shack than live with this child.)**

There was no literature available to support the statement as this was a remark expressed only during the interview.

### **iii. Feelings of being belittled**

In this research, feelings of being belittled were expressed by stepfamily members as they realized that their voices were not being heard and that they were undermined. One respondent felt very ashamed of himself and said:

**“I feel I don’t belong to this family. Whatever I say or do is not considered. I am always told that this is not how we do things in this house. They forget that I am also part of them even though our mothers differ but we share a father.”**

Townsend (1996:156-157) observes that “belittling feelings is an action that involves ignoring or minimizing another’s feelings when they are expressed. This encourages the individual to withhold honest feelings to avoid being hurt by the negative response.”

#### **3.4.1.6 Lack of Support in Coping with Adjustment due to Stepfamily Members Focussing on own stumbling Blocks**

Stepfamily members expressed that the lack of a support system led to their inability to cope with daily life activities, as evidenced by one respondent:

**“When I ask my husband to talk to his sons to bring their sides he in turn tells me to confront them. He does not support me in controlling his sons and I feel he wants me to be the hated one in the house.**

Cozzarelli, Summer and Major (1998:454-467) describe support as information or actions (real or potential), leading individuals to believe that they are cared for, valued, or in a position to receive help

when they need it. It has a “buffering” function for individuals experiencing high level of stress. In this research, the individuals concerned did benefit from the buffering function or support.

**i. Lack of financial and material support**

In this research, financial and material support were lacking. Some of the stepfamily members experienced hardships as they could not cope with life’s demands. One of the respondents 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.”**

Another respondent who raised her child on her own after her boyfriend left her without money said:

**“I do not know his money since he left me. I only received his money when I was pregnant to go to the clinic for treatment and that was all. Now, I don’t even know a single cent from him.”**

Rodgers and Pryor (1998:1) observe that children of separated families have a higher probability of living in poverty and poor housing and of leaving school and/or home when young. This financial hardship can limit their educational achievement. This information is relevant to the findings of this study as the respondents experienced financial and material distress.

**ii. Lack of Emotional support**

In this research, lack of emotional support entails a situation whereby stepfamily members felt alienated and not well cared for, as one respondent stated:

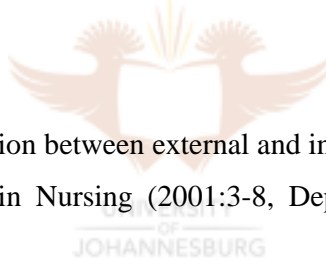
**“My stepfather does not show any affection on me. He never says thank you for the good things I have done in the house. I feel I am not appreciated and it is hurting me.**

Another respondent mentioned that she is being used by her stepmother and father as they want her over the weekends to look after her stepsiblings whilst they go away. She had this to say:

**“I don’t mind visiting my father and his wife and children but when they come back from where they had gone, they never say thank you for taking care of my stepsiblings. It is as though it is my duty and yet there is a helper in the house. They forget that I am still a student who also needs to rest and not baby-sit.”**

Giles-Sims and Finkelhor (1984:411) observe that “When a stepparent does not bring new resources, either financial or interpersonal, to the family, the stepparent is less likely to be granted a position of authority in the house.” Stanton (2001:202) observes that the withdrawal of important support systems, of significant others at the point of crisis, represents a serious loss for children. In addition to this loss, some children experience the loss of peers, neighbourhoods and economic stability. This observation is relevant to the study because stepfamily members were not emotionally supported and felt useless and unappreciated.

### **3.5 PATTERNS OF INTERACTION WITHIN THE THEORY OF HEALTH PROMOTION IN NURSING**



There are certain patterns of interaction between external and internal environments that are implied in the Theory for Health Promotion in Nursing (2001:3-8, Department of Nursing, Rand Afrikaans University).

These patterns of interaction reflect the mental state of stepfamily members as indicated by the following:

- i. Disturbance of sleeping pattern.
- ii. Feelings of distrust as evidenced by stepfamily members, e.g. a family member thinking that her tea is poisoned.
- iii. Inability to maintain a harmonious relationship with stepfamily members as evidenced by feelings of isolation, hurt, anger and shame.
- iv. Emotional disturbance as evidenced by sadness, depression as well as suicidal thoughts.
- v. Physical distress as evidenced by headaches, loss of appetite and poor sleep.
- vi. Changes in their financial material state as evidenced by some stepfamily members who could not go to school or get clothing. They are scared about what the future holds for them.

### 3.6 CONCLUSION

In this research, experiences of stepfamily members' relationships were described whereby feelings of anger, hate, worry, 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 their health: mentally, physically, socially and spiritually.

In chapter three, the results of individual interviews were discussed. In chapter four, guidelines as a framework for advanced psychiatric nurse practitioners to support stepfamilies to mobilise their available resources to promote mental health as an integral part of health will be discussed.



## **CHAPTER 4:**

### **DESCRIPTION OF GUIDELINES, LITERATURE CONTROL, PRACTICAL PROBLEMS ENCOUNTERED, LIMITATIONS, CONCLUSIONS AND RECOMMENDATIONS**

#### **4.1 INTRODUCTION**

In chapter three the results of the research were discussed and compared with relevant literature. In this chapter, guidelines will be based on the main theme, categories and subcategories and discussed. It is also expected that an advanced psychiatric nurse practitioner should use these guidelines as framework to support families to mobilise their available resources to promote their mental health as an integral part of health. Practical problems encountered during the research, as well as limitations and recommendations will be discussed.

#### **4.2 GUIDELINES AS A FRAMEWORK FOR ADVANCED PSYCHIATRIC NURSE PRACTITIONERS TO USE WHEN SUPPORTING STEPFAMILIES TO MOBILISE AVAILABLE RESOURCES TO PROMOTE THEIR MENTAL HEALTH AS INTEGRAL PART OF HEALTH**

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The guidelines are based on the themes from relationships of stepfamily members through in-depth, semi-structured, phenomenological interviews and researcher observations (refer table 3.1).

Lack of social interaction between stepfamily members made it difficult in adjusting to their relationships. This is evidenced in rejection by stepfamily members. Emotional turmoil related to difficulties in adjusting to new stepfamilies as observed in stepfamily members experiencing depression, anger, and distrust. In addition, conflict in communication, failure to listen to one another and feelings of being belittled of one another made the respondents to have a low self esteem. Stepfamily members experienced headaches, poor sleep and poor appetite due to physical distress because of psychological turmoil. Lack of financial, material as well as lack of emotional support was influenced by stepfamily members focussing on their own stumbling blocks. Lack of self-esteem related to the perception of not belonging as evidenced by feelings of helplessness, insecurity and self-blame. The above were demoralising to the individual concerned. It is therefore relevant and proper that the researcher develops these guidelines for advanced psychiatric nurse practitioners, based on the

Theory for Health Promotion in Nursing (2001: 3-8, Department of Nursing, Rand Afrikaans University).

Fig 4.1 depicts a conceptual framework for the establishment of a relationship between stepfamily members so as to function effectively in the family and community. The conceptual framework will be based on the activities concerning the goal content (Dickoff et.al., 1996: 422-423) which is the agent, recipient, context, procedure and outcome.

Advanced psychiatric nurse practitioners need to use the nursing process to guide them to acknowledge the stepfamily members to give them the opportunity to make their own choices regarding the setting of goals and their plans to achieve them so as to promote, maintain and restore the mental health of the stepfamily members as an integral part of their health and wholeness.

It is expected that the stepfamily members and the advanced psychiatric nurse practitioners be involved in assessing needs, formulating their objectives for intervention and implementation to achieve the objectives and also to engage in effective evaluation.

In the implementation of the nursing process, the advanced psychiatric nurse practitioner can use a theory that considers an individual in totality, that is body, mind and spirit, as well as the external environments and patterns of interaction between the internal and external environment. An example of such a theory is the Theory for Health Promotion in Nursing (Department of Nursing, 2001:3-8, Rand Afrikaans University). Such an approach will sensitise the nurse and the individual to factors that play a role in health or ill-health and together they can plan and implement the necessary actions.

Advanced Psychiatric nurse practitioners will use the guidelines in their professional endeavours to support stepfamilies to mobilise their available resources to promote their mental health as an integral part of health.

The following guidelines are suggested for use by advanced psychiatric nurse practitioners in supporting stepfamilies to mobilise their available resources to promote mental health as an integral part of health, as illustrated in Fig 4.1.

The difficulties experienced by stepfamily members in establishing their relationship can be addressed by modifying the presenting deficiency of lack of social interaction amongst them. It is expected that the advanced psychiatric nurse practitioner use a holistic approach at any level of their interventions.







#### **4.2.1 ESTABLISHING 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. Once the individual is attended to, the advanced psychiatric nurse reassures, allays anxiety and fears and establishes a mutual rapport with the individual in an environment that is warm and friendly. Once rapport is established, the individual feels free to disclose all that has been bottled in their chest without any fears because the advanced psychiatric nurse practitioner shall have reassured them about the ethical considerations and anonymity. In this way, the individual will freely voice and discuss the difficulties they are experiencing in establishing relationships with other stepfamily members. The advanced psychiatric nurse practitioner should listen actively and encourage expression of feelings, allowing enough time for crying if need be, as this helps relieve stress which the stepfamily members experience.

In support of this observation, Peplau (in George, 1990: 43-44) states that “nursing is therapeutic in that it is a healing art, supporting an individual who is sick and in need of health care. Peplau further states that as nurse and patient continue the relationship, an understanding of one another’s role and the factors surrounding the problem increases until both nurse and patient mutually share a collaborative manner toward the resolution of the problem. It is therefore important for an advanced psychiatric nurse practitioner to establish a one-on-one relationship with stepfamily members to help adjust in stepfamily relationship.

#### **4.2.2 ENCOURAGING FAMILY MEETINGS AMONGST STEPFAMILY MEMBERS**

When a stepfamily is formed, the members have no shared family histories or shared way of doing things and they may have different beliefs. Children may feel torn between the parent they live with most of the time and their parent whom they visit. Also, newly married couples may not have had much time together to adjust to their new relationship.

It is therefore imperative that the newly formed family build strong bonds among themselves by holding regular meetings through the following:

- 4.2.2.1 Acknowledging and mourning their losses
- 4.2.2.2 Developing new skills in making decisions as a family
- 4.2.2.3 Fostering and strengthening new relationships between parents, stepparents, stepchild and stepsiblings
- 4.2.2.4 Supporting one another
- 4.2.2.5 Maintaining and nurturing the original parent-child relationship

(Bartell, n.d.) observes that by holding regular family meetings, concerns, gripes and frustrations will be voiced amongst stepfamily members, thereby encouraging reciprocal respect and honesty. A thoughtful, sensitive approach to helping children to adjust will go a very long way to maintaining or creating successful relationships for the entire family. Whilst Dinkmeyer et.al (1989:109) observed that having family meetings is essential with the following guidelines:

- Meeting at a regular scheduled time;
- Treating all members as equals, letting everyone be heard;
- Using effective listening and I-messages to encourage members to express their feelings and beliefs clearly.

### **4.2.3 DEVELOPING EFFECTIVE COPING MECHANISM**

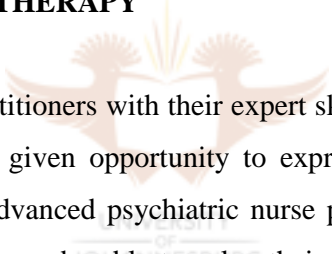
Stepfamily members need to get out of the situation at which they find themselves in and which is not good for their mental status. The need to be aware that stepping into a new family, learning their cultures, norms and values will not be easy but with guidance, support and encouragement, they will eventually adjust. Stepfamily members in forming new relationships need not be rushed but should let time to take its pace. It is for the advanced psychiatric nurse practitioner to ensure that stepfamily members, their extended family as well as the community are supported in mobilising the available resources to promote, maintain and restore their mental health.

The advanced psychiatric nurse practitioners are to use the nursing process which will allow the extended family members to help stepfamilies adjust to the relationship and the new lives they have just formed. The use of the nursing process by the advanced psychiatric nurse practitioner through assessment should help reveal issues such as low self-esteem, isolation, anger and suicidal ideas which the stepfamily members are currently experiencing.

During the intervention, the advanced psychiatric nurse practitioners should be open when asking questions that will allow stepfamily members to express their feelings concerning their experiences in a stepfamily relationship. By so doing, the stepfamily members will be aware that negative attitudes are not healthy and they should try to avoid this by adopting a positive attitude in understanding the next person. The stepfamily members will then develop coping mechanisms and be motivated to live a better and healthier life and avoid issues that will hamper their daily activities.

The advanced psychiatric nurse practitioners are expected to allow stepfamily members to formulate their own objectives after a proper realisation of the present issues in their daily lives. This will be followed by designing a proper plan for implementation and eventually evaluating the plan in order to strengthen the stepfamilies ability to mobilise the available resources to develop effective coping mechanisms.

#### **4.2.4 CONDUCTING FAMILY THERAPY**



The advanced psychiatric nurse practitioners with their expert skills are to conduct a family therapy in which every stepfamily member is given opportunity to express their feelings concerning the life pattern in their relationship. The advanced psychiatric nurse practitioners help modify the family's functioning so that family members can be able to solve their problems. During family therapy, no member should feel that they are targeted. It is therefore imperative that the advanced psychiatric nurse practitioners explain the whole process of family therapy, mainly to solve the problem, finding out the cause and working on dissolving it. The goals for each family are dictated by the problems they present and by the nature of their structural functioning.

#### **4.2.5 FORMING SUPPORT GROUP AND REFFERAL TO RELEVANT INDIVIDUALS**

The stepfamily members need support in establishing their relationships. As it is difficult to spontaneously fit in to a new stepfamily, learning new ways, cultures and norms of new members, the stepfamily member will need continuous support and encouragement. In some instances, the grandparents (or other family) are often used by stepfamily members to help adjusting. The advanced psychiatric nurse practitioners should highlight to the stepfamily about the clergy, the legal system, forming a network group with other stepfamilies as well as community based programs to help with

the adjustments. For further treatment, the advanced psychiatric nurse practitioners will refer the stepfamily member to a psychiatrist for treatment, psychologist for tests, social worker for grants. According to the American Academy of Child and Adolescent Psychiatry (AACAP,1997: No 27), most stepfamilies, when given the necessary time to work on developing their own traditions and to form new relationships, can provide emotionally rich and everlasting relationships for the adults and help the children develop self-esteem and strength to enjoy challenges of life.

### **4.3 PROBLEMS ENCOUNTERED DURING THE STUDY AND LIMITATIONS**

The following practical problems which led to the limitations experienced:

#### **4.3.1 DIFFICULTIES RELATED TO SAMPLING**

Initially, the researcher needed to interview all the members of the stepfamily but found it difficult to get the complete family as this is a sensitive issue. Some members felt they were going to be alienated as though they would be pointing fingers at a particular stepfamily member. Hence, the researcher was only able to get one individual who volunteered for the interview.

Secondly, it was difficult to access stepfamilies which lived together for a period of six months to a year. Even though the researcher consulted the social worker who worked with the stepfamilies, it was difficult to arrange interviews with families who fulfilled the criteria.

Thirdly, the researcher had made appointments with stepfamily members to conduct an interview but cancellations 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.

### **4.3.2 LOCATIONS OF INTERVIEWS**

The interviews were conducted at three different places: at the researcher's work place, at the respondent's home and at the clinic. There was a great geographical distance and the researcher had to travel kilometres to meet the respondents.

### **4.3.3 INTERRUPTIONS TO THE INTERVIEW PROCESS**

At one home, a child was crying and needed to be attended to in order to get him to sleep. At the clinic, the personnel had to attend to the sick crying babies who were given injections; telephones were ringing and a lot of noise came from other patients who had come to consult.

## **4.4 RECOMMENDATIONS**

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

### **4.4.1 PSYCHIATRIC NURSING PRACTICE**

It is evidenced from the research that new stepfamilies face many challenges. As with any achievements, developing good stepfamily relationships requires a lot of effort as the members have each experienced losses and face complicated adjustment to the new family situation.

In order to promote, maintain and restore the mental health of stepfamily members, it is necessary to regard them as human beings each with a body, mind and spirit who interact with their external environment physically, mentally, socially and spiritually. This means that a comprehensive approach should be used by advanced psychiatric nurse practitioners to address all components of stepfamily members, their internal and external environments at all levels of interactions.

Counselling sessions to be conducted by advanced psychiatric nurse practitioners with the stepfamily members and a referral system be used to refer family members to appropriate health professionals as well as to the community which is health orientated in all aspects.

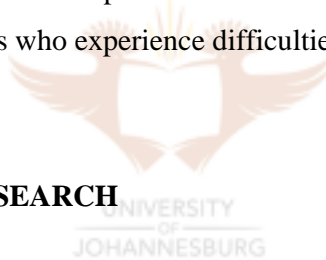
#### **4.4.2 PSYCHIATRIC NURSING EDUCATION**

Psychiatric Nursing Education is based on the concept that it is an interactional process focused on facilitating the person, family and community's quest for mental health. Psychiatric nurses and other health professionals should be trained within a curriculum which enables them to develop leadership, organisational and collaborative skills, to utilise them in supporting stepfamilies.

#### **4.4.3 PSYCHIATRIC NURSING RESEARCH**

The research is a unique contribution to nursing and other social sciences. More research is necessary to understand the complexities of stepfamilies adjustment in forming new relationship and to prevent mental illness.

The research can be based on the identified patterns of interactions between the external and internal environments of stepfamily members who experience difficulties in adjusting to new relationships.



#### **4.5 CONCLUSION OF THE RESEARCH**

When a stepfamily is formed, the members have no shared family histories or shared ways of doing things, and they may have different beliefs. There is considerable evidence in stepfamilies that adjusting to new relationships is difficult and leads to many unhealthy conditions. This research was carried out for the purpose of investigating the experiences stepfamilies have in their relationships and the implications for mental health. The objectives of the research were to:

- Explore and describe the experiences of family members in stepfamily relationships and the implications for mental health.
- Describe guidelines as a framework for the advanced psychiatric nurse practitioners to support stepfamilies to mobilise the available resources to promote, maintain and restore the mental health as an integral part of their health and wholeness.

The paradigmatic perspective in this study was guided by the Theory of Health Promotion in Nursing (Nursing Department 2001:3-8, Rand Afrikaans University) which reflected and provided the focus on

the whole person (body, mind and spirit), as well as the parameters for nursing service and beliefs in the nature of man, health, illness and nursing.

A functional approach was followed (Botes, 1991:2) based on the model for conducting a study (Botes, 1998:9). The qualitative, descriptive, explorative and contextual design prepared by Mouton and Marais (1990:43:44) was utilised. An in-depth semi-structured interview (phenomenological) was utilised as a data collection process in this research. Field notes were taken during and after every interview. Permission to conduct this study was granted by the participants and the authorities at the clinic.

Steps were taken throughout the study process to ensure trustworthiness using Guba's model (in Krefting, 1991:212-216) in which four aspects of trustworthiness namely truth-value, applicability, consistency and neutrality were considered.

Data analysis was done through the descriptive method by Tesch (in Creswell, 1944:155). The services of an independent coder were utilised and consensus discussion between the independent coder and the researcher were held in which the identified themes were confirmed. Themes were also reflected upon and utilised within the Theory for Health Promotion in Nursing (Nursing Department 2001: 3-8, Rand Afrikaans University), with whom reporting the results after data analysis, a literature control was undertaken for the purpose of highlighting similarities and differences between the results of this research and other studies conducted in the past.

Tabulation of the results was done according to the main theme and categories as shown in Table 3.1 in Chapter three.

Conclusions were drawn and guidelines described for advanced psychiatric nurse practitioners to support stepfamilies to mobilise the available resources to promote, maintain and restore the mental health as integral part of their health and wholeness. Recommendations concerning nursing practice, nursing education and nursing research were also stated in this research.

**BIBLIOGRAPHY**

1. AGUILERA, D.C. 1994: Crisis Intervention, Theory and Methodology, 7<sup>th</sup> edition. St Louis: Mosby.
2. ALLEN, J.G. 2001: Traumatic Relationships and Serious Mental Disorders. Library of Congress Cataloguing-in-Publication Data. England.
3. AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY, 1999: Stepfamily Problems No 27. Updated November 1999:1.
4. AMERICAN PSYCHIATRIC ASSOCIATION 1995: DSM-IV casebook: A Learning and Diagnostic and Statistical Manual of Mental Disorders, 4<sup>th</sup> edition, International Version, Washington, D C.
5. AMOORE, W.J.1996-1997: Deconstructing Dominant Stepfamily Narratives: Freeing Silent Voices, The Head, Department of Psychology. University of South Africa.
6. BARKER, P. 1998: Basic Family Therapy – 4<sup>th</sup> Edition. Mackwell Science Limited, USA.
7. BARTELL, SS “n.d.”: Help your teen adjust to a stepfamily.
8. BECK, C.M., RAWLINS R.P. and WILLIAMS S.E. 1994: Mental Health Psychiatric Nursing. St Louis, Mosby.
9. BEER, W. 1988:“Relative Strangers”: Studies of Stepfamily Process. Library of Congress Cataloguing , USA.
10. BOTES AC 1991: A Functional Approach in Nursing: Johannesburg. Rand Afrikaans University.
11. BOTES, A.C. 1998: A Research Model for Nursing. Johannesburg. Rand Afrikaans University.
12. BRAY, J.H. 1994: What does a typical stepfamily look like? – Family Journal no.2 January 1994: Issue 1.



13. BURGESS, A.W. 1990: Psychiatric Nursing in the Hospital and the Community. 5<sup>th</sup> edition. Norwalk: Appleton & Lange.
14. BURNS, N. and GROVE, S.K. 1993: The Practice of Nursing Research. Philadelphia: Saunders.
15. CARLSON, J. SPERRY, L and LEWIS, J.A. 1997: Family Therapy: Ensuring Treatment Efficiency. California: Pacific Grove.
16. COLEMAN, GANONG L, FINE, M. Re-investigating Remarriage: Another Decade of Progress. Journal of Marriage and the Family. No 62. November 2000.
17. COOK, J.S. and FONTEINE, K.L. 1991: Essentials of Mental Health Nursing. 2<sup>nd</sup> edition. Library of Congress Cataloguing in Publication Data. Canada .
18. COZZARELI, C. SUMMER, N. and MAJOR, B. 1998: Journal of Personality and Social Psychology, 74 (2) 1998; 453-467.
19. CRESWELL, J. 1994: Research Design: Qualitative and Quantitative Approach. London: Sage.
20. DEATER-DECKARD, K. PICKERING, K. DUNN, J.F., GOLDING J Avon: Longitudinal Study of Pregnancy and Childhood Study Team 1998: Family Structure and Depressive Symptoms in Men Preceding and Following the Birth of a Child Cam J Psychiatry, 1998, 155: 818-823.
21. DENOSA 1998: Ethical Standards for Nurse Researchers. Pretoria: Denosa.
22. DEPARTMENT OF NURSING, 2001: Theory for Health Promotion in Nursing. J Johannesburg: Rand Afrikaans University.
23. DE VOS, AS & FOUICHE, 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)
24. DICKOFF, J. JAMES, P and WIEDENBACH, E. 1968. Theory in a Practice Discipline, Part 1 Practice Oriented Theory. September – October 1968, Vol. 17, No. 5.

25. DINKMEYER, D. and McKAY, G.D. 1989: The Parents' Handbook STEP: Systematic Training for Effective Parenting. Minnesota: Circle Pines.
26. DUNN J, DEATER-DECKARD, K.PICKERING, K. INSTITUTION OF PHYCHIATRY, LONDON , U.K. and GOLDING J and ALSPAC STUDY TEAM: Siblings, Parents and Partners: Family Relationships within a Longitudinal Community Study. J Child Psychology Psychiatry volume 40 no7 pp 1025-1037, 1999.
27. DUVALL, E.M. 1971: Family Development. Philadelphia: Lippincott.
28. EPSTON, D. 1998: Catching up with David Epston: A Collection of Narrative Practice-Based Papers Centre. Adelaide: Dulwich Centre.
29. FINE, M.A., McKENRY, P.C. 1992: Perceived Adjustment of Parents and Children: Variations by Family Structure, Race and Gender. February 1992 Vol 54 issue 1.
30. FONTEINE, K.L. and FLETCHER, J.S. 1995: Essentials of Mental Health Nursing 3<sup>rd</sup> edition. Library of Congress. Cataloguing in Publication. California.
31. FRIEDMAN, M.M. 1998: Family Nursing Research, Theory and Practice. 4<sup>th</sup> edition. Stamford: Appleton & Lange.
32. FRISCH, N.C. and FRISCH, L.E. 1998: Psychiatric Mental Health Nursing. Albany: Delmar.
33. GANONG, L. COLEMAN, M. FINE, M. MARTIN, P. 1999: Stepparents Affinity Seeking and Affinity Maintaining Strategies. Journal of Family Issues no20. May 1999, issue 3 299, 29.
34. GEORGE, J.B. 1990: Nursing Theories: The Base for Professional Nursing Practice. 3<sup>rd</sup> edition. Norwalk: Prentice Hall
35. GEYER, N. 1998: Pain. Nursing News, 22(6) June 1998: 21-22.
36. GILES-SIMS, J. and FINKELCHOR, D. 1984: Child Abuse in Stepfamilies. Family Relations (1984, 33, 407-413).
37. GIORGI, A. 1985: Phenomenological and Psychological Research. Pittsburgh: PA Duquesne University Press.

38. HABER J, McMAHON, AL, PRICE-HOSKINS P and SIDELEAU B.F 1992: Comprehensive Psychiatric Nursing. 4<sup>th</sup> edition. St Louis: Mosby.
39. HOLLOWAY, I. and WHEELER, S. 1996: Qualitative Research for Nurses. Oxford: Blackwell Science.
40. ISAACS, M.B, MONTALIS, B. and SOLNN, D.A. 1986: The Difficult Divorce for Children and Families. New York : Basic Books.
41. JOHNSON, D.W. 1993: Reaching Out: Interpersonal Effectiveness and Self-Actualisation. Boston: Allyn & Bacon.
42. KAPLAN, H.I. SADOCK, B.J. and GREBB J.A. 1994: Synopsis of Psychiatry Behavioural Sciences. Clinical Psychiatry. 7<sup>th</sup> edition. Baltimore: Williams & Wilkins.
43. KENDELL, R.E. and ZEALLY, A.K. 1993: Companion to Psychiatric Studies. 5<sup>th</sup> edition. New York: Churchill Livingstone.
44. KNIESEL, C.R. and WILSON, H.S. 1992: Psychiatric Nursing 4<sup>th</sup> edition. Library of Cataloguing in Publication, Canada.
45. KREFTING, L. 1991: Rigor in Qualitative Research: The Assessment of Trustworthiness American Journal of Occupational Therapy. Vol. 45 (3).
46. LINCOLN, Y.S and GUBA, E.G. 1985: Naturalistic Inquiry. London: Sage.
47. LO-BIONGO-WOOD J.H. 1994: Nursing Research. Methods, Critical Appraisal and Utilization. St. Louis: Mosby.
48. MINICHELLO V. ARONI, R. TIMEWELL, E and ALEXANDER L 1990: In-depth Interviewing: Researching People. Melbourne: Longman Cheshire.
49. MORSE, J.M. and FIELD, P.A. 1996: Nursing Research. The Application of Qualitative Approaches. London: Chapman and Hall.

50. MOUTON, J. 1996: Understanding Social Research. Pretoria: Van Schaik.
51. MOUTON, J. and MARIAS H.C. 1990: Basic Concepts in Methodology of Social Sciences. Pretoria: Human Science Research Council.
52. NICHOLS, M.P. and SHWARTZ, R.C. 1995: Family Therapy: Concepts and Methods. Boston: Allyn & Bacon.
53. NICHOLSON, J..M. FERGUSSON, D..M. and HORWOOD, L..J.1999: Effects on Later Adjustment of Living in a Stepfamily During Childhood and Adolescence. Child Psychology, Psychiatry. Vol.40(3) pp 405-416, 1999. Cambridge: University Press.
54. OKUN, B.F. 1992: Effective Helping, Interviewing and Counselling Technique. 4<sup>th</sup> edition California: Pacific Grove.
55. PASQUALI, E.A., ARNOLD, H.M and DE BASIO, N 1989: Mental Health Nursing: A Holistic Approach. 3<sup>rd</sup> edition. St. Louis: Mosby.
56. POGGENPOEL, M. 1994: Psychiatric Nurse-Patient Interaction Facilitating Mental Health. Curationis Vol. 17(1).
57. POLIT, F. and HUNGLER, P. 1995: Nursing Research: Principles and Method. Philadelphia: Lippincott.
58. RAWLINS, R.P. WILLIAMS, S.R. and BECK, C.K. 1993: Mental Health Psychiatric Nursing: A Holistic Life Cycle Approach 3<sup>rd</sup> edition. St. Louis: Mosby.
59. ROBERTS, J. 2002: The Complexities of Stepfamily Life can be Dizzying Family Matters. Psychotherapy Networker, May/June 2002 vol. 26(3) pp. 95-96.
60. RODGERS, B. and PRYOR, J. 1998: Divorce and Separation: The Outcome for Children. York, England: Joseph Rowntree.
61. ROSSOUW, D. (ed) 2000/01: Intellectual Tools-Skills for Human Sciences. Pretoria: Van Schaik.
62. SANDELLOWSKY, M. 1995: Focus on Qualitative Methods. Sample Size in Qualitative Research. Research in Nursing and Health 1995 (34): 274-282.

63. SMELTZER, S.C. and BARE, B.G. 1996: Brunner and Suddatz Textbook of Medical Surgical Nursing . Philadelphia: Lippincott Company.
64. STANTON, G.W. 1986: Preventive Intervention with Stepfamilies. National Association of Social Workers. Inc.
65. STEYN, A.M.E. 1991-1994: The Stepfather as a Sexual Molester. (Completed Dissertation) Department of Criminology. University of South Africa.
66. STREUBERT, H.J. and CARPENTER D.R. 1995: Qualitative Research in Nursing Philadelphia: Lippincott.
67. STUART G.W. and SUNDEEN S.J. 1995: Principle and Practice of Psychiatric Nursing 5<sup>th</sup> edition. St. Louis. Mosby.
68. TALBOT, L.T. 1995: Principle and Practice of Nursing Research, St. Louis: Mosby.
69. TEMKE, M.W. 1995: Stepfamilies: Stages of Stepfamily Development: Fact Sheet Developed by Mary W. Temke, Ph.D, Extension Specialist, Human Development, with assistance by Amy Clement, a graduate student at the University of New Hampshire's Department of Family Studies 8/95.
70. TOWNSEND, M.C. 1996: Psychiatric Mental Health Nursing: Concepts of Care. 2<sup>nd</sup> edition. Philadelphia:
71. VARCAROLIS, E..M. 1994: Foundations of Psychiatric Mental Health Nursing. 2<sup>nd</sup> edition. Philadelphia: Saunders.
72. VINSON, T. BALDRY, E. and HARGRIEVES, I. 1996: Neighbourhoods Network and Child Abuse. British Journal of Social Work 26 (4) 523-524.
73. VISHER, E..B. and VISHER, J.S. 1991: How to Win as a Stepfamily. New York: Brunner.
74. WHITE, M. and DENBOROUGH, 1998: Introducing Narrative Therapy: A Collection of Practice-Based Writings. Adelaide: Dulwich Centre.
75. WILSON, H.S. 1989: Research in Nursing. California: Addison-Wesley.

76. WILSON, H.S. and KNIESEL, C.R. 1992: Psychiatric Nursing. 4<sup>th</sup> edition. California: Addison-Wesley.

77. WOOLFE, R and DRYDEN, W. 1996: Handbook of Counselling Psychology. London: Sage.

78. ZASTROW, C. 1996: Introduction to Social Work and Social Welfare. California: Pacific Grove.

