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**PSYCHOTHERAPY WITH AN ADOLESCENT GIRL IN A MIXED-RACE
STEPFAMILY IN POST-APARTHEID SOUTH AFRICA**

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Dedicated to my family: - Those who have gone before, those in the present, and those to come.

In memory of: - Granny Francis, one time cleaner at UCT, Grandpa George for the walk to the library and thick books at the breakfast table, Uncle Joey, Denzil, Alan Flisher and the Study Cat.

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Abstract

This thesis explored issues brought to therapy by a biracial stepfamily in post-apartheid South Africa. Since this is likely to become a more common family type, the thesis examined the literature on biracial stepfamilies, so as to reflect on the therapy and determine whether race and cultural differences were the most important cause of family dysfunction. While race and culture emerged as an important stressor, pathology in the family system was found to be crucial in the therapy. Considerations for counsellors are addressed and further South African research in this area is called for.

Key concepts: mixed race families, intercultural families stepfamily, blended family post-apartheid South Africa, pathology, family systems, adolescents, race, difference

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Introduction

'I don't want to be rude or anything, but my stepsister told me herself that she is a racist.'

So began my first session as a coloured¹ student psychologist, once I was alone with a coloured adolescent girl from a racially mixed stepfamily, nearly two decades after the abolition of apartheid in 1994.

My awareness of race and racism was developed within the context of my family and South African apartheid history. My ancestry includes African and European influences. Most family members choose to emphasise or deny one or the other, depending on their sense of identity and political ideology.

My mother relates numerous encounters with race, for instance how her coloured grandmother and white (British) grandfather were contentedly married pre-apartheid. By 1949 the Immorality Act and the Mixed Marriages Act of 1950 forbade sexual and marital relationships between whites and black partners (Posel, 2011). My mother also marks the day when she first saw trains with 'non-European' entering the station, as signifying when apartheid became a reality and sowed division in her family. An aunt who 'passed' as white chose to sit in the 'Europeans-only' carriage. When the Population Registration Act of 1950 'gave statutory recognition to mechanisms of racial classification' (Dubow, 2011), all my mother's once-close cousins who could 'pass' chose to be reclassified as white, and as such, most remain estranged. Reddy (2001), points to Horrel's suggestion that the 'intention of the 1950 act was to prevent the 'passing' from one group to another' (p 76).

My father relates waking up to apartheid with humour. He had addressed his employer as 'Meneer' ('Sir') to which the response was: 'Ek is nie jou Meneer nie, gaan

¹ Distiller and Steyn (2004) view race as a social, not biological category - which can be "constructed, deconstructed, resisted and its artificial boundaries and divides challenged" (p. 7). However, they acknowledge the immense power of this categorisation and see race as the main constituent of identity for most South Africans. I therefore use the racial terms of coloured, white and black, as these authors do, to recognise that although in essence false, this framework has had effects that endure to the current day.

roep jou predikant Meneer, ek is jou baas' ('I am not your Sir, go and call your priest that, I am your boss'), and then he hit him unconscious!

I lived in the same 'coloured' suburb as my client during my adolescence, since the Group Areas Act of 1950 segregated residential areas along racial lines (Posel, 2011). My high school career passed in a time of personal and political turmoil, during the 1980's. I was influenced by the Black Consciousness Movement (BCM)² and the anti-apartheid movement's resistance in schools, where the Bantu Education Act of 1953 divided all educational institutions along racial lines and gave the government power to control teacher appointments and the content taught.

This put me conflict with my father, who forbade membership of any political organisation, due to his leadership in our church (which also forbade women speaking in church). Despite this I attended the launch of the United Democratic Front (UDF), supported school, consumer and boycotts of the Coloured Representative Council. When a state of emergency was declared in 1985, my uncle, a member of the banned African National Congress (ANC) and executive member of the UDF, was jailed, placed in solitary confinement, his whereabouts undisclosed for months (Worden, 1985). My teenage cousins and the leaders of our school's Student Representative Council were also tortured, jailed and changed forever during 1985, my matric year. I worked in 1986 - 1987, too ashamed to register at a university, since most of my classmates had not written their matric exam.

I registered at the University of Cape Town and was exposed to a more diverse community than I would have found at the University of the Western Cape, an institution set aside specifically for coloured people. I supported anti-apartheid protests such as the 'Free Mandela' campaign. In 1990 anti-apartheid organisations, including the ANC, were unbanned. When Nelson Mandela was released that year, I joined thousands to welcome him on the Grand Parade in Cape Town. In 1991 I heeded the call to 'boycott' (my own) graduation in protest against the financial exclusions of mainly black students.

² BCM rejected racial categories that separated oppressed people, and argued for a common black identity which embraced the common experiences of Africans, coloureds and Indians: *black* was regarded as a synonym for both oppression and freedom (Dubow in Ross, Mager and Nasson, 2011).

In 1994 I walked with my family to vote for the first time in the first democratic elections in my mother's childhood neighbourhood.

Two years later my client Mia was born into a post-apartheid South Africa.

She appeared to be identifying with me, and I found myself indentifying with her. She appeared to identify herself as black, as I had as an adolescent. She contrasted herself to her white ('racist') stepsister and further distinguished them by their diverse music - her stepsister liked rock music whereas she liked hip-hop, for instance.

Since South Africa's history of racial, class and gender oppression has impacted on every aspect of my existence, I anticipated that psychotherapy with my patient would be influenced by our own internalised experiences of this history. My experience was that of a coloured therapist having grown up during apartheid, and my patient's was that of a coloured girl, post-apartheid. The notion of an objective, neutral, therapeutic space could therefore not be assumed – a notion that has been problematised by various intersubjectivity theorists, who view subjectivity as central to our experience of the world (Benjamin, 1990; Ogden, 1994; Swartz, 2004).

This case thus presented a unique opportunity to explore psychotherapy within the context of a racially mixed stepfamily, a configuration becoming more common in the post-apartheid landscape, similar to the trend in the US (Baptiste, 1984). This thesis therefore reflects on the therapy with an adolescent and her family, in the light of the therapist's own acknowledged subjectivity and the literature.

Literature Review

This thesis will explore the issues brought to therapy by a biracial stepfamily living in post-apartheid South Africa. In the process, it will draw on the literature about biracial and stepfamilies to contextualise those issues, to reflect on the psychotherapy. That literature is reviewed below.

Categorising intercultural relationships

Sullivan and Cottone (2006) report that the literature presents intercultural relationships as not clearly distinctive from other kinds of relationships which also

typically include many cultural differences. However, intercultural couples are regarded as marked by more difference between the partners, and in a greater range of issues. Race, religion and national origin are the main elements that contribute to differences between members of a couple. Together, these factors impact more strongly than any one factor of individual difference does.

More attention, however, has been paid to racial differences than other forms of cultural difference. For example, McFadden and Moore (2001) used Cross's (1971) African American Individual Identity Development Model to describe the development of intermarriage across races. Here healthy identity development is seen as moving from a race-based feeling of inferiority and self-doubt to self-acceptance and empowerment. Cross (1971) employed a race-based identity development model as a metaphor for understanding all intercultural couples – and concluded that such relationships are marked by negative, undermining cultural attitudes, and consist of people who view oppressors as superior and themselves as inferior. McFadden and Moore (2001) developed this further and examined how the couples shift from internalised oppression linked to racism to rise above difference to effect the survival of their relationship.

This race-based model, however, assumed a rather negative view of intercultural relationships, that these relationships are marked by negative cultural views, and polarised positions of inferiority. It also excluded any reference to the values, norms and pressures of society on marriages (McFadden & Moore, 2001). Sullivan and Cottone (2006) argue that the biggest limitation of the race-based analysis of intercultural relationships is that they are not applicable to the numerous intercultural couples who have no racial variation (for example a white American and a white European). They argue that contrary to these models, it is possible for interracial relationships to exist without power variation and oppression, and that these models are very much stereotyped assumptions.

A second category of writers identified intercultural relationships by studying the origin of the additional difficulties interracial couples experienced, compared with relationships where both members come from the same ethnic group. Bhugra and De Silva (2000), for instance, identified two added challenges they face: macro-cultural characteristics (social attitudes which range from curiosity to blatant prejudice to non-

acceptance of partners by family and culture), and micro-cultural individual differences in behaviour, belief, values and customs. Some writers looked at “explicitly identifying individual differences” (Sullivan & Cottone, 2006: p.222). These writers viewed intercultural relationships as those between people with varying faith, culture, nationality and race, which may include added marital difficulty originating from beliefs and practices originating in culture (Hsu, 2001).

Another group of writers emphasised elements of cultural diversity stemming from national origin and heritage. These authors looked at the part these differences played in couples’ stress. Some looked at how the combined differences in ethnicity and religion could lead to problems. Still other authors noted that explanation and negation of difference led intermarried couples to feel solid intimacy and understanding (Heller & Wood, 2000).

One study pointed to the fact that common ethnic origins did override national heritage difference. For example, marriages where one partner was raised in Greece and the other in the United States presented great marital problems than racially mixed marriages (Softas-Nall & Baldo, 2000). For British-Turkish couples, marriage difficulties were mostly linked to cultural differences and world view rather than socioeconomic class or religious practice. The degree of acculturation was found to be a small consideration for mixed-culture couples (Sullivan & Cottone, 2006).

Other researchers found that when religious and ethnic differences combined (for instance, Greek people following the Greek Orthodox faith married to non-Greek Orthodox spouses following a different faith tradition), it was a significant origin of marriage anguish Joanides, Mayhew, and Mamalakis (2002).

Various terms are used for these relationships in the literature. For instance, Gordon (1964) refers to intermarriages – marriages where one of the spouses’ racial, cultural and/ or religious backgrounds differs from the other, while Baptiste (1984) notes that the terms ‘racial intermarriage’ is often used to mean ‘intercultural’. Baptiste (1984) argues that interracial marriages are different from intercultural marriages. While some interracial marriages may also be intercultural, all intercultural marriages are not interracial. However, his experience in clinical practice suggested that most interracial marriages also have some characteristics of intercultural relationships.

For instance, he differentiates between racially/culturally intermarried stepfamilies and *de facto* intermarried stepfamilies, "... stepfamilies in which one of the remarried partners is of a different racial (for example, black-white union)" (Baptiste 1984, p. 374). He makes a further distinction between differences in culture "(for example, a Taiwanese-born Chinese, married to an American-born Chinese), or both racial and cultural background (for example, a black Nigerian married to a white American)" (Baptiste 1984, p. 374).

Ultimately, Baptiste (1984) divides such intermarriages into three types: racial, cultural, racial and cultural, and recognises that these may be formed through remarriage or by the presence of children of a different race or culture than the adults' (Baptiste, 1984), or stepfamilies where both remarried partners share a common racial or cultural origin. He uses the terms racially/culturally heterogeneous 'stepfamily' interchangeably with 'intermarried' (p. 374). The term racially/culturally **homogenous** stepfamily is used interchangeably with **intramarried**.

A brief survey of research into stepfamilies

Darden and Zimmerman (1992) suggest that the blended family - a stepfamily - has become a societal norm. In the United States of America it was foreseen to be the main family type by 2000. As early as 1984 it was foreseen that one in every five children under eighteen years old would be a stepchild. By 1988, 79% of divorced men and 75% of divorced women had remarried. Sixty percent of these had children. In addition, 30% of all marriages consisted of remarriages.

Therapists are therefore highly likely to have to treat families who experience a wide range of difficulties, including transient pathologies arising from family adjustments. Despite this, the majority of the professional literature ignores the specific concerns of unconventional family structures and still focuses on the traditional nuclear family (Darden & Zimmerman, 1992). The authors therefore reviewed a decade's worth of papers (1979 to 1990) appearing in three important marriage and family journals, to explore the extent to which published literature in three major journals addressed the issues of non-nuclear families. The *Journal of Marital and Family Therapy* and *Family Process* were chosen due to their prolonged existences and progressive stances, and the

Journal of Strategic and Systemic Therapies was chosen due to its clinical focus. The authors reviewed all articles related to stepfamilies.

Out of 1 061 articles, only 10 dealt with blended families. There was therefore a discrepancy between societal occurrence and the types of families the literature dealt with. Furthermore, the literature mainly dealt with the dissimilarity between remarried and conventional married families, and not the distinctiveness of blended families, which the authors noted as a grave concern. The papers included in Darden and Zimmerman's (1992) review are briefly summarised below.

A study by Perkins and Kahan (1979) showed differences between stepfather and natural-father families with a single child between twelve and fifteen. All family members of natural-father families were found to be better adjusted, content, and comprehended each other better, compared to stepfather families. Children who lived with their natural fathers communicated better with each other compared to those who lived with their stepfathers. Children in stepfather families regarded their natural fathers as more influential than their stepfathers. Stepfathers also rated their stepchildren as more naughty compared to natural fathers.

Walker and Messinger (1979) examined differences between first-marriage nuclear families and remarried families. The authors highlighted three distinct areas of difference in respect of physical and mental boundaries and roles: Boundaries around parental decision-making and budgeting typical of living in a shared home with natural parents were not present in remarried families, and parental influence and financial support in single-parent households were different from those in remarried families. Parental decision-making, for instance, was discussed telephonically, often across great distances, in blended households. Budgeting was usually managed by the stepparent, most commonly the stepfather, in order to finance two homes. The resultant boundaries in remarried families were a lot more flexible than in 'natural' families. Since remarried families did not have a common history of customs and practices, the psychological boundaries were also different compared to families with natural parents.

Clingempeel, Levoli, and Brand (1984) analysed 'simple' and 'complex' stepfather families and the gender of the stepchild to study variation in the quality of relationships. Simple stepfather families were defined as those with a biological mother

with custody of a child from a previous marriage and a stepfather without any natural children. A complex stepfather family was defined as one with a biological mother with custody of a child from a previous marriage and a stepfather without custody of his biological child. Results showed no variation across simple and complex stepfather families in respect of love, detachment, and positive and negative communication between stepparents and stepchild. These aspects of stepfather families also remained similar across the gender of stepchildren. The major difference was that stepdaughters showed less positive verbal behaviours in respect of their stepfathers, compared to stepsons.

The last article in *Family Process* (1986), Anderson and White (1986) examined variations and parallels in nuclear and stepfamilies, as well as between functional and dysfunctional stepfamilies. The writers aimed to differentiate functional stepfamily patterns from those of functional nuclear families in order to encourage clinicians to desist from compelling stepfamilies to engage in nuclear family models of communication.

The authors found higher marital adjustment in functional families versus dysfunctional families. Remarkably, dysfunctional stepfamilies were found to have a greater level of marital adjustment compared to dysfunctional nuclear families. Dysfunctional stepfamilies had the same level of marital adjustment as did functional nuclear families. Both functional stepfamilies and functional nuclear families had the ability to participate in joint decision-making and give-and-take, and bonds between natural parents and children were enduring and affirmative, with no exclusion of family members. Variation between functional nuclear families and functional stepfamilies showed a stronger inclination for family patterns to include parent-child alliances in stepfamilies and less strong involvement between stepchildren and stepfathers. Functional and dysfunctional stepfamilies were found to show similar communication styles which were distinct from those of nuclear families. The patterns were found to be more excessive in dysfunctional stepfamilies.

The *Journal of Marital and Family Therapy* contained four articles on blended families.

The first, by Kleinman, Rosenberg, and Whiteside (1979) theoretically examined developmental tasks within remarried families. These include: tasks of mourning the previous family, forming a strong marital dyad, and developing alliances between the children from the different families.

The second article by Walker et al. (1979) concentrated on remarried families in terms of treatment, and explored how to improve stepfamily functioning. It was recommended that the previous partners as well as the extended, or meta family, all be part of the treatment. The use of genograms was advised to highlight family patterns and to simplify the description of the new family. The therapist should also assist families to understand the discrepancy between their idealised family, and current family, in addition to allowing the family to mourn the lost family. The authors also recommended that the extended family should be supported in participating in the children's development at all stages.

A third article by Whiteside (1982) concentrated on remarriage as a phase in family development over a life span. The stages identified were: the original marriage, parting, separation, divorce, the establishment of two different homes, dating, early remarriage, and finally established remarriage. The authors stressed that it is important that the therapist working with blended families is able to identify and understand at which stage the family is. In this way unique developmental tasks and needs could be identified and the therapist could implement appropriate interventions and techniques.

The final article reviewed in *The Journal of Marital and Family Therapy*, by Isaacs and Leon (1988), broadened the definition of blended families to include cohabitation, serious relationships without cohabitation, and casual relationships. They advocated a move away from the division in the literature which compared remarried families to all other types of cohabitation. They concluded that children's adjustment was associated with the type of family structure, but that maternal adjustment was not. Children adjusted better when the mother was not in a new romantic relationship. According to the authors, the adjustment of children whose mothers were unmarried and cohabiting, were the worst.

A later review than that of Darden and Zimmerman (1992) was then conducted by Portrie and Hill (2005). Portrie and Hill (2005) state that in contrast to the research of

Darden and Zimmerman (1992) in the previous decade, the current literature identifies multiple influences on family functioning, not only family structure. The review therefore also suggested vital factors for counsellors and blended families to consider in understanding the development of blended families, including the growth of relationships between stepparents and stepchildren, the communication stratagem, as well as the building of resilience.

Portrie and Hill's (2005) review found that there were two main models of family functioning being used in current research. The first was the developmental model of pathways for blended families, which examines the general interaction and functions of the blended family unit. The second was a multi-factorial approach which focused on the role of stepparents, or the welfare and insights of children.

Papernow (1993) produced the most all-inclusive stage-based developmental model. This model proposed that blended families undergo seven stages of development. These were described as a 'fantasy' stage, which involved unrealistic expectations; then an 'immersion' stage, where illusions are splintered; in the third stage of 'awareness' the family make efforts to cope with their instability; the fourth stage, mobilisation, typically involved overt conflict and efforts to discuss and resolve these; these come to fruition during the fifth 'action' stage with new family truces; the sixth phase involves positive bonds between family members; and in the last 'resolution' stage the family is typified as unified, solid and healthy. Papernow (1993) believed that failed blended families do not attain the last three stages.

Stage-based developmental models of blended families such as those of Papernow (1993), Kleinman et al. (1979) and Whiteside (1982) were considered to be restrictive in that they presented an idealised progression of development. Earlier models also lacked information in respect of diversity within blended family structure and did not present a dynamic nature of family relationships. More recent literature has shifted towards process models. The first of these models, the five developmental pathways of blended families (Baxter, Braithwaite & Nicholson, 1999), provided the building blocks for a process developmental model. This model allowed scholars to describe the intricate and varied nature of the blended family's development. The five pathways were differentiated in terms of '...the frequency of conflict related events, the average amplitude of change in

feeling like a family, and the current reported level of feeling like a family' (Baxter, Braithwaite & Nicolson, 1999: p. 291). In addition, they found 15 main types of turning points blended families experienced – the most common occurrences being changes in household configuration, conflict, holidays and special events, quality time and family crises.

This model showed that not all blended families develop feelings of closeness incrementally. Instead, these feelings may vary over time and have different end points (Baxter, Braithwaite & Nicolson, 1999). This model allows for a richer description of the development of blended families in comparison to the stage models in that it recognises the various paths that families experience.

This model provided the framework for a study attempting to describe developmental processes in establishing successful blended families. It aimed at comprehensive knowledge of blended families during the first four years of their family evolution, as well as their processes during communication (Braithwaite et al. 2001). The study examined three areas: how blended families unite, how they communicate (which incorporated boundary management, settling disagreements and discussion of role), and the purpose of communication in family functioning.

Braithwaite et al. (2001) found that accelerated and prolonged trajectories, or positive pathways, were applicable to 56.6% of participants. The more negative pathways, the declining and stagnating families, corresponded to 18.9% of the participants. The most problematic high amplitude turbulent pathway was represented by 20.8% of the participants.

The first of the five developmental trajectories was 'accelerated' (30.2% of families). These families moved swiftly and consistently towards 'feeling like a family', and parents in these families were unambiguous about their parental roles and regarded their children as being interrelated as siblings. The second trajectory (26.4 % of families) was described as 'prolonged': here the family took a longer time to feel like a family. They experienced low levels of cohesion, but the family was considered functional. The third trajectory was a 'declining' blended family (5.7% of families). Here the family started with high degrees of feeling like a family but this reduced to nil by the end of four years. This group of blended families started with an image of an ideal family that was

then substituted by a disappointed and distressed idea of the family. The 'stagnating path' of development (13.2 % of families) started and finished with fairly low levels of feeling like a family and involved changing expectations and unclear roles in the blended family. Finally, a 'high-amplitude turbulent' trajectory (20.8% of families) was typified by quick peaks and declines in levels of feeling like a family. These blended families struggled to accept new family roles and did not feel like a family by the end of year four (Braithwaite, et al., 2001).

Blended families across all five trajectories regarded open communication as signifying satisfying family development. Open communication was defined by participants as their skill in discussing family roles, boundaries, common identity, adjustment into the family, varying expectations, conflict and emotions. All except the families in the 'declining' trajectory possessed the capacity to put aside differences within the blended family and adjust to changes by negotiating their internal family relationships. Skill at meeting challenges via communication was reported by the blended families as growing high levels of cohesion, or 'solidarity'. In sharp contrast, the declining families displayed a poverty of communication and deterioration of the blended family. Family members in this trajectory reported that continued avoidance in communication, had a destructive outcome as well as physical and emotional separation. The three main areas of family experience were boundary management, solidarity and adaptation, the form of which differed across the five trajectories (Braithwaite et al. 2001).

Golish (2003) used qualitative methods to study stepfamily strength in respect of communication. The study looked at communication tactics and how these differed among 'strong' and weaker blended step family development. She found that all families underwent seven main difficulties. These were: emotions of being trapped, managing boundaries with non-custodial families, ambiguous parental roles, distressing ('traumatic') bonding, competition for resources, different strategies in managing conflict, and developing the cohesion of the family unit. She also found that families who talked together daily and participated in family problem solving, promoted a positive view of the new blended family, partly through recognising the extent of challenges of being a solid blended family. In addition, Golish (2003) reported that while strength in

communication was important to any family, stepfamilies might apply this in distinctive ways, since the imperatives are more complex due to their network of connections with people outside the immediate family boundaries. Their communicative stratagems also evolved differently and resulted in variation in the development of communication. Golish (2003) also concurred with the findings of Braithwaite et al. (2001) that all stepfamily evolution is distinctive and that their communication patterns serve as their foundation.

Multifactorial models also attempt to describe stepfamilies. They do not focus simply on the developmental trajectory, but rather on a wider range of aspects of family functioning.

For instance, Baptiste (1984) concurs with Braithwaite, et al. (2001), in respect of areas of family experience when he points to *general* problems of many stepfamilies such as “boundaries, family management, child discipline, relationships with ex-spouses, family relationships and finally the acceptance, love and trust from stepparents and children ...are difficult, stressful, and potentially explosive” (p. 374). However these problems, even if mild, gain additional meaning and importance when combined with difficulties originating from the racial/cultural dissimilarity (Turnbull & Turnbull, 1983). The problems of intermarried (culturally dissimilar) stepfamilies are distinctive and the subject matter of difficulties differs in comparison to culturally or racially similar stepfamilies.

Baptiste (1984) identified three additional problems unique to intermarried stepfamilies. The first is cultural differences: partners have difficulty in establishing a new family culture from disparate cultures. The second problem experienced is that of children’s adaptation, where children struggle to acknowledge a new stepparent /step siblings who differ from them in terms of race/culture. The third difficulty experienced by intermarried stepfamilies is internalised racial and or cultural beliefs. Baptiste (1984) refers to the unconscious negative outlook and actions relating to beliefs about a partner’s race or cultural group learnt and integrated before the marriage.

He goes on to highlight three unique factors which contribute to the problems of intermarried families (Baptiste, 1984). Writing from a US perspective, one is negative perceptions of intermarriages. Despite the US pride in being a multi-cultural society, and

miscegenation not being outlawed, all the main racial, religious and ethnic groups regard homogeneous marriages positively, and clearly disapprove of intermarriages (Burma, 1963). There was still opposition to these marriages, based on the belief that they were bound to be unsuccessful (Sanua, 1967), and that people should marry within the same group.

The second contributing factor is differences in culture-based constructions of marriage. This combined with each partner's experiences in their family of procreation and origin, impact on their lifestyle and behaviour within the marriage. Intermarried couples need to differentiate between cultural, personality and relationship differences in order to avoid a more conflict prone relationship, compared to homogenous families.

Children's feelings of betrayal by a biological parent is the third factor which contributes to the unique difficulties in intermarried families. Unlike the adults, adolescent children in particular have not participated in the choice of the new stepparent.

Baptiste (1984) reports that this is more of an issue in intermarried families. Adolescents may have already internalised negative societal views of race or cultural groups and taken on the dominant culture's negative view of intermarriage. This may lead to feelings of betrayal, in terms of the marriage to a group regarded as low status, more importance being attached to the myth of the wicked stepparent and intensify negative feelings of children on either side.

More recently, the literature has also examined the influence of family structure on relationships between stepchildren and stepparents.

MacDonald and DeMaris (2002) examined how stepfathers negotiated family roles and the evolution of the stepchild relationship. Their hypothesis was that the impact of the stepparent demand to conform (to rules, direction, containing outbursts) relied on the biological father's participation in the child's life. That is, the child's acceptance of the stepfather decreased as the time increased as regards the non-residential biological parent supported and spent time with the child. They found that that discord between the biological parents negatively impacted the quality of the stepfather-stepchild relationship. Contact between the stepchild and the biological father resulted in weakening the quality of stepfather-stepchild relationship. In addition, biological parental conflict negatively impacted stepfather-stepchild relationship quality. Provided that contact between

biological father and stepchild was minimal, biological father input did not seem to impact on stepfather-stepchild relationship. The stepfather's demand for the stepchild to conform determined the quality of their relationship. Quality time was therefore more important relative to conforming to demands in stepparent-child relationships.

Lansford, Ceballo, Abbey and Stewart (2001) examined the quality of relationships and well-being of five different types of family structure, that is, two-parent biological, single mothers of biological children, post divorce, stepfather families, stepmother and adoptive families. The study found that family structure differences were not important, once the family process variable (conflict between spouses and between mothers and children) was controlled for. Stepmothers had heightened perceptions of difficulties within their family structure, compared to other family structures. The authors pointed out that this may be due to the societal perception that stepfamilies are more prone to difficulties than two-parent biological families. This might have led to the stepmother's awareness of difficulties and fathers having no cognisance and possible denial of difficulties.

Fisher, Leve, O'Leary and Leve (2003) researched the impact of parents' monitoring their children's behaviour. Previous research which that found that stepfamilies had lower levels of parental control and monitoring compared to two-parent biological families, and that stepfather's levels of monitoring were lower than that of stepmothers. They also found that biological families had longer standing relationships compared to stepfamilies. Stepmothers/stepfathers were also older and had higher levels of education in comparison with biological parents in two-parent families. While there was a higher level of monitoring between biological versus stepfamily monitoring, there was no variation in the components of monitoring between stepmothers, stepfathers or biological families. No marked differences between stepmothers' and biological two-parent families' levels of monitoring were found. The researchers concluded that stepfathers might require more help in this aspect of parenting their stepchildren.

Research examining the reality and insights of children and adolescents focused mainly on the well-being of young people (Manning & Lamb, 2003) and the impact of family dynamics on conduct (Jenkins, Simpson, Dunn, Rasbash & O'Conner, 2005; Morin, Milito & Costlow, 2001). Counsellors considered risk and protective elements in

family resilience as essential in their work with families. Factors which affected adolescent well-being was both external and internal aspects and mostly included: school difficulty, delinquency, academic attainment and expectations (Manning & Lamb, 2003) as well as feelings of aggression, depression, anxiety and isolation, peer and neighbour support, school attachment and understanding of discipline (Morin Milito & Costlow 2001).

The perception of discipline (such as obeying house rules, friends) was similar across adolescents from blended and intact families. However a significant difference was found between adolescents in stepfamilies versus biological parents in respect of their views of familial relationships as a discipline matter. This suggests a difficulty within stepfamilies in developing parent-child relations. More adolescents from biological families forgot the motive for receiving their most serious punishment, compared to the blended family adolescents, who never forgot. This highlighted the importance that the latter group gave to parental interaction in respect of rules and boundaries (Morin, Milito & Costlow, 2001). Portrie and Hill (2005) make the point that research such as that of Morin, Milito and Costlow's (2001) stresses one aspect of the parent-child relationship, while other research is more focused on risk and resilience and also has a more global and contextual perspective.

For example, a study that distinguished married stepfamilies and cohabiting stepfamilies from each other showed that adolescents living in cohabiting family structures are more likely to participate in delinquent acts, be expelled or suspended, receive lower grades, perform at lower levels on vocabulary assessments and experience difficulty at schools, when compared with those in married stepfamilies. There was no statistical difference between married stepfamilies and married families with two biological parents (Manning & Lamb, 2003). The authors state that this suggests that parental roles may be more ambiguous in cohabiting stepfamilies. This may also account for the finding that lower degrees of parental monitoring were linked to higher levels of externalising behaviours in all types of families (Manning & Lamb, 2003).

When compared to intact families, adolescents in stepfamilies showed greater levels of externalising behaviours at all levels of parental supervision (Rodgers & Rose, 2002). It was then hypothesised that parental supervision is less effective as a protective

element in blended families due to role ambiguity in respect of efficient supervision (Rodgers & Rose, 2002). In addition, peer support was not found to act as a protective factor for adolescents in stepfamilies (Rodgers & Rose, 2002). However, parental and neighbourhood support did function as a protective factor. Adolescents who experienced greater levels of neighbourhood support reported lower levels of internalising behaviours (Rodgers & Rose 2002). Parental supervision tended to increase externalising behaviours while parent support served as protective factors for internalising behaviours (Rodgers & Rose, 2002).

Another study found that externalising behaviours were found to greatly increase marital discord in stepfamilies, compared to other family structures. The reason for this is hypothesised to be the role of the non-biological parent in terms of discipline (Jenkins, et al., 2005).

Thus, new research on young people within stepfamilies appears to suggest a complex interaction between risk and resiliency elements. Unlike earlier assumptions, family structure alone is not the most important element. The authors point to the need for family counsellors to pay attention to numerous factors and to examine how they act in combination within the family system.

Strategies for therapy

Portrie and Hill (2005) note that there has been a surge of research on stepfamily development and well-being among their members. No family fits into a single development process or communicative style and therefore there is not one model for achievement. When assessing and conceptualising stepfamilies' functioning, therapists should therefore consider the numerous, complex factors that impact stepfamily functioning, not merely its structure. This includes the convergence of communication, parental supervision, boundary control, conflict and interpersonal interaction, and cohesion. Blended families who communicated freely and dealt with difficulties of role identity, relationships and growth of the new family, had transformed into functioning blended families with greater ease than families who did not communicate openly (Portrie & Hill, 2005).

Counsellors therefore need to explore with families the process and their experience of communication. Since families have varying communication capabilities, counsellors need to determine each family's communication strengths and assist the family to develop free communication despite its main problems. In addition, counsellors should examine their own assumptions and beliefs and any stereotypes about stepfamilies. The authors further suggest setting up rules to increase child supervision through greater communication between parents, school and community, to know where children are located, which may aid in decreasing the risk of deviancy.

Counsellors should also encourage quality time with children, since it was found that parents who show an interest in their children's hobbies could avoid future difficulties in respect of their education, friends or deviant actions. Counsellors should develop an "empowering perspective" which recognises the multiple factors impacting on the families' well-being (Portrie & Hill, 2005: p. 450). An important element of this would be the education of families around parental supervision, "role definition, communication styles, and conflict management" in order to support the process of their families' development (Portrie & Hill, 2005: p. 450). Similarly, Braithwaite, Olson, Golish, Soukop and Turman (2001) advocate that families, other researchers and counsellors expand their view of blended family development. They also suggested candid investigation of the families' varying perceptions of being a blended family. Satisfaction and a sense of cohesion in blended families were linked to their skill in negotiating and communication in respect of "role identification, boundary management, conflicts and expectations" (Braithwaite, et. al., 2001, p.227). Counsellors should therefore assist in developing supportive communication patterns, able to deal with "confronting conflicts, honesty, and relationships" (Braithwaite, et. al., 2001, p. 227).

A third review focused on couple's therapy where the couple is intercultural. From a family systems perspective, the couple is a key subsystem within the family (Ryan et al. 2005).

Sullivan and Cottone (2006) highlighted how a couple's understanding and significance of their cultural likeness and dissimilarity could and ought to be raised in therapy. In particular, addressing the role cultural variation might contribute to the intercultural couple's difficulties is important in therapy (Falicov, 1995).

Bhugra and De Silva (2000) found that the two most important approaches were on the educational and psychological fronts. These authors also promoted the idea that therapists incorporate indigenous problem-solving methods, but they provided a cautionary note that there is still insufficient conclusive research data available on its efficacy.

Hsu's (2001) research emphasised the critical role of the therapist being culturally competent. The author regarded this as the point of departure for working with intercultural couples. The therapist has to become sensitive and knowledgeable about a couple's culture in order to 'reframe' misunderstood behaviour and actions for the couple. The main aim of the therapy is to encourage the couple to be curious, knowledgeable, empathic and tolerant of each other's cultures. In addition, it is regarded as essential for the therapist to assist the couple to clarify which actions originate in culture, which in the individual, and which within the partners (p. 241).

The research of Perel (2000) also set out how cultural competence can help couples to approach their differences in culture. Perel (2000) included another aim in the form of a technique to reframe cultural difference in order to move to acceptance. This involved the couple employing the metaphor of being tourists in a strange country when they have cross-cultural conflicts. The purpose of this is to reach an unbiased view of both their diversity and commonality.

Biever, Bobele and North (1988) suggested post-modern therapeutic methods, originating from social constructionist ideas. These techniques are "characterised by a collaborative and curious stance that is open, accepting and inclusive of a variety of different understandings that acknowledges the couple's strengths as well as any liberating traditions found in their respective cultures" (Sullivan & Cottone, 2006: p. 223). Narrative therapy was seen as ideal, since it creates new stories to counter difficulties in the system, as well as gestalt therapy which would enable couples to engage with and express any feelings of being isolated, anxious or fearful (Molina, Estrada, & Burnett, 2004).

Many authors stressed that not all difficulties experienced by intercultural couples stem from their culture, but they do represent a unique challenge. For example, Bhugra and De Silva (2000) mention 'missionary racism', which is when a therapist has an

outlook of “cultural superiority” (p. 223). This represents a danger for the therapist to be alert to: the therapist should not label all difficulties as originating in cultural issues. Biever, Bobele and North (1998) also warned therapists not to assume anything, as this may trap them in stereotypes. Hsu (2001) cautioned against using techniques such as role playing or paradox with cultures who have no respect for acting or who have expectations of the therapist taking on the role of an expert and who will not resist the therapist.

Therapeutic approaches often depended on how intercultural couples were defined by various authors. Writers with a race focus proposed that couples should focus on inherent cultural-race hostility. These writers saw racial inferiority and oppression as consistent features in intercultural partnerships. Other issues specific to intercultural couples were gender roles, traditions and values. However they also emphasised interracial elements such as community negative reactions especially to white partners (McFadden & Moore, 2001).

Writers who did not use a racial lens focused on how particular cultural features impact couples, including religious practice, mismatched cultural expectations, different coping techniques, communication and mood expression styles, extended family roles, migration history, and acculturation. To gain insight into how these differences result in stress, couples are required to make clear their cultural and religious values so that they can address their differences productively. These authors would also examine how stereotyped gender roles can result in conflict and unhappiness, due to expectations not being met. In general this approach highlighted issues to consider when collecting information and evaluating intermarried partners.

Writers with a sociological concept approach employed sociological theories and concepts about marital love and cultural harmony (Falicov, 1995).

Perel (2000) examined how therapists could formulate a general array of cultural traits by looking at differences in communication for people from ‘high-context’ or ‘low context’ viewpoints. High and low are different with regard to where identity and decision- making rest. High context cultures’ focus of identity is on intra-group dependence and maintaining dignity, while low context cultures place importance on self-sufficiency and a forthright communication approach. Perel (2000) suggested that this conceptualisation be employed to start partners off in looking at how their cultural

differences impact on marriage problems. They believe that couples having difficulties view their differences as separating them, which provides a challenge for the therapist to uncover similarities, strengths and develop compromise.

Baptiste (1984) asserts that treatment doesn't need new techniques but that therapists should be aware of the specific issues pertaining to treatment of these families and adjust existing therapy methods to their particular circumstances. Stepfamilies, like homosexual families, are a unique type of family. For the treatment of intermarried stepfamilies, the therapist needs skills (at the very least) in overall stepfamily relations as well as interracial/intercultural marriages within the society.

Baptiste (1984) proposes seven areas which impact on therapy, and which are related to the three problems he identifies in such families (negative perceptions of intermarriages, differences in culture based constructions of marriage, and children's feelings of betrayal by the biological parent). These seven areas are discussed below.

The first is cultural differences - "learned conventions for example behaviours, feelings and attitudes" that impact on every area of living (Baptiste, 1984: p.375). He makes the important point that it is ... difficult to distinguish cultural differences as a defence...for other problems, from culture as a causative factor related to the family's difficulties' (Baptiste, 1984: p. 375). Many problems presented as cultural problems in fact originate (as they do in any family) from either spouse's effort to replicate their family of origin's dominant behaviours or from parental difficulties in keeping links to their own family.

Other areas of difficulty in stepfamilies include maintaining ties with biological parents; child discipline; sexual behaviour; and gender roles.

Another area which could impact therapy would be that of children and stepfamily dynamics. The dominant societal view of stepfamilies is of them as pathological and maladaptive, and may influence the way stepparents interact with stepchildren.

The influence of the "suprasystem" – family relationships beyond the immediate stepfamily - is a third possible area which impacts either positive or negatively, on the family and therapist (Baptiste, 1984, p. 376). The "suprasystem" consists of people and relationships that impact on stepfamilies, through divorce, death and remarriage, and

consists of “...different individuals and functionally related people”...or “subsystems...” (Baptiste, 1984, p. 376). Grandparents, for instance, often had negative views- for example, non-custodial parents and grandparents often communicated via children that intermarriage is unhealthy, and will result in future problems for children. Fathers often object to a non-custodial parent of another race parenting their offspring. In the US objections relate more to racial than cultural differences, since there is higher racial than cultural stigma in the US. A custodial parent occasionally objects to intermarriage in the interests of the minor and might deny the noncustodial parent visitation rights, or make it hard for minors to visit that parent. This accumulates stress in intermarried stepfamilies and obstructs the restructuring of roles and boundaries among family and extended family.

The fourth influence on therapy with intermarried families mentioned by Baptiste (1984) is that of the community and peers. Race stigma is greater than culture, and teenagers are more sensitive to negative comments. This might cause them to rebel, feel confused or depressed when they are unable to adjust to their stepparent’s values, attitude, behaviour, language or expectations. In addition, demands for singular loyalty from biological parents may also present a challenge. Adults may coerce children to divide their loyalties, and side ideologically with one in order to ostracise the other parent, which then causes huge conflict.

Denial of a stepparent is a fifth possible influence on the therapeutic relationship. Male stepchildren especially tended to develop inferiority feelings, and might, for example, refuse to acknowledge the existence of a stepparent.

Baptiste (1984) mentions sibling relationships as the sixth area of influence on therapy. Issues common with all siblings are altered ordinal place, competition, and sexuality. It is important to be aware that in stepfamilies, ‘our’ children (children of the new marriage) often have the role of unifying adults, but these children are also very prone to an ambivalent reception. They may experience blatant rejection by older siblings and sometimes grandparents on both sides of the family. When physical resemblances are different, these children may be less well accepted by half-siblings. Adolescents and older siblings are often wary about identifying or associating with such younger siblings. Children find the public association and the long explanations too much to deal with

embarrassing, which magnifies feelings of being different. In the teenage years this may serve as a typical part of the adolescent developmental phase, but it could also be acting out a rejection of a stepparent's race or culture. This could also be a manifestation of hostility toward a biological parent for making the intermarriage.

The final source of influence on intermarried family therapy is out-of-awareness behaviours. This refers to the unconscious contributions of each partner in terms of previously learnt racial or cultural beliefs and stereotypes, or 'ethnocentric indoctrination', that is, ideas about the best way of accomplishing tasks. This could then create an expectation for the partner in terms of having certain stereotyped qualities. This approach could be considered as having a "hidden agenda" in the marriage and increase the likelihood for conflict in the marriage (Baptist, 1984, p.378).

In a brief review of the specific problems blended families face, Braithwaite, et. al., (2001) reported the following:

- Difficulty with setting boundaries around its different subsystems (Visher & Visher, 1988; Papernow, 1993).
- In and out groups may develop from alliances formed within the blended family (Fine, 1995; Pasley, Dollahite & Ihinger-Tallman, 1993).
- Conflicts in loyalty such as those of children feeling trapped between the custodial and the non-custodial parent are commonplace (Buchanan, Maccoby, & Dornbusch, 1996), as are feelings by a non-custodial parent that their parental place has been taken over by the stepparent (Visher & Visher, 1993).
- More than half of couples reported that conflict in loyalty was an important part of restructuring their families (Cissna, Cox & Bochner, 1990).

Braithwaite et al. (2001) summarise the main difficulties highlighted in the literature to be 'boundaries, loyalty, conflict, solidarity' (p.237), including jealousy and resentment among stepsiblings and the resultant uncomfortable position in which this places parents, and finally, adaptation to change.

Implications for future research

More work is necessary with regard to intercultural couples. Race and oppression are often marked as the main issues for intercultural couples. Sullivan and Cottone (2006)

argue that these are only two of numerous elements within an intercultural relationship. They suggest that therapists focus on cultural factors of a couple's difficulty, but not ignore the effect of social or racial oppression in sessions. However they propose a restriction on what is included in therapy, to delimit the nature of stressors that affect a relationship. They challenge the assumption that all intercultural relationships include oppression in one or other form. They also assert that intercultural relationships are not necessarily interracial, and propose that religious, national origin and ethnic identity differences are all forms of intercultural differences.

Sullivan and Cottone (2006) point out another limitation of work in this area as the poverty of factual research on various couples' 'cultural arrangements'. They assert that all counselling include cultural difference. Some have looked at cultural difference along a continuum, for example examining how 'high-context' and 'low-context' cultures communicate: the authors conclude that this approach highlights differences as more powerful similarities.

Despite having gained a more in-depth understanding of blended families, Portrie and Hill (2005) indicate that contemporary research on blended families still does not address the diversity and the necessity of attentiveness to multicultural concerns. They point to the lack of research on blended families of colour, as well as gay and lesbian, or culturally diverse blended families.

Portrie and Hill (2005) conclude that more contemporary studies are needed. Particular areas for future research could include clarity on how different variables of family process interact, are evidenced in, and affect stepfamilies' development and well-being. Other areas still needing far more research are the experiences of stepmothers. The authors also point to the necessity for qualitative studies to provide detailed and vivid insight into blended families.

The literature therefore suggests that racially and culturally intermarried families may have complex dynamics, as might homogenous stepfamilies. In particular, from a therapeutic point of view, the literature suggests attending to cultural differences, (including race, religion, gender, social class, family of origin), language usage, activities, understandings children's lives, boundaries (with the non-custodial family, with ex- spouses.), cohesion (including parental roles of the two spouses child and parent,

step-parent and child relationships sibling relationships), bonding and relationships: (positive and negative, feeling trapped, child discipline and management of conflict, and managing resources) and psychopathology (in parents, siblings, family system and finally in the extended family). While of adolescents, within all families deal with issues of sexuality, those in blended families also have to adjust to additional expectations of parents in terms of behaviour, dealing with resentment of half-siblings, heightened sensitivity to comments about physical differences from their peers or community. This may lead to adolescent struggles with depression and rebellion, amongst others.

This thesis now returns to the therapy with the researcher's particular client, and will reflect on the therapy in the light of those themes. The research question essentially is this: in this racially mixed stepfamily, were race- and culture-based differences the main cause of the family dysfunction? First, a brief case history is presented, then the methods used to analyse the data are described, and then finally a reflection on the interactions among family members and between family members and the therapist are analysed in terms of those themes.

Case History

The subject of this case study is Mia, a thirteen-year-old girl. In terms of the apartheid system she would have been racially classified as coloured (but interestingly, could pass as white). She had unexpectedly been brought to live with her (coloured) biological Father; (white) stepmother and stepsister and two (racially mixed) half-brothers, after a traumatic beating by her stepfather at her biological mother's home.

Presenting problem

The notes from the initial telephone intake at the Child Guidance Clinic read as follows: "Since June 2008 she started showing signs of tiredness (sleeps a lot). She had sex with a distant (child) relative. She was seeing a counsellor who suspects depression ... needs further investigation. Attitude to teachers is bad and also to stepmom. She doesn't see her mother much unless she contacts her and this might be making things worse." Mia thus presented with rudeness to her stepmother and teachers; possible depression; an 'abnormal' sexual debut at 12 years; a traumatic beating by her stepfather and her absent mother aggravating these problems.

In the first session, issues of difference (including Mia accusing her stepsister of racism) and sibling rivalry were raised as additional concerns for therapy. In later sessions patterns of intergenerational insecure attachment, pathology and trauma were evident within Mia's family system.

Course of therapy

The course of therapy with Mia involved 14 sessions of 50 minutes each, over a period of five months. These sessions consisted of five individual sessions with Mia and three family sessions, which included Mia. A further 4 sessions were conducted with her father and stepmother. An individual session was conducted with Mia's stepsister and another with her father. Her mother did not arrive for an arranged session and was evasive when I attempted to reschedule sessions. Effort was made to balance out the sequence of the sessions so that these alternated between Mia and the other configurations of the family.

Her stepmother entered individual therapy with another therapist at the Child Guidance Clinic (CGC) by session 8, with diagnoses of bipolar depression, borderline personality disorder and traits of dissociative identity disorder considered.

The main concern for her stepmother, Megan, was Mia's sexualised behaviour, which she believed was a symptom of sexual abuse. It transpired that her stepmother had a history of sexual abuse. Mia had entered her home after a severe beating by her (Mia's) stepfather, and this had brought back her traumatic memories of the abuse by her own father when she was the same age as Mia. She said that she resented Mia's presence since it reminded her of those events.

Very early on in the sessions, it emerged that Mia's rudeness to the teachers had been a once-off incident and the rudeness to her stepmother consisted of infrequent back-chatting about household chores. While there were suggestions of sexual abuse in Mia's own history and traits of depression, it remained unclear whether these merited a firm diagnosis. A diagnosis of parent-child relational problem, with difficulties in the support system, was the working diagnosis for the duration of the therapy with this family. Thus the diagnosis made was Parent-Child Relational Problem (V61.20) on Axis I. There was no diagnosis given on Axis II or Axis III. On Axis IV, there were two diagnoses: Problems with primary support group-adjusting to blended family and insufficient contact with mother. On Axis V, Mia was given a GAF score of 80. What follows below is a session-by-session account of the therapy.

Session 1. Present: the identified patient, Mia (13), her father, Brian (38), her stepsister Jackie (14) and two half-brothers, Liam (5) and Clint (3). Her stepmother Megan (31) was absent as she had started a new job that day.

In behavioural terms, the presenting problem was described as Mia's being rude to her stepmother and her teachers, her sexual debut and the fact that she slept a lot. Mia's emotional difficulties were presented as sadness, anger and missing her mother. Her infrequent visits to her mother were seen as aggravating these difficulties. The family presented different explanations for the referral to that given by the church-based counsellor Mia had seen the previous year. Jackie said it was because of her own problems of adjusting to high school, her Attention Deficit and Hyperactivity Disorder,

problems between her parents as well as her maternal grandmother. Brian said the main problem was her grandmother being obsessive and overstepping boundaries.

Favouritism of Jackie, parental conflict, financial difficulty and adjustment to different family expectations and rules were also raised. With regard to her being sexually active, Mia agreed that she had erred in terms of her Christian belief, although later when she was alone with me Mia said that she never gave the incident much thought. She denied any sexual abuse. In respect of depression, she said her tiredness was a reaction to being rushed by too many chores and school work. When Mia was alone with me, she accused Jackie of racism.

Session 2 Present: Brian and Megan. Mia's biological mother did not keep our prearranged appointment. I never met her as she did not respond to any attempts to make contact with her.

In this session Megan was ecstatic about the first week of her new job. Megan said Mia was referred to the CGC due to an (unspecified) early history of sexual abuse and sexualised behaviour prior to Mia's sexual debut the year before. She said she could tell 'the signs' from her own history of sexual molestation. Megan intimated that Mia had sexually assaulted a younger boy when she was 12 years old, as a repeat of her own history of sexual abuse. Brian said that Megan and the previous counsellor thought that Mia's sexual debut preceded the aforementioned incident, but that he was doubtful.

Both parents could not specify how often Mia refused duties, but her aggressive attitude irked them. Megan recalled being so angry with Mia on one occasion, she had felt she could kill her. They understood Mia's difficult behaviour as being the result of the neglectful way her mother had raised her, and compared her to Megan's children who did not openly disagree with their parents.

Megan also revealed to Brian that Mia had 'a social smoking problem', he was unaware of this and said that he was usually the last to know (everything). He had been a part-time student and part-time father, for the last ten years, and therefore the children confided more in Megan. His wife claimed that she had not wanted to break Mia's confidence, and that Mia did not confide in her biological mother. They had prayed

together about the matter. She reported that she loved Mia, but that she felt she was 'bending over backwards in' their relationship.

Session 3 Present: Mia. In this session I aimed to build more rapport with Mia. She talked freely about herself, her friends and school. She was goal-directed and an academic achiever who enjoyed a range of extra-murals. She had, for instance, starred in a dancing and acting leading role the previous year at a new school. She admired her father's overall academic achievements, but particularly his first class passes in Mathematics. She was proud of her own mathematical ability, which she attributed to him.

Session 4 Present: Brian and Megan. Megan had lost her previous job after less than two weeks. This meant she had left three jobs in three months. She now worked with Brian. Megan detailed how her father had sexually assaulted her at 13, and recognised that both Mia and Jackie were now that age. She said that she resented Mia because she brought back memories and feelings of that time and that this was the main reason for the referral, since some aspects of the presenting problem (such as Mia's aggression to teachers) had fallen away. Megan was wary of revisiting her past in therapy.

Megan said that when Jackie was three years old, she had been removed from her care for about four months. This was because Megan's mother reported Megan's use of cocaine to social workers. Brian acknowledged that they both drank heavily while dating and that Megan used cocaine, but she denied dependence. Her mother had also had three of her own children removed from her care, due to her alcohol abuse. I suggested that she consider individual therapy with another therapist at the CGC.

Session 5 Present: Mia. In this session I explored Mia's feelings about her biological mother's non-attendance at two pre-arranged sessions. Mia defended her mother (and herself), saying that she understood this because, like her, her mother does not like talking about feelings. She said that she could talk to Megan about feelings though. We explored her feelings about her week-long sulk towards her father and tried to think through her father's possible justifiable motivations for his behaviour. We also

discussed her romantic relationship, which started when she was about 11 years old. She did not have a serious boyfriend at present but was in an on-going physical relationship with a boy who lived a few hundred kilometres away. Mia reconfirmed that her sexual encounter at her aunt's home had been consensual sex, with the boy as the initiator. They had known each other for a while before that but had not had a romantic relationship. Mia denied any sexual abuse on that occasion or any other.

Session 6 Present: Brian and Megan. Prior to this session, I had gained collateral information from the church-based counsellor the family had seen for approximately one year in 2008. This counsellor informed me that the family belonged to the Mormon Church. She viewed Brian as very controlling, a perfectionist who believed he could work his way to salvation and that he was a 'demi-god' in the home, and that this was part of the cause for the conflict between the couple and his mother-in-law. In addition, the marriage had been under pressure following Megan's indiscreet use of alcohol, smoking, and inappropriate sexual behaviour. Even though he had wanted to, Brian had not divorced Megan only because of his Mormon beliefs. This counsellor shared the parental view of Mia as a perpetrator of sexual abuse, but provided conflicting information about suicidal ideation. She also disclosed Jackie had stolen from her teacher and Megan's mother's history of mental illness and institutionalisation. The counsellor claimed to be unaware of the families' racial diversity.

Megan had been unable to renew her anti-depressant medication and she described herself as feeling 'unstable.' Her response to my second offer of therapy was neutral. She was very confrontational with Brian and it became clear that they had tensions around favouring their biological daughters. Megan could also not forgive herself for losing her jobs and the resultant financial pressure it added to their family. Brian is fastidious around budgeting, with long-term plans for the family finances, plans not shared by Megan. Megan revealed that she had been sexually molested by another unnamed person, and that these traumas coloured her life. She broke down and cried for a long time.

Session 7 Present: Brian and Megan. Megan felt like ‘the walls are closing in’ on her. Brian said he’d been trying to avoid creating an argument with Megan, and that he felt helpless since she had set ideas which he couldn’t challenge when they argue. Megan had her renewed prescription for her anti-depressant. They had not been speaking to each other for two days. Megan looked more contained compared to the previous session, but still cried in session when talking about the above incident. After an argument about the two teenagers at home, Megan had felt that she was unappreciated by her family. She had had suicidal ideation while in the bath the night before, but she had no plan to carry this out. Brian had not known this, and said that the family would be worse off if she committed suicide.

We filled in gaps in their family history. According to Megan, when Mia was about five years old, she had stolen a few hundred rand from her mother. Brian had taken her to a social worker, but Brian appeared ignorant of this event and claimed he couldn’t remember the outcome. From this session there was no clear evidence of child sexual abuse. Megan reported that Mia had always been ‘aggro’.

I suggested individual therapy for the third time and Megan welcomed this, saying she couldn’t cope on her own. I also suggested to Brian that he consider individual therapy, to support possible familial changes therapy might evoke. He refused but said he would consider this since it was my “professional advice”.

Session 8 Present: Brian; Megan; Mia; Jackie. I asked them what had brought them to therapy: Megan said past events; Jackie said she didn’t know what those were; Brian referred to Mia’s relationship difficulties in the family, and Mia said nothing. I reiterated that I wanted to see them together, as I had not seen Megan with them, and re-explained that at CGC we viewed everyone in the family as impacting on each person in the system. I mentioned their strengths such as help-seeking, and areas to strengthen, such as open communication, not only during crisis.

Brian became stressed about time in the morning, which impacted everyone. It emerged that Brian thought Megan could do more to help and that he feared losing his job.

The girls were unaware of Megan's appointment with her own therapist. I asked her to explain this to model how they could improve communication. Megan and Brian were tasked to arrange additional duties for the girls to help with the boys. Jackie was to be the time-keeper in the morning, and report back at the next family session.

Session 9 Present: Brian; Megan; Mia; Jackie. Prior to this session, Brian telephonically reported that Jackie had been found smoking dagga (marijuana) at school. They were very disappointed in her, since they had especially placed the girls in schools outside of Mitchells Plain to avoid such things. She faced being expelled since she had also stolen a cell phone earlier that year. I reflected on his feelings and requested that he raise his concerns at the family session:

The parents reported that they had met as planned, Jackie had kept time, and Mia had taken over making the boy's lunches without any need for discussion. They agreed to engage with each other more often in this way.

A dispute arose around their money problems: Megan felt she was treated like a child and that she didn't contribute enough. Brian felt that Megan was unreasonable and in denial about their problems. Mia reacted to Megan by looking at her disbelievingly, while Jackie withdrew. I pointed out the girls' negative reactions to Megan and to the effect of the parental conflict on Mia and Jackie.

Jackie raised her drug use towards the end. The family had not considered setting rules or sanctions in respect of Jackie's drug use, and Brian quipped that I was the solution to their problems. However, the family had in the interim had family meeting about drugs, sex and adolescence. This was the families' introduction of a meeting set by their church. I pointed to this as a family strength and modelled how to raise difficult topics -at home- and in therapy.

Jackie asked if she could see me alone, and I responded that I would give this some thought and respond before the next session. Brian and Megan were tasked to have a budget meeting and to inform the girls appropriately about family finances.

Subsequent to this, I arranged a once-off session for Jackie and Brian.

Session 10 Present: Mia. I administered a projective activity, using miniature animals to represent self/family (Geldard & Geldard, 2000 pp .125-128). Mia represented herself as a cat - lazy, playful, active and cheeky. Her father was a horse, hardworking, and her stepmother as a little dog ‘just like one of the children, playful’. Jackie was a sheep, lost, and removed from the family: ‘Always in her own world’. Mia’s youngest half- brother was an attention-seeking tiger, closest to her father, who was the only effective disciplinarian. Her mother was described as a domesticated dog and her stepfather a bull, but she offered no further comment on either of them. She described her (maternal) half-brother’s character as a lazy pig. Her favourite aunt was also a cat. Mia’s placement of the animals revealed that she viewed herself as an outsider –she felt unable to tell her father she wanted to go back to her mother since he’d rescued her, and she couldn’t go back to her mother and tell her how much she missed her.

Session 11 Present: Jackie. Unknown to me, Brian had phoned the secretary to ask if it was safe for the girls to walk to his office and she offered that they stay at CGC, when Mia and Jackie arrived early. They wandered about the clinic and asked to make coffee. Later some sweets and cigarettes were found missing.

Jackie revealed that she had experimentally smoked dagga twice. She was unconcerned about being expelled, or about her family’s distress. She was upset at her stepsister telling on her, and about being ‘set up’ by her stepmother to reveal her drug use. She believed that her stepmother did not like her ‘probably because I’m not her blood’. She also revealed that she cut herself- and that the first time had been after she had been very upset. She had enjoyed the taste and smell of blood from childhood and now she found that cutting herself helped to release unexpressed emotions.

Jackie thought that she, and her behaviour, was ‘weird’. She asked me not to tell her mother that she really missed her cat, the only thing that she felt could comfort her. Jackie also had a ‘boyfriend’ who provided some affection. She sometimes cheated on tests and felt she could not be honest about her struggle with Mathematics, because Brian excelled at it.

Session 12 Present: Mia. I informally administered the Adult Apperception Test. Mia represented parental figures as quite unable to help the child. Parents were jailed for neglect. Unhappy females were presented with mother figures who were uncaring, and children who were over burdened by duty and neglected emotionally. The emotions of the characters received little attention. For example, Brian was viewed as the workhorse, similar to her representation of him in the projective test of the previous session and the family description of him at home. Triangular relationships, parentified children and sibling rivalry was also depicted. I also reassured her that she remained my primary client.

Session 13 Present: Brian. I was concerned that Brian had previously cancelled his session, Mia was missing her sessions, and the efforts to have a family feedback meeting had also been frustrated, partly due to Megan's new job. During the session, Brian intimated that he was not keen to be there. Both girls had been found smoking. As punishment, they received no food without additional housework and no phone calls were allowed without permission. Like Megan, he now also wanted Mia to go back to her mother. He had arranged for the latter to enquire about schools for the following year, since they were already full for that year. He said it was not possible for Mia to remain at her current school which she enjoyed and which was better resourced than the one in the suburb he had previously denigrated, unless her mother contributed more 'than the little' she currently did. They had put her on 'the injection'. He related how both girls had made a high five when they heard that they were returning to their respective parents, as if they had deliberately agitated to move out of his home. Brian said that the marriage was more difficult than he had anticipated.

Session 14 Present: Mia. I asked Mia about her cigarette smoking, contraception and her own needs and goals for therapy. Mia claimed that Megan had read her diary and from that decided that she needed contraception without any discussion. Mia maintained that a friend had made the sexually explicit entries.

Mia said she would not come to therapy unless her parents insisted upon it. She acknowledged feeling like an outsider in Brian's household, but not at her mother's

home. In respect of the racial comments and markers of difference she had mentioned at our first session, Mia said that race *per se* was not difficult in, or outside, of her stepmother's household. Her view now was that Megan simply didn't like her and she was happy to be moving back to her mother's house. She and Jackie had become closer recently. I asked Mia to think seriously about how she could work in therapy, for discussion at our next session.

Assisted by Mia, Jackie stole a tape recorder at the CGC. Jackie admitted to the theft and Mia to holding it, but only after Brian told them about a non-existing camera. Brian revealed that Jackie had previously stolen from the family. The next morning revealed she had a stolen R50 as well.

Brian then informed me of a series of similar thefts at Jackie's father's home, and at his home. He and Megan locked their bedroom if they left the house even for a few minutes. We agreed to discuss this at the next family session, scheduled for that Saturday.

Brian cancelled my next scheduled session with Mia as well as the family session. He did not call me directly as had been his habit, but conveyed this message via Megan's therapist. I called to confirm the Saturday appointment (hoping there had been a misunderstanding), but he said that the girls were not with him that week. I called Mia's mother, Carol several times, but with no response. This was my last contact with this family.

Summary

This family had presented as a racially and religiously mixed stepfamily, with Mia as the identified patient because of her reportedly sexualised and disobedient behaviour. Before therapy was terminated so abruptly, I had seen Mia for five sessions, and conducted projective tests which revealed that she felt like an outsider in her family system. In addition, she regarded her parents as inadequate.

There were four sessions in which I saw both Brian and Megan. Here we explored Megan's history of trauma, and her suspicion that Mia had been the perpetrator of sexual abuse with a boy younger than herself, as a repetition of her own abuse. Megan consented to individual therapy with another CGC therapist. Communication within the couple and family were also explored.

We also had three family sessions, to facilitate joint problem-solving around problems such as communication and chores. The sessions highlighted family strengths such as family meetings. I had met individually with Jackie once, on her request, and provided supportive therapy about her substance use, self-harm, and peer and familial relationships. In addition, I met with Brian once. He was struggling with family communication; parenting, his unmet expectations of marriage, Mia's smoking and Mia's and Jackie's returning to live with their other biological parent.

The therapy abruptly terminated before any further progress could be made, and I can only speculate that Brian and Megan felt that if Mia and Jackie moved out of their family and into the homes of their other biological parents, this would resolve the problems that had brought their family to therapy.

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Methodology

A qualitative approach

The chosen methodology for this research is that of a single clinical case study, using a qualitative approach. The case study is defined as “a case-based research project that examines a single case, usually in considerable depth” (Edwards, 1998, p.37). I have chosen this qualitative methodology since this will allow a rich exploration of this particular subject’s presenting problems within the context of her mixed race family who live in an area populated by mainly working-class, coloured people; mixed race families may be becoming more common, but their living in working-class, historically coloured areas is still unusual within South Africa. However this paradigm does not assume the subject to be largely determined by demographic factors. The qualitative paradigm will therefore also avoid any reliance on statistical analysis which might classify and therefore interpret this client and her difficulties in terms of her age, sex, race or class only (Holloway & Jefferson, 2002).

The peculiarities of this case were drawn in stark relief for me by my surprised reaction at the first sighting of my patient and her mixed-race family in the waiting room, as described above. Her subsequent marking of issues around racial difference in her family and the racial similarity between us in our first encounter, made it clear that “the mutual interplay between the subjective worlds of the patient and the analyst” (Stolorow and Atwood, 1992: p1.) would be pertinent in the therapy.

The single case study has a distinguished history and has provided many ideas and hypotheses about human behaviour. Kazdin (1992) points to the example of the famous case of Little Hans (Freud, 1933) that became so important in our understanding the origin of fear and developing theories of human behaviour. In addition, Kazdin (1992) goes on to say that research using case study methodology has provided a wealth of therapeutic techniques. The seminal case of Anna O (Breuer & Freud, in Kazdin, 1992), for instance, marked the beginning of the cathartic method in psychoanalysis.

The case study also allows in-depth study of the phenomenon being researched, in this case a mixed race family living (and entering therapy) in post-apartheid South Africa.

This in turn provides data that could provide information on the development of problems. An historically important case example that achieved this was the case of Eve, which resulted in a better understanding of what was then known as multiple personality disorder (Thigpen & Cleckley, in Kazdin, 1992).

In this particular case study, the adolescent who is the focus of research is a new-comer to her blended family of a different race and class, separated through a traumatic event from her biological mother. She is experiencing relational difficulties and is in therapy with a female therapist whose subjectivity around race and gender appear similar, but who is very different in terms of age. These subjective elements of the case study are viewed as strengths, not weaknesses, since it provides a greater understanding of my patient within the context of her personal and social history (Stake, 1995).

However, Kazdin (1992) also states that the case study methodology is limited in its ability to generate knowledge. In his view, accounts of events in the past influencing current behaviour are empirically uncertain, as different explanations could be found for those other than that provided by the clinician. He asserts that client accounts should not always be accepted as valid, without substantiation from additional sources.

Furthermore, Kazdin (1992) argues that the subjective accounts of their difficulties (the data), provided by clients, present the possibility of bias. The clinician's judgements and interpretations based on these are therefore not viewed by him as valid, scientific conclusions. The patients' accounts, particularly the emotive ones, are likely to be misrepresentations and selectively chosen.

Kazdin (1992) also deals with the lack of generalisation of individual case studies to other patients or contexts. He argues that while the establishment of a link between independent and dependent variables is possible, "the assumed purpose of science is to develop general 'laws' of behaviour that hold without respect to the identity of any individual" (p.156). Goldfried, Marvin and Wolfe (1996) counter this by proposing an alternative perspective: where single-case designs are viewed as intra-subject designs, permitting the observation of variables in individuals across time. Generalisation of results can be attained through replication, case by case, provided that the question is based on theory. While the case study appears to be a poor foundation for generalisation the aim here is what Stake termed "particularization", coming to know the particularity of

the case (1995, p.4.), and serving as the first step towards a broader set of studies that could be generalised.

The aim in this case study is not to claim validity in terms of knowledge, theory or interpretation (Thomson, 1991), but rather to understand what happened in this particular case, with the hope that it will spark future research into racially mixed step families in South Africa (a group which is likely to grow in number).

Data collection and analysis

Verbatim transcripts (as suggested by King & Horrocks, 2011) of each therapeutic session and my case notes (as the therapist in the case) served as the data for this study. Each therapy session was carefully recorded, and the recordings transcribed.

Analysis then followed the Template Analysis approach (King & Horrocks, 2011). Template Analysis (King & Horrocks, 2011) can be applied to any type of textual data, such as detailed participant observation notes or interviews.

A first step in data analysis was the development of a 'template', that is, a listing of the themes that the literature suggested I might find in this family's functioning. This template is provided in Appendix 1. Secondly, as is common in all forms of qualitative data analysis, I spent time reading through the transcripts and becoming familiar with their contents (Holloway & Jefferson, 2002). This allowed for the identifications of recurring themes (for instance, where the patient marked difference in her family, by referring to their choice of music or leisure activities, for example).

A priori themes are considered useful because the significance of some topics in respect of the research question are well established and therefore they would occur in the data. The greatest advantage of employing *a priori themes* is that it reduces the time spent on initial coding which can be excessive. King and Horrocks (2011) point to two disadvantages of *a priori* themes. The first is the possibility of ignoring data that has no relation to them and the second the failure to realise at which stage an *a priori* theme is not the best way to describe data. To avoid this, the researcher should adopt the same stance as with themes, that is, regard *a priori* themes as temporary with the ability to be redefined or removed. King and Horrocks (2011) further suggest a restriction on the amount of *a priori* themes in order to avoid a biased effect on the analysis.

Not all themes that form part of the template need to be referred to. According to King and Horrocks (2011), it is preferable not to do so. An important part of the analysis and interpretation of data in Template Analysis is to identify the most important themes.

Coding was completed in a hierarchical fashion. That is, from general themes (such as 'cohesion') towards more narrow and precise themes ('sibling relationships'). There is no definitive rule in Template Analysis as to how many levels of hierarchical coding one should use in a template. However, King and Horrocks (2011) state that between three and five is ideal and practical. Too few levels could result in superficial analysis, while too many levels could lead to the template not being able to assist the reader and researcher to get a general idea of the analysis, which is one of the main benefits of Template Analysis. Here, I used four levels of coding (cultural differences, cohesion, boundaries, and pathology).

Following an initial culling of themes from the literature to form the initial template and applying it to the transcripts, new themes were identified during coding so that the template comprehensively included that content of the transcripts that addressed the research question. If a part of the transcript did not easily fit into an existing theme the template was changed; King and Horrocks (2011) note that one cannot attain a 'final' template, since revision can always be done (there is always more data in the transcripts). However, *practically* he recommends applying a law of diminishing returns: when after numerous recoding of the data, the template does not yield any further enhancement of understanding; the template can be regarded as complete.

The final template then provided the foundation for my interpretation of the data. The manner of interpreting data should be guided by the aims of the research as well as the character of data. King and Horrocks (2011) caution against simply summarising the contents of the sessions in respect of each theme, which would result in one-dimensional, descriptive writing, and suggests approaches to avoid potential difficulties. The first is to make a list of themes in each transcript. They suggest colour coding, which I did by using highlights in the Excel document. This should assist to provide a broad view of themes and show up noteworthy patterns. King and Horrocks (2011) also advise the researcher to judge the importance of specific themes in terms of the extent to which they improve

insight about the research topic. In this way the researcher should prevent being flooded with too much detail in the finding as well as providing an incoherent explanation.

Furthermore, they warn against limiting the focus of the analysis by working with people who can question and make sure that the researcher remains critically engaged with the interpretation (King & Horrocks, 2011). Research supervision enables such critical engagement. Discussion of transference–counter-transference interpretation in terms of data and theory, as well as my individual therapy, allowed for further analysis of my subjectivities (of race, gender, etcetera) intruding upon my interpretation of the data (Holloway & Jefferson, 2002; Swartz, 2009).

Ethics

The patient was informed at the beginning of therapy that there were observers behind a one-way mirror in the first session and that all future sessions would be video-recorded and that notes would be taken. She was asked if this was in order and informed that while all material was confidential and limited to teaching purposes, there was a possibility of them being used for further research. Her father also signed a consent form to this effect, on behalf of the whole family. Consent of all family members was also recorded on video-tape, as part of the recordings of sessions.

In addition, I have disguised aspects of the patient's and her family's identities as far as I could without taking away from the essence of the case. Furthermore I have endeavoured to write in a way that is respectful of my client and honours our therapeutic relationship.

Discussion of the Results

The research question in this case study is whether, in this racially mixed stepfamily, race- and culture-based differences were the main cause of the family dysfunction. This chapter presents clinical material to show how the case initially presented as a microcosm of South Africa's struggles to deal with racial integration, but slowly it became clear that the notion of race and other forms of 'difference' appeared to be used defensively, to distract attention from other forms of family pathology. The data analysis is presented and described here, together with reflections from the literature.

Notions of difference

Racial differences

The process developmental model of Baxter et al. (1999) previously described, pointed to the complex and diverse nature of a blended family's development. In terms of their five developmental pathways, Mia's family could be typified as 'high-amplitude turbulent' trajectory (20.8% of families) which was characterised by rapid highs and low in their levels of feeling like a family as well as difficulty in accepting new family roles. Three of the 15 main types of turning points blended families experienced – changes in household configuration, (Mia joining the family), on-going conflict, and family crises (Mia challenging the family values and norms, Jackie's acting-out and Megan's fragility during therapy) which can be identified in the extracts below:

References to racial differences were made in the very first session, when the (coloured) 'identified patient' said of her (white) step-sister:

Mia: People ... Jackie is like a different type of person. She don't really get lots of people, and I don't mean to be rude or something, but Jackie told me her own self that she's racist so she only like really communicates with people of her own race...

Initially, when with her family in the first session, the 'identified patient', Mia, spent quite a bit of time telling me that she liked 'hip hop, because of the rhythm; it's quite different to rock music'. She appeared to be using this and other cultural activities to

differentiate her activities) from those of her (white) stepsister, who liked rock music for instance. Only when she was alone with me did she express her belief that her stepsister was racist.

The process model of Braithwaite and Nicholson, (1999), also acknowledges that families may not develop feelings of closeness incrementally and furthermore that feelings may change over time, and have different outcomes. In this case, a failed outcome since they did not reach 'resolution', in respect of Papernow's (1993) stage-based model where the family is regarded as healthy and unified. Later, references to racial differences were not made explicitly but rather implicitly. For instance, when she was alone with me, she elaborated on other differences between her and her stepsister:

The subject of race was raised briefly again in Session Two, where the father said he was '...not happy with schools on that side of the world', meaning that he was not happy to have Mia, or his other children attend schools in an underperforming school in historically coloured areas. Race was not mentioned again until the last session.

Therapist: In your family, when you say racist, what do you mean?

Mia: Like my Daddy, he's coloured and she's white. And she's like 'oh the coloured people do this and that' and my Daddy gets upset.

Mia: He says you must stop thinking about ... you must stop being so racist. And I don't know what he talks about, he just speaks to her.

In this instance, Mia clearly marks her stepmother, not stepsister, as racist. By this stage in the therapy she and Jackie had established more of a clear alliance. She marked the differences between her and Jackie with regard to their variation in social skills and their interests, and that this, rather than race explicitly, determined friendships with their peers:

Therapist: What do you see as different?

Mia: I'm very friendly, like at school I'm friends with everyone. Jackie is now left with one friend.

Therapist: Why?

Mia: I don't know.

Therapist: Is it a white friend?

Mia: She's apparently coloured, but like she's very much Jackie's type.

- Therapist: Does she look white?
Mia: Not really, but she acts like Jackie.
Therapist: Like what?
Mia: She likes rock music [rock music is conventionally viewed in South Africa as 'white' music].

When asked how this impacts on their familial relationships, she retracts somewhat:

- Therapist: ... Does (Jackie) she talk about you being coloured and her being White?
Mia: I don't know why she doesn't talk to me about it.

Here Mia contradicts her statements (in the first session) and intimates that racism plays no role between her and her stepsister or in the family as a whole.

- Therapist: Do you find it difficult, in the house?
Mia: Not really.
Therapist: Do other people comment about it?
Mia: [Shakes head]
Therapist: So that isn't a difficulty for you?
Mia: [Shakes head]

Baptiste (1984) had noted what a great challenge it is for therapists to know whether racial differences are the cause of problems a blended stepfamily is experiencing, or whether it is a defence which detracts from other difficulties. He also pointed to the family experiencing two of the three specific problems of intermarried families, that is the struggle children have to accept a new stepparent or stepsibling who are different from them with regard to culture or race, since adolescents would have internalised the prevailing view of intermarriage (which in the US were found to be negative). In addition to Mia and Jackie's problems, there might be the unconscious, internalised racial and or cultural beliefs between the partners acquired before their marriage.

In later sessions, therefore, it appeared that Mia's implicit race-based identification with me was therefore not exclusively a reflection of racial dynamics in her family, but perhaps also a defensive response to Mia's feelings of betrayal towards Brian, as suggested by Baptiste (1984).

Religious differences

Bhugra and De Silva (2000) noted that intercultural couples would face difficulties around macro-cultural characteristics (social attitudes - from curiosity to overt prejudice to non-acceptance of partners by family and culture), and micro-cultural individual differences in behaviour, including their beliefs. This family did not explicitly mention their religious affiliation as part of history taking or in subsequent sessions. The previous family counsellor, from a traditional church-based counselling organisation, saw this as a key point of difference in the family: Mia's father and his family were Mormons, and the counsellor had viewed Brian and the family organisation in terms of Mormonism. Brian's emphasis on hard work was understood to be motivated by his religious belief to attain perfection on earth, and that Brian acted as this family's controlling head, in search of divinity on earth. Some aspects might have been apparent in our therapy:

Brian: I just want ... to instil pride in them; take pride in what they do. If you do the little things properly and neatly it'll overflow into the bigger things. I like things to be meticulous ...

Brian's church affiliation had been discussed with the church-based counsellor as a source of conflict between himself and his mother-in-law. When asked if racial difference had been mentioned as a source of conflict, they claimed they had not noticed any racial variation amongst the family. Brian had marked his mother-in-law's obsessive traits as the source of his problems with her. In our therapy, religion was referred to mainly in respect of Mia's undesired behaviour. In the first session I attempted to narrow down the presenting problem, and establish a timeline for Mia's depressive symptoms presented by her father:

Therapist ... What is it about you being sexually active that led you to feel more sad?

Mia: Like because one of the Lord's commandments is that you mustn't have sex before you're married. So I feel like if you disobey the Lord's commandments then you don't feel safe like you're going to go to heaven.

In the first session in which I met Mia's stepmother, she mentioned that in addition to the presenting problem, Mia had confided in her that she had a 'social smoking' problem.

Megan: She stopped, we prayed together ...In our religion we call it a word of wisdom issue...

Megan indirectly introduced difficulties that her own daughter, Jackie, had been experiencing for the first time in the second family session, by referring to a (positive) religious practice, which had enabled the family to have some discussion around her misdemeanour:

Megan: And then Monday we had family home evening.

Therapist: What's that?

Megan: We just spent time as a family, chatting.

Therapist: Oh, that's good.

Megan: We had a very open discussion about sex and drugs with the kids.

Therapist: What did you call it?

Megan: Family home evening.

Therapist: Family home. Oh, is it something from your church?

Megan: My religion, *ja.*(yes)

Megan indicated her acceptance of Mormonism, which she had adopted as a religion. While Mia was not a Mormon, she participated with apparent enthusiasm in the church activities which the blended family attended.

Brian and his immediate family did not present marital problems which stemmed from varying religious beliefs, as indicated by Sullivan and Cottone, (2006), although Brian's mother -in-law reportedly objected to Mormonism. They did not report that their (initial) religious and ethnic differences combined as an important source of marital problems, as Joanides, et al.:(2002) had found.

Gender roles

While religion may not have been a major source of conflict in Mia's family, however, unclear roles (Braithwaite et al., 2001) in the form of stereotypical gendered roles and activities did not operate consistently, marked the variable family alliances and were influenced by underlying psychopathology. For instance, part of the presenting

problem was that Mia did not complete household tasks, but it transpired that *both* girls did not complete tasks:

Brian: I had a chat with the girls. I said look, I'm tired of moaning, I'm sure you're tired of hearing me moan as well so the only chores is actually to do the dishes, to clean the kitchen and obviously to make up their beds and that is the only thing we ask them to do during the week.

The adolescent girls were both expected to behave passively and use formal English, to set an example to the boys:

Brian: And the thing that we are scared of is... we don't want the boys picking up this back chatting. And even sometimes the slang that they use is not nice. There's funny words that they use and we don't want the boys speaking like that...

If Mia had been quiet, like Jackie, she might have adjusted into this family and to an equally verbally aggressive stepmother. Passivity was a marker of difference between the girls and so promoted sibling rivalry between them, as well as Megan's intolerance for Mia:

Megan: Mia doesn't know when to shut up.

Aggressive behaviour was tolerated from the boys in the family. In a projective exercise in session ten, Mia represented one of the boys as a tiger and said that his behaviour was out of control, that he was Brian's favourite. Despite her observed affection while playing with them, during session one, Mia was also jealous of her father's affection for them and his loyalty to his new biological family (Baptiste,1984).

Brian's relationship with his daughter was complicated in that he was protective of her against the (male) violence of her stepfather:

Brian: ... I'm her father and I don't hit her and I can't allow another guy to do that. So she's safer by us. So I just made a decision that I wasn't prepared for her to live in that sort of environment.

Mia and her stepmother appeared to be involved in a triangular relationship with Brian. In the second session with the parents (the first with Megan present), Megan

described her relationship with Mia as conflictual. She also suggested that she felt excluded by Mia / Brian.

Megan: Mia and I rub shoulders the wrong way, there's still a barrier, I'm on the side.

At the last session when family relationships were very tense and when she was asked how she felt about going back to live with her biological mother, Mia identified *both* parents as neglectful of *both* girls:

Mia: Mommy and Daddy. They don't treat us properly and I don't feel loved there.

Therapist: Who's they?

Mia: Megan and Daddy.

However, when asked about Megan specifically she indicates her place in the blended family:

Therapist: ... And Megan?

Mia: She, I don't know. I think she doesn't like me because she ... like, if she wants to talk to someone or something then she'll take Jackie and just speak to her and leave me alone there. And she doesn't do stuff with me.

The gendered stereotype above of the 'wicked' stepparent, the stepmother, pointed out by Baptiste (1984), masked more complicated family dynamics. In the same way that race difference was a reality in that her stepmother and stepsister were white and she was coloured, and racism was highlighted by Mia, marking gender differences can also be viewed as an attempt by Mia to gain the therapist as her ally and inadvertently draw me into the family dynamic, to form an alliance with her, based on our perceived 'aliqueness' in terms of (coloured) racial identification and alliance against Megan. Just as race was a reality, the gender stereotype of the 'wicked' stepmother was not the only reality in this family of changing alliances.

When attempting to establish the timeline of Mia's conflict with her, Megan referenced a commonly held belief about gendered behaviour in their family, by referring to their daughters as 'bitches', or women being nasty to each other, as rather than towards males. However, Brian tried to defend the girls' (or perhaps Mia's) behaviour by saying:

Brian: I noticed her tension ...they just give a lot of attitude, maybe they weren't being bitches, maybe Megan was in a foul mood most days...I didn't notice major differences...

He then retracts his comment by falling on a gender stereotype of men:

...but then I'm not really very in touch. I'm not in touch with my emotional side.

Gendered styles of interaction did not consistently apply in this family, or cause their difficulties, but were used to avoid dealing with more difficult realities. For example, Megan said that Brian was not emotionally in tune with family events. Her emotional outbursts appeared to have the ability to stop family members interacting about the cause of the conflict at a deeper level. On another occasion when asked if he was aware of aspects of Mia's behaviour, he reverted to a gendered representation of an absentee father-figure:

Brian: I've been studying for the past 10 years, so in a way I've been a part-time father.

In the final session with Mia, she referred to gender differences in the quality of relationships and communication patterns within her family, initially inferring that her father does not talk to her:

Therapist: I mean let's talk about your Dad first, about your relationship with him.

Mia: Well he doesn't really speak to us now.

Therapist: OK, but before this incident?

Then the reality is revealed that this was not due to his gender, but the deteriorating relationship, sparked by misdemeanours on the girls' part and Megan's increasing inability to cope with her own difficulties and that of both girls:

Mia: He was, I don't know, he's still not, he doesn't talk to us.
He does speak to us but we don't really do anything else.

Therapist: How do you feel about going back there with your stepdad and what happened here? How do you and your (step) dad communicate?

Mia: We get on well, better than my Dad.

Therapist: Is it. In what way exactly?

Mia: We go out as a family and we talk a lot and stuff.

Mia herself pointed to communication patterns not being based on gendered differences alone:

Therapist: But then I remember you said (you and) your Mom don't talk about feelings hey?

Megan seems to talk a lot about feelings. How is that different for you?

Mia: It's normal

Therapist: Would you like your Mom to talk about feelings?

Mia: Mmm.

During a projective exercise in session nine, Mia's representations of her family seemed to confirm Brian's belief that he performed a disproportionate amount of household duties. Mia represented the mother in the projective activity as 'just like one of the children, playful'. Mia appeared to disapprove of the fact that Megan did not work hard, and unlike other men, Brian worked inside and outside the house. This appeared to be the one issue that she and her father were aligned on, in opposition to her stepmother.

Both parents confirmed Brian's participation in both conventional masculine and feminine roles:

Megan: ... he checks the boys' books, finishes supper.

When I had asked Brian if he knew about Megan's suicidal ideation, and how he felt about her outburst that the family would be better off without her, he responded that the family would be worse off if she did this, and that the boys would then also need therapy, indicated that Brian was, at least to some extent, 'in touch with (his) emotional side.' He compensated for Megan's difficulties by ensuring that he and the two girls completed a large portion of household tasks. Brian also sided with Megan by presenting Mia as the identified patient and the cause of his families' difficulties.

Conflicts around gendered roles therefore, deflected attention from serious underlying pathologies. Braithwaite, Olson, Golish, Soukop and Turman (2001) also point out that family members in this declining trajectory reported that continued

avoidance in communication, had a destructive outcome as well as physical and emotional separation, as this family demonstrated above.

Differences in terms of ‘culture’

Baptiste, (1984) asserted that adolescent lack of choice in their parent’s choice of partner lead to resentment among stepsiblings in this instance, as in the case of Mia and Jackie. In the first session Jackie differentiated herself from Mia in relation to their preferred activities and abilities:

Jackie: Because like we’re different. We do like the opposite of each other... Jade. She’s in Grade 8, but she’s my age cause she was kept back a year, but she’s supposed to be in Grade 9. But she’s very nice. She’s basically the same as me, she likes rock music as well.

Mia, on the other hand, described a different set of leisure activities:

Mia: I like hip hop music and I like playing soccer.

Soccer and hip hop music are examples of cultural difference expressed along racial lines, since this is mainly supported by black people within South African society. However, Mia also mentioned that she liked tennis, traditionally a sport supported by white people, but she specifies that she also plays it at her current (historically white) school, perhaps to re-emphasise her previous comment that her activities and friendships are not strictly based around race, in contrast to Jackie:

Mia: And at school I started tennis and I like it.

Jackie: I don’t see the joy in hitting a ball with a racquet.

There was a problem with both girls using slang:

Brian: ... the slang that they use is not nice

It was unclear whether the parental objection was related to Baptiste’s (1984) lower status culture, (Mia’s working class, coloured origin), or to adolescent informal language usage.

Differences of social class

Sullivan and Cottone (2006) found that marriage difficulties were mostly linked to cultural differences and worldview rather than socioeconomic class or religious practice. They found that the extent of acculturation played only a small role in marital dysfunction for mixed-culture couples. Worldview and socioeconomic class seemed to be playing some role in Mia's blended family. Brian and his family of origin lived in a middle class coloured area with home ownership due to his mother's level of education. Mia's mother lived in a crime-ridden working class area, comprised mainly of rented accommodation. Brian was quite disdainful of her and this working class area. He said that part of the reason for them breaking up was that they had:

... met different friends ... on a different wavelength kind of things, kids in Parkwood didn't get on with each other's friends ...

Megan initially lived in a white working class area then moved to a slightly better area where home ownership was more the norm. Megan and her mother had not completed high school, whereas Brian had completed a post-matric diploma.

While Megan and Jackie also originated from a previously white working class area, their race elevated their social status and access to resources in terms of the previous apartheid system's unequal distribution of resources, in comparison with Brian and Mia. When Brian said he was 'not happy with schools on that side of the world' he was referring to the largely working class suburb his family currently lived in. He said that Mia's mother just never allowed her to attend better schools,

...but I think they couldn't afford it ...then I convinced [her] since my mom's a teacher, but Jackie always went to school...in ...the suburbs

In the final session Brian and Megan were forcing Mia to leave this school:

Mia: I don't wanna leave the school, but I will have to if I move to my mommy.

Socio-economic class and world view appeared to play a role in Mia's family, particularly between her father and mother but was not a source of marital difficulty as suggested by Sullivan and Cottone (2006).

Boundary issues

Baptiste (1984) and Braithwaite, Olson, Golish, Soukop and Turman (2001), were in agreement about *general* problems of many stepfamilies, including boundaries.

With the non-custodial family. Brian was very assertive about the boundaries around his family, both in and outside of therapy. When Jackie explained why she had initially entered counselling a year ago, Brian spoke about her grandmother breaking boundaries. However when Jackie hinted at the couple's own marital difficulties and her stealing, he focused the origin of these problems away from Jackie, Megan and himself:

Jackie: I think another reason, that thing with Nana and what happened with Mommy and Daddy, there was a whole mix up there as well with my gran ... Nana is my gran. It was just mixed emotions because there were problems going on with my Mom and my Mom said she would probably tell you. *Ja*, my mom and my gran and ...it was sort of because of me as well.

Brian: It wasn't because of her... It was actually because of Megan's mother. She's very possessive and overbearing and now she's ... the way she was obsessing over Jackie was unhealthy, we all felt it and we tried to speak to her and say look, give the child her space...

Therapist: So there's sort of limited contact with nana.

Brian: Very limited.

Therapist: And your wife and her, they still keep in contact?

Brian: They keep in contact, ja..... so they spent a bit of time together.

On the one hand, the boundaries around the family were appropriate as in the case of protecting Mia physically, and limiting his mother-in-law's access to Jackie, but on the other hand these issues were still unresolved among the adults in the extended family which did not promote cohesion within the blended family.

With ex-spouses. Brian's relationship with Mia's mother appeared to be more contradictory:

Therapist: And while Mia was staying with her Mom, what was the relationship like between you and Carol (Mia's biological mother) then?

Brian: Our relationship was fine. It's been fine forever.

Therapist: You and Carol?

Brian: And my wife and Carol. You know me and Ashley even actually got along until this thing happened you know, this thing when he hit her, it just threw a spanner in the works. But I mean before we all got along. We didn't need to be hostile to each other. We got along fine. I mean me and her Mom still get along fine. We tolerate each other, we're civil.

However, when not asked directly his prevailing stance on Mia's mother, Brian and Megan were quite critical of Carol. In the second session when I said I would like to speak to Carol he replied that:

Brian: The previous counsellor tried to get her to pitch, and like Megan says, good luck.

Brian portrayed their relationship as good, but he had been critical of her social class, and lifestyle before their relationship had ended. He had also been unhappy with her parenting of Mia after they ended their relationship, and had petitioned the court for sole custody when Mia was about two years old. On enquiry, Brian was vague, he said he could not remember the precise timeline or reason why his *mother* had been unhappy with Carol and why he had requested that Mia live with both of them from when she was about eight months old.

He claimed that the relationship with Mia's mother only deteriorated after her beating, but he and Megan had long regarded Carol's parenting as too permissive and neglectful:

Brian: I know that Mia and her mother speak like that, that's how they do things in their home.

Megan: The aftercare she was with, said that when she was staying with her mom, she had sex with a boy there.

Part of the presenting problem was that Mia did not see her mother often enough:

Therapist: clarify this though ... how often does she see her mom?

Brian: Every week, last term almost every weekend ... for a while she didn't see her mom (who) didn't phone or anything. I know she misses her mom ... Carol is the type of person who won't phone, she won't go out of her way. Mia will ask me can I phone my mom and I'll give my phone, if Mia doesn't phone her mom, her mom won't phone.

Mia's account of her contact with her mother suggested that particularly after the beating, the boundaries between her father and Carol were firmly held in place by Brian, and she felt awkward asking him to call her mother after he had 'rescued' her:

Therapist: And do you think you see your Mom often enough?
Yes, I do. I see her almost every weekend. And sometimes my Daddy he asked me ... why do I go to my Mommy so much, but ... what's the use of me staying at my Daddy's house when I can be with my Mommy and spend time.

Towards the end of therapy, when Mia and Jackie were acting out, Brian and Megan were keen to let her go back to Carol, without any discussion about Mia's safety there.

Mia: They spoke to us and now me and Jackie are going to move out. I'm moving to my Mommy and she's moving to her Daddy. And they're very excited about us moving out.
But I phoned my mommy today and she can't ... none of the schools can take me in now.

It appeared that Brian dictated the boundaries with his ex-partner, without much discussion with Mia, which impacted negatively on the cohesion of the blended family.

Family cohesion

In addition to boundaries, Baptiste (1984) noted that developing good relationships between stepparents and children was challenging and very stressful. So too was family management, child discipline, relationships with ex-spouses, family relationships. However, these problems, even if mild, gained added significance in

combination with difficulties originating from the racial/cultural dissimilarity (Turnbull & Turnbull, 1983). The problems of intermarried stepfamilies are distinctive and the content of challenges differs when compared to culturally or racially uniform stepfamilies.

Family Management

Parental and spousal roles. The family appeared to have very clear demarcation of household tasks. As seen previously, Brian undertook cooking and childcare, but he was also the disciplinarian in the family. No mention was made of what household tasks Megan performed other than bathing the boys, with assistance from Jackie. She also acted as confidante to the girls, as well as the family's moral compass, particularly with regard to Mia:

Megan: ... the girls confided in me. She has a social smoking problem
She stopped - we prayed together.

Megan was also responsible for buying consumables, on a strained budget:

Megan: A lot of this went past Brian. We need perfume, but I can't buy.
I've got to run around and look after the family like the petrol and
the food and toiletries.

Cohesion of Child and biological parent vs. child and step-parent. Lansford, Ceballo, Abbey and Stewart (2001) found that stepmothers were more sensitive to difficulties within their family, compared to other family structures. This may be caused by the societal perception that stepfamilies are more prone to difficulties than two-parent biological families, which might have influenced Megan's heightened awareness of problems and Brian being unaware of, or denying these.

The tension between the parental system and Mia also impacted on family cohesion. Mia's relationship with both her father and stepmother was difficult:

Brian: Megan's not used to it. Obviously with Jackie growing up in our
house, like I said for me it's an adjustment for a thirteen year old
telling me what's on her mind you know we struggle with that

man. I think the only thing...*ja* (yes), so that was one of the hardest things.

Megan was more forthright about Mia being an unwanted addition to her family:

Megan: You know so we aren't as a family used to Mia living with us. Mia's only come to us weekends. It's unpleasant, bending over backwards, it's really difficult I love Mia we knew when we got married we came with packages...

Mia was equally unimpressed with Megan's role in the family: her responses to the The Aperception Test(TAT), suggested that she believed that her father worked too hard and that Megan pretended to be hardworking, at Mia's expense. She also reported that:

Mia: The last time so Mommy Megan was on the laptop, she was in her room on the bed the whole day and I was looking after my brothers and then my Daddy phoned and said he's around the corner then she jumped up and started to clean and she said she'd cleaned the whole house, but actually I was cleaning. And then she said I was doing nothing.

However, Mia did confide in her stepmother, perhaps because she regarded her as part of the subsystem of the children in the family.

At the first session, Mia talked about her mixed feelings toward both sets of parents:

Mia: When I moved from my Mommy to my Daddy's house. It was different because I was living with my Mommy since I was small and then I just moved over to my Daddy... So it was different, I only see my Mommy on weekends, not every day of my life.

Mia: Um, my stepfather hit me with the broom...
That was the reason why I moved to my Daddy.

Later when Mia was to be sent back to her mother:

Therapist: How do you feel about going back there with your step dad and what happened here?

Mia: We get on well, better than my Dad.
Therapist: Is it? In what way exactly?
Mia: We go out as a family and we talk a lot and stuff.
Therapist: But then I remember you said (you and) your Mom don't talk about feelings hey? Megan seems to talk a lot about feelings. How is that... for you?
Mia: It's normal.
Therapist: Would you like your Mom to talk about feelings?
Mia: Mmm.

As MacDonald and DeMaris (2002) pointed out, discord between the biological parents negatively affected the quality of the stepfather-stepchild relationship. Contact between the stepchild and the biological father resulted in weakening the quality of stepfather-stepchild relationship. In addition, biological parental conflict negatively impacted stepfather-stepchild relationship quality. Brian and Mia's relationship was also filled with contradiction, which seemed to originate from Carol and Brian's early relationship:

Brian: ...We were never married. We were seeing each other for many years and I was still a teenager, her mother was a teenager and ...fell pregnant and things just didn't work out...

Brian seemed resentful of her and blamed her for the unplanned pregnancy, saying he had been 'shocked ... I had to go work, not part of my life plan'. However he also took pride that he could provide for Mia's material needs, could protect her and showed her tenderness:

Brian: But I accepted responsibility, I've supported Mia from day one.
She always had Kimbies, everything... from about 8-10 months my mom helped me ... (I) bathed her, tucked her in, read her stories every night ...

Mia had called her father and seemed to know that she could rely on his help:

Mia: Yes, because I thought that it's safe to live at my Daddy and I prefer to live with my Daddy than to live there, but I did just miss my Mommy, so ...

Initially she was appreciative of Brian's help and she didn't see her mother often, which seemed to be as a result of strained relations brought on by the beating, Carol not initiating contact, and Brian not encouraging it.

At the beginning of therapy Mia implied that her only problematic relationship was with Megan:

Therapist: ... And Megan?

Mia: She, I don't know. I think she doesn't like me... if she wants to talk to someone or something then she'll take Jackie and just speak to her and leave me alone there. And she doesn't do stuff with me.

At the crisis point, she was critical of both Megan and Brian in the last session:

Mia: Me and Jackie are going to move out. I'm moving to my Mommy and she's moving to her Daddy. And they're very excited about us moving out.

In the first session Brian emphasised Mia's exclusion from the family. He fuelled sibling rivalry, and negated his reported early bond with Mia. Jackie was presented as the ideal daughter:

Brian: *Ja*, (yes) Jackie's grown up with us. Now Jackie, maybe she does (backchat), but we don't hear her ...it's a sign of respect ...

Mia experienced difficulty with her blended family due to her stepmother's heightened awareness of difficulties and also the conflict between her biological parents as suggested by MacDonald and DeMaris (2002).

Cohesion in sibling relationships. MacDonald and DeMaris (2002) finding that minimal contact between biological father and child improves the relationship with

stepchildren may in part have motivated Brian's preference of his stepdaughter. In addition Mia experienced one of the three major problems of a blended family that of adapting to and acknowledging Jackie as different from her in terms of race/ culture as indicated.

As previously described, there was obvious rivalry between Mia and Jackie. Jackie was verbally more dominant in the session,.

Brian made direct comparisons between them, in Jackie's favour:

Brian: ... today I still don't backchat my Mom... And we instil that in Jackie, in the boys. (Mia's) mom used to say... Mia's rude

There was also competition between the two girls themselves, outside of the family system, with regard to their friends, interests, and indirectly their academic ability:

Jackie: I don't have friends in my own grade. I can't make friends. I can make friends mainly with lot of boys so I just ... they're mainly in Grade 11.

Mia: I have a lot of friends.

Mia: Jackie doesn't know my friends.

Jackie was aware that her misdemeanours did not get the same sanction as Mia but as a consequence she felt that she was being neglected by her parents, in favour of Mia:

Jackie: Sometimes Mia does the same thing because we both do the same thing, but I guess because Mia's been through a lot more than me so there would be something wrong. I'm not sad so...

Mia: And another thing we, me and Jackie, sometimes my Mommy and Daddy think I'm always the bad one, but like Jackie do more things in like she do it like so sneaky, but I'm more out, I'll say it loud. She does it behind their backs.

However, they also formed a subsystem in supporting each other versus the parental subsystem, even though Jackie did this less obtrusively than Mia:

Jackie: I can understand how Mia feels because I know we moan a lot

But it's because when we come home from school and you have your friends and you have your homework and you just don't have *lus* (any desire) to do anything.

It is possible that Mia and Jackie's frequent contact with their biological fathers negatively impacted on their negative relationships with their stepmothers in the same MacDonald & DeMaris, 2002 reported about stepfathers. The conflict between Mia's biological parents probably also weakened her relationship with, and the authority, of her stepfather as claimed by MacDonald and DeMaris' (2002).

Child discipline and family management. Golish (2003) examined how communication strategies differed among 'strong' and weaker blended stepfamily development. She found that all families underwent seven main difficulties. These were: emotions of being trapped, managing boundaries with non-custodial families, ambiguous parental roles, distressing bonding, competition for resources, different strategies in managing conflict, and developing the cohesion of the family unit- difficulties Mia's family experienced all these difficulties as previously presented. Families who talked daily and participated in family problem-solving, and who promoted a positive view of the new blended family, including recognising the extent of their challenges, were likely to become solid blended families, which was not evident in Mia's family. This was exemplified by Brian's comment: 'We don't really talk about stuff.'

Golish (2003) and Braithwaite, Olson, Golish, Soukop and Turman (2001) found that all stepfamily evolution is distinctive and that communication patterns served as its foundation.

Managing conflict. Megan appeared to have no insight into the impact of her emotions and actions on her family. The family in turn tried to avoid conflict with her (except for Mia), since they feared the consequences:

Megan: We don't actually discuss it in front of them so I don't know why it's irritating?

Therapist: OK, so why do you say it's irritating?

Jackie : Because OK, now Mom and Dad, they have these little

disagreements right. And then Mom will get upset and it's like 'here we go again'.

Jackie: It's not really arguments though.

Megan: I'm hoping that I can get an opportunity to actually retaliate here.

Jackie dealt with conflict by withdrawing. This was encouraged by the family, and it prevented them from dealing with her problems, until she acted out by using drugs and cutting.

Managing resources. Brian attempted to keep positive in this area of family management, although he and Megan disagreed about long term goals for the family. Megan was responsible for consumables and Brian for the more substantial purchases. This was one of the biggest sources of conflict between the couple:

Brian: I suppose we're a lot more at ease now because I think the girls must have picked up the tensions. Last month there wasn't money and you know Megan's been sitting at home, travelling to town, trying to meet this guy and it just really took us for a ride. She still hasn't been paid for a month so there's still financially a bit, not out of the clear yet, but *ja*, (yes) we'll get by, we'll make a plan.

The family had limited support from Megan's mother. While Brian said that the family loved 'nana', in the first session, contact was restricted:

Brian: They keep in contact, *ja*. (yes) They've actually hung out a lot this month because of what happened with my wife with the work so she travelled from there so they spent a bit of time together. They sort of ironed out their issues...

Feeling trapped. Brian said that marriage was more difficult than he could have imagined, 'but what can I do' and that 'you must really speak to her...' (Mia).

Positive cohesion in the family as a whole. Despite these enormous challenges, there were some elements of positive cohesion in the family. They all attended church

functions and attempted to follow its practices like ‘family meetings’ which allowed the family to discuss burning issues. Brian was proud of Mia’s ability and Mia of his academic achievements. The two younger boys formed a separate subsystem, with Brian mainly taking charge of them, since they were by Mia’s account not disciplined by Megan. Mia was observed to be very caring of her younger half-brothers in the first session. The family were willing to support Jackie, and could access helping resources such as CGC and their church.

Pathology

In terms of a family systems approach, the therapist needs to gain part or total agreement about problems listed with the family (Sager et al., 1981). In this family Megan’s pathology not mentioned at first and she dismissed the offers for intervention. From the section below it will become clear how this impacted on every aspect of the family system.

In the spousal subsystem. Megan was conspicuous by her absence during the intake session particularly because part of the presenting problem was that the identified patient, Mia, was in conflict with her. In addition she was mentioned often, and from the outset of the session:

Therapist: Well, I’m sorry that your wife couldn’t make it this morning.

Brian: *Ja*, (yes) she was very sad she couldn’t make it, but um, *ja* (yes) this last month’s been a bit hectic because she ... it’s a long story really. She had a job just around the corner here, but then a guy offered her a job with his company and she gave notice obviously and this guy’s been giving her the run-around ever since. So we were obviously stressed out because we depend on her salary as well.

Like her previous job, this job also started and ended abruptly. Megan appeared to make decisions with little deliberation, and her mood was quite labile. She started a job over enthusiastically, but two weeks later she had lost this job, and was contemplating legal action.

Despite her family’s severe financial problems, Megan planned to embark on an expensive course of study without consulting Brian. In addition she was consistently,

self-absorbed, felt victimised and refused to discuss their financial situation, then manipulated the family into silence by the threat of an outburst. When I pointed out her children's reaction to this, Megan showed little insight into how her emotions and behaviour impacted on her family as described earlier.

Megan: I hear what she's saying ...

Therapist: It's irritating

Megan: ... But so is Brian yapping all the time ... sorry, I mean this with all the love possible, but Brian doesn't, I don't mind talking about money...Brian gets this tone about him and I feel like I'm a little child ... And therefore I don't want to listen to this...

Brian: She doesn't like to hear that money's tight. Maybe she's tired of hearing it, I don't know...

Megan: No, I don't mind talking, Beulah, but I don't feel like I'm contributing much to my family...like I'm really not worth much. But all that I'm really trying to do is keep my head above water ... that is starting to get to me...

From this session it was evident that Megan had low self-esteem, was depressed and rather narcissistic and manipulative, and retaliated as soon as it appeared that anyone was criticising her. Later in the session she said:

Megan: That comes back to the point that I lost a good job ... So now I'm sitting with (debt) ... I'm not going to go there again.

The family communication dynamic centred on avoiding confrontation with Megan, but most of the conflict involved her. In a couples session, when I asked how things were going, Megan said fine, but also that she felt like 'the walls are closing in' on her. When I commented on the fact that they sat with one chair empty between them, Megan said they had not been talking to each other for two days. Brian said he'd been trying to keep the peace by avoiding creating an argument with Megan, and he felt helpless about what to do as she seems to have set ideas which he can't challenge when they do argue.

This was also mirrored when I attempted to quantify the presenting problem of Mia's conflict with Megan, Brian reported that Mia:

Brian: ... hardly any fights with me.

Therapist: Any fights in the first term?

Megan: Not since a couple of weeks ago the girls have been little bitches, sorry. I totally cracked. I told them ... and since then I noticed she has laid off me quite a bit.

It then transpired that Megan had problematic relationships all the members of her family, not only with Mia:

Megan: ... they just nasty ... been very tense and intense month between the two us, a bit filtered through ... the kids.

However, Brian revealed that he thought that the problem was not so much with the girls, but with Megan herself:

Brian: I noticed her tension ... they just give a lot of attitude, maybe they weren't being bitches, maybe Megan was under in a foul mood most days...I didn't notice major differences ...

He then retracted his comment perhaps also to avoid further confrontation with Megan:

Brian : ... but then I'm not really very in touch. I'm not in touch with my emotional side.

Therapist: Would you say that?

Megan: Very much that.

Mia was also intent on avoiding distressing Megan:

Mia: Mommy Megan's going to change everything I say and make me out to be a liar even though I know the stuff I'm saying is true. And Jackie will also back me up because she knows I'm telling the truth. Then Mommy Megan will get upset.

It seemed that the family were afraid of her outbursts, which in turn enabled Megan to avoid dealing with their concerns:

Megan: One day I just snapped, broke down, burst into tears ... Since then things have subsided.

In another session, Brian said:

Brian: I think I just you know ... I think for me what came out of it is that me and Megan don't actually communicate, so she might be doing her thing there, but I might be doing my thing, but we don't notice... been trying since Monday to talk, budget talk...

In session seven, with Brian, Megan was distraught. She had been without her antidepressants for a few days and described herself as 'unstable' and so disclosed brief suicidal ideation. Brian did not know about this and said that the family would be worse off without her, to which Megan responded aggressively:

Megan: He knows jack, he just has to say that ...

In addition to feeling unsupported by her family she was not coping with the demands of domestic duties. In a family session related to improving improve the morning rush by looking at their existing duties, it became clear:

Mia: But Jackie helps my Mommy with the boys at night like when they bathing and stuff.

The collateral information obtained from the previous family counsellor indicated that Megan's mother had a history of mental illness and had been institutionalised a few times. During the first couples session Megan confirmed this and revealed that she had been temporarily removed from her mother's care at a young age due to her mother's alcoholism. Megan's history included epilepsy, a learning disorder, substance misuse and multiple instances of sexual abuse (including by her father), by which she remained traumatised. The impact of this on the family dynamic became clear during the various family sessions. Her own daughter, Jackie, had also been removed from her care, on her mother's report to social workers that Megan was addicted to heroin and alcohol. Megan said she had used heroin but claimed she had never been addicted. Brian confirmed that both he and Megan had drunk heavily, at the start of their relationship.

Megan was already being treated with antidepressants prior to entering this therapy. After session seven, she entered individual therapy and was later given a working diagnosis of Borderline Personality Disorder by her therapist.

Megan focused on the sexual aspect of Mia's presenting problem, for instance saying that: 'from a younger age (Mia) always had sexual issues'. By session six, however, there was no unequivocal evidence that Mia had been sexually abused. However, Megan provided the following information:

Therapist: Was this her first (sexual) encounter? You mentioned that there was something going on back when she was nine.

Brian: I believe that this was her first, but the previous counsellor and Megan don't believe that, but I don't know anymore.

Therapist: How do you know this?

Megan: Probably from what the counsellor said. There's been a lot of little signs. Mia does masturbate, she knows of sexual feelings. That doesn't happen overnight. I am a victim of sexual molestation, I know how it happens ... also tell tale signs of ... nine years old and when younger ... And when Mixit came out she was busy with boys there. Then another story came out that apparently, the aftercare she was with, said that when she was staying with her mom, she had sex with a boy there...

Megan also mentioned that Mia had stolen a few hundred rand from her mother when she was about five years old. Megan claimed that Brian then took her to a social worker, but Brian reported that he couldn't remember the social worker's findings.

The collateral source believed Brian to be a manipulative male, fulfilling his family duties in terms of the Mormon religion. Brian described himself as 'I can be a bit anal sometimes', when referring to his expectations of the girls. He was complicit in Megan's account of events and was evasive about some aspects of family history. He nonetheless referred me to the collateral source, which provided information about Megan's history. This included their marital difficulties brought on by Megan's indiscretions. They had different versions of how they met, and had both misused substances. The spousal and parental roles of this couple were hampered by apparent

pathological patterns within the parental subsystem. As the therapy continued it became clear that Megan's inability to cope with her family and career responsibility originated in her psychiatric condition, which impacted adversely on the family functioning. Brian showed a lack of purpose to deal with family issues in an open forum, and particularly towards the end of therapy, he persisted in splitting off Mia and Jackie as 'bad' and the parents as 'good.'

In the parental subsystem. Mia was exposed to different parenting styles and roles:

Brian: ... you know, I was brought up that you don't backchat your parents ... Mia and her mom, they shouted at each other and Mia could basically say what she wanted...

Not only was Brian's parenting style more authoritarian, compared to Carol, but he took a more active role in managing household tasks and child discipline than Megan:

Brian: I have a kind of standard... Jackie will just keep quiet, Mia will moan under her breath. She feels I pick on her, maybe because my mom was a teacher, I repeat things over and over, I just did it, but now my girls ...I don't know if they just don't care...

Mia: ...by my Daddy we wake up like half past five, then you go to school and you have no social life besides at school...

Brian's work ethic was different for Mia and her new family could not adjust to her 'back-chatting' .

In the siblings. Mia was presented as the identified patient; however, after the first session it turned out that the presenting problems reflected her situation of approximately a year earlier. The residual problems were Mia's 'back-chatting' her parents and suggestions of depressive symptoms and queried sexual abuse and pathological sexuality:

Therapist: Let me just clarify the presenting problem: chores not happening, about once a week...

Brian: If Mia doesn't phone her mom her mom won't phone...

Therapist: How often does Mia 'chook'- every night, weekends?

Brian: ...better, since she came to you. Jackie has never back-chatted me, she's starting she's 14...but not close where Mia is, she just sulks. Mia will go *bos* [wild]...doesn't know when to keep quiet.

This however seemed to only happen with Megan, not Brian, and seemed to add to Megan's perception of conflict with her and she included Jackie when I tried to quantify conflict involving Mia:

Brian: ...hardly any fights with me ...

Therapist: Any fights in the first term?

Megan: Not since a couple of weeks ago the girls have been little bitches, sorry ...

While Megan's emphasis on the sexual aspect of Mia's presenting problem was in part a projection of her history of sexual abuse, I needed to establish whether Mia's behaviour was due to any history of such abuse:

Megan: ... and not just that (smoking) its three times now ... a boy next door, a flipping little pervert. I caught Mia twice, undressing with the blinds open while he was staring at her, he always looks over the wall. I always tell the girls to close the blinds. I confronted her she said she forgot. For me it's always been a sexual thing ... sexual problem ...

Mia's description of the kinds of books she enjoyed reading, provided some insight into what she believed were her difficulties:

Mia: I like the books that I'm reading now, It's all about the Olsen twins, Mary-Kate and Ashley Olsen...most of the books are about how they get through life. Almost like the same problems that we have in our lives - boys, thinking about boys, thinking about how they must work at home, their parents nagging and stuff. I like books like that because it's almost like we do go through the same problems.

It was difficult to get to the bottom of Mia's possible sexual abuse and subsequent acting out. When Mia was 12 years old, she had been found having sex with a male relative who was approximately a year younger than her. Megan presented this as incestuous and with Mia as an abusive aggressor, acting out previous sexual abuse. At the first session, Brian said that the previous counsellor had said that that had been abnormal behaviour for someone of Mia's age. Brian also disclosed that he had sought custody of Mia when she was about two years old, but that he could not remember why; he was also unclear about whether she had stolen money and had social work intervention when she was five years old, for instance. Yet he did not believe that Mia had been sexually abused.

While the evidence for sexual abuse was unclear, Mia's behaviour was suggestive of symptoms typical of an adolescent manifestation of depression: aggression, boredom and possibly a lack of concentration.

Jackie, too, was apparently struggling with mental health symptoms. Mia hinted at marked pathology within Jackie and her extended family, and Brian explained the reason for Mia and the family going to counselling for almost a year as follows:

Brian: It actually started out with Jackie. Jackie's counsellor at her school ... referred her to that counsellor and then now we all ... to come as a family and speak and then the counsellor was actually interested in Mia as well so we eventually had to ... so they both went to the counsellor and then they were quite happy with Jackie's progress because she spoke quite freely and stuff like that. And in fact, they were quite happy with Mia as well, but after some more investigation they were just concerned about Mia because she's sad sometimes you know, and some behaviour that was obviously of concern to us.

In turn, Jackie seemed to be saying that Mia was okay, perhaps defensively but also hinted at her own unhappiness and need for help, which were to be revealed much later in the sessions:

Jackie: It's sort of like I don't bother because I know Mia's happy.

It was left to Jackie to mention that she struggled and was still embarrassed about her diagnosed Attention Deficit Disorder. The collateral source also told me that Jackie had stolen a teacher's phone, and that she had left her mother's house to go and live with her father. In a single individual session with me, Jackie revealed that she had smoked dagga twice and that it had only been experimental, and it had no marked effect on her. She showed no real concern about the possibility of being expelled from school, or her family's concerns. She seemed more upset at her stepsister 'telling on' her about her substance use. Like Mia, she expressed that her stepmother did not like her, 'probably because I'm not her blood'. She also admitted to self-harm in the form of cutting, as a way to deal with her emotions.

Within the family. When this family presented at the clinic, Mia was the identified client. She was not experiencing an immediate crisis at that time. However, as the therapy unfolded, the question of 'why now', could be answered by looking at this family system being in crisis partly as a result of her presence. In session one I asked Mia:

Therapist: Jackie explained what she saw was the problem and why she was there. At that time, were you also feeling quite sad?

Mia: Not about that.

Therapist: OK, do you want to say what kind of things were making you feel sad?

Mia: When I moved from my Mommy to my Daddy's house. It was different because I was living with my Mommy since I was small and then I just moved over to my Daddy last year.

Mia's sexualised behaviour was an area of particular concern for them. The family seemed to have difficulty in negotiating rules, for example, around privacy. Mia recounted how they had assumed sexual behaviour because they read her diary:

Mia: No. But there was something in my diary, but that wasn't really my friend wrote it.

Therapist: Oh OK. What did it say?

- Mia: It said about me and my friend when we went to this other boy's house and we were playing and stuff, but it didn't really happen.
- Therapist: Like foreplay?
- Mia: [Nods] But it really didn't happen...
- Therapist: Are there rules around privacy in your house...Are you allowed to close the door?
- Mia: No. We're apparently going to smoke behind the door.

When I asked the family how they would like to proceed, Brian replied 'You are the solution', suggesting that the parents did not really want to examine any role they may have had in the girls' behaviour or felt inadequate to start an intervention by themselves.

Summary

The most obvious difference Mia presented as the origin of the family's problems was race in her blended family. She appeared to highlight race, thus potentially obscuring other difficulties. As the literature suggested, differences in religion did not appear to be a major source of conflict within the family, but it was reported that Megan's mother objected to their Mormonism.

Conventional gender roles were not consistently applied in the family's management and in terms of the dictates of Mormonism. It appeared concessions were made due to Megan's pathology.

As in research findings, social class was not presented as a significant source of conflict; however, it appeared to be an important motivating factor in decisions such as choice of schools for Brian in particular.

Cultural differences included leisure activities such as hip-hop versus rock music, which appeared to be used as an implicit marker of racial difference between Mia and Megan. Activities such as church practices were a common feature in the family. Language usage appeared to be a commonality between the members of this family, with parental objection appearing to be more about unacceptable adolescent slang rather than its possible working class or lower status racial roots.

Adolescent identity development is not static, however; adolescent children in blended families are likely to have adopted dominant societal racial attitudes, which are already well established, and these would influence acceptance of step-siblings and -parents and cohesion, negatively.

In addition, adolescents in blended families are particularly sensitive to their community and peers in respect of being negatively judged about obvious racial differences in their families.

Sexual activity amongst siblings is an issue all families have to deal with, including this blended family. This was complicated by Megan's own history of sexual abuse, which appeared to make her more alert to concerns around Mia's sexuality.

Boundaries with non-custodial family were mostly dictated by Brian and were impacted by conflict caused by Megan's mother's pathology and her objection to Mormonism. Boundaries with ex-partners appeared to be firm and affected by conflict between Brian and Carol, which impacted negatively on Mia's relationship with her father and stepmother. Much of the conflict related to Brian attempting to reproduce the same of the practices of his family of origin in the blended family, and to Megan trying to maintain links with her family.

The family started and continued with low levels of cohesion due to ineffective communication between them, particularly between the parental pair, which resulted in its break-up towards the end of the therapy.

The parental roles of the two spouses were impacted by their pre-marital history, Megan's familial pathology, and their Mormon religion. Child and parent, stepparent and child relationships as well as sibling relationships were impacted by minimal contact with stepfathers, conflict between biological parents, and consequent favouritism of Jackie. In addition sibling rivalry might have been fuelled by Mia's low cultural status and struggle to adapt to racial differences within the family.

Bonding and relationships were also influenced by the suprasystem. In Mia's family the societal negative view of intermarriage was possibly enacted by Megan's mother's reported disapproval of the families Mormonism and Jackie's reported racism.

Mia and the parents experienced a conflict in loyalties: Mia was trapped between her custodial and non-custodial parents, and Carol may well have felt usurped by Brian and Megan's role in Mia's life.

Child discipline, family management, managing conflict, managing resources and resources were all impacted by low cohesion and ineffective communication in this family. Psychopathology within the blended family, and that of Megan's mother, in the extended family, all impacted negatively on family functioning. This led to the failed cohesion in this biracial step-family system.

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Conclusion

This thesis began by asking the question whether, in this racially mixed stepfamily, the race- and culture-based differences were the main cause of the family dysfunction. Literature reviewed earlier suggested that these could be the cause of significant stress in the family and could lead to dysfunction (Turnbull & Turnbull, 1983; Burma, 1963; Sanua, 1967).

However, it slowly became clear that Megan's personal psychopathology affected almost every aspect of family functioning. In the marital system, her spendthrift behaviour and emotional fragility meant that the spouses could not cooperate to achieve important family goals (such as paying off debts), and that everyone else went out of their way to avoid a conflict with her. Even the supposed sexual abuse reportedly suffered by Mia appeared to be a reflection of an 'anniversary reaction' to Megan's own abuse history. In addition, Mia questioned the family status quo and possibly acted as the catalyst for Jackie's acting out, and both Megan and Jackie were experiencing crises originating in pre-existing pathology.

Mia's relational and adjustment difficulties can be understood in terms of a family systems model (Ryan et al., 2005), where behaviour of an individual is viewed as part of the circular interaction patterns in the family, which in turn are part of the wider socio-cultural environments in which the family operates. Mia is part of a blended a stepfamily, in terms of race and class, within a post-apartheid South Africa. In terms of both residual apartheid societal structure and within her family system, Mia is of a lower social class and racial hierarchy. Mia, her half-brothers and her father could be classified as coloured, her stepmother and stepsister as white.

Her father appears to hold ambivalent feelings about race and which had an impact on Mia. From appearances he and Mia could 'pass' as white. He was disdainful of Mia's mother's (lower) class position but appears to idealise 'whiteness' in that both his adult romantic partners are 'white', but inferior to him in terms of intellectual ability and social class. Mia's comment that her stepsister and stepmother were racist while based in these realities can also be viewed as an attempt to cement a therapeutic alliance against a family system where she had no allies.

Mia's adjustment and relational difficulties can further be understood in terms of her household striving to uphold the moral values of the Mormon Church, including those on premarital sex and expectations of obedience in their home. In addition to these societal influences on Mia's behaviour, the family itself was under enormous psychological stress, some which is peculiar to stepfamilies (Baptiste, 1984). These include cultural differences: the partners had difficulty in establishing a new family culture from their disparate cultures and or family histories, as evidenced by Brian's complaints about Mia and Jackie's attitude to housework and back-chatting. A second problem in step-families is children's adaptation, where stepparents or stepsiblings differ from them in terms of race/ culture. Mia struggled to acknowledge Megan, and Jackie had difficulty in accepting Mia. This could be seen by the sibling rivalry around school achievement, social skills and Jackie's racism as reported by Mia. This appears to be related to the third challenge, internalised racial / cultural beliefs (Baptiste, 1984).

Baptiste (1984) also refers to the unconscious negative outlook and actions relating to beliefs about a partner's race or cultural group learnt and integrated before the marriage. He names three unique factors which contribute to the problems of intermarried families (Baptiste, 1984). One is negative perceptions of intermarriage (in the US), which given our history of legislated radicalised past racism, could apply in South Africa. The second contributing factor is differences in culture-based constructions of marriage. This combined with each partner's experiences in their family of procreation and origin, impact on their lifestyle and behaviour within the marriage. Intermarried couples need to differentiate between cultural, personality and relationship differences in order to avoid a more conflict-prone relationship, compared to homogenous families.

Children's feelings of betrayal by the biological parent are the third factor which contributes to the unique difficulties in intermarried families. Unlike the adults, adolescent children in particular have not participated in the choice of the new stepparent. Baptiste (1984) reports that this is more of an issue in intermarried families. The adolescents (Mia and Jackie) may have already internalised negative societal views of race or cultural groups and taken on the dominant culture's negative view of intermarriage. This may have led to (Jackie's) feelings of betrayal, in terms of her mother's marriage to a group regarded as low status, and her reluctance to associate with

coloured friends. In Mia's case this may have resulted in greater import attached to the myth of the wicked stepparent, which intensified the negative emotions of both girls.

Fisher, Leve, O'Leary and Leve (2003) found that stepmothers had higher levels of monitoring their children compared to stepfathers. In addition, Lansford, Ceballo, Abbey and Stewart (2001) found that stepmothers had heightened awareness of difficulties within their family probably due to the societal perception that stepfamilies are more prone to difficulties than two-parent biological families. This might have led to the stepmother's increased awareness of difficulties and fathers having no cognisance, or denial of difficulties. Megan's greater monitoring of Mia's would have impacted on their conflicted relationship. Superimposed on this was Megan's pathology which made her hypersensitive to any behaviour remotely sexualized (Sager et al., 1981).

The research of Manning and Lamb (2003) found that counsellors viewed risk and protective elements in family resilience as essential in their work with families. Factors which affected adolescent well-being were mainly school difficulty, delinquency, academic attainment and expectations as well as feelings of aggression, depression, anxiety and isolation, peer and neighbour support, school attachment and understanding of discipline, which is suggestive of a difficulty within stepfamilies in developing parent-child relations (Morin, Milito & Costlow, 2001). In this family, Mia presented with symptoms of depression and had problems with complying with parental rules and boundaries (Morin, Milito & Costlow, 2001). Jackie experienced low mood, isolation and difficulty with attachment to school, and Brian's expectations of her in terms of her academic performance relative to Mia.

Brian wanted to protect Mia when he brought her to live with him when she was thirteen. Her unplanned arrival from a traumatic beating and her reportedly sexualised behaviour inadvertently challenged the idealised values of the church and highlighted existing (contradictory) difficulties within this family. These included her stepmother's own traumatic sexual abuse, which occurred when she was at the same age as Mia. From the lens of her own pathology, Megan also saw Mia as a threat to her relationship with Brian and their reconstituted family. The marriage had been under the threat of divorce due to Brian's suspicion of his wife's sexual infidelity; drinking and poor judgment. The

family was also under enormous financial pressure exacerbated by Megan's unemployment.

As an adolescent, Mia was developing her own identity (Palombo, 1988; Shefer, 2008; Swartz, 2009) and she highlighted her preferred activities (such as hip-hop in contrast to Jackie's love of rock music) as evidence of their differences. In addition, sibling rivalry between the teenagers and increasing acting out, together with different rules in her mother's and father's households, and the pressures of negotiating the normal developmental tasks such as developing autonomy, placed her in opposition to her stepmother, father and her siblings.

While Mia idealised her father and he was proud of her intellectual abilities, he was unable to protect her within his own family system. Mia's increasing acting out and her mother's relative absence, provided a convenient scapegoat for a family system with significant pathology and under enormous stress.

In sum, it is clear that I was initially taken in by the family's defences by identifying with my patient's racialisation of the presenting problem. While different definitions of intersubjectivity co-exist in psychoanalysis, Benjamin's (1990) focus on the intersubjective space as one of recognition of difference, which in turn allows for mutual recognition, was useful in the therapy with Mia, since it allowed me to understand her unconscious communication to identify with me, but also to be alert and explore elements of the presenting problem that may have remained unattended to in the therapy, had I over-identified with my client. Kohut (1977) and Benjamin (1990) both acknowledge the subjectivity of both the patient and the analyst in the therapeutic relationship. They differ in that self psychology emphasizes the patient's subjective experiences, as the analyst's main focus of attention. Relational theory, on the other hand, advocates for the articulation of the analyst's subjectivity and the patient's encounter with that. The relationship or distinction between intersubjectivity and transference-countertransference as well as the extent and role of disclosure by the therapist, are issues still debated by theorists (Frank and Aron, in Swartz, 2009). I did not conduct the therapy in terms of relational theory; however, I did articulate these dynamics in my process notes and during supervision.

I initially over-identified with my client-who lived in the same suburb as I had at her age, was in conflict with her complicit father and ‘against’ her white stepmother. I felt that, similar to me at her age, Mia was being silenced by her father and stepmother at a time when she was trying to articulate her place and identity and resist her set role within her family and South Africa. Had I not been able to reflect on this I might have missed the extent of Megan’s pathology and been less aware of Mia’s own difficulties.

In view of our racist past, this highlights the need for more South African research in mixed stepfamilies to guide therapists, in dealing with the increasing phenomenon of mixed race stepfamilies in post-apartheid South Africa.

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References

- Anderson, J., & White, G. (1986). Dysfunctional intact families and stepfamilies. *Family Process*, 25, 407 - 422.
- Baptiste, D. A. (1984). Marital and family therapy with racially/culturally intermarried stepfamilies: Issues and guidelines. *Family Relations*, 33, 373 -380.
- Baxter, L. A., Braithwaite, D.O., & Nicholson, J. (1999). Turning points in the development of blended family relationships. *Journal of Social and Personal Relationships*, 16, 291-313.
- Benjamin, J. (1990). Recognition and destruction: An outline of intersubjectivity. In Mitchell, S.A. and Aron, L. (Eds.) (1999), *Relational Psychoanalysis: The emergence of a tradition*. (pp. 181-209). Hillsdale NJ: Analytic Press.
- Biever, J. L., Bobele, M. & North M. (1998). Therapy with intercultural couples: A postmodern approach. In S. Palmer (Ed.), *Multicultural Counselling* (pp. 73-81). London: Sage.
- Bhugra, D., & De Silva, P. (2000). Couple therapy across cultures. *Sexual and Relationship Therapy*, 15, 183-192.
- Braithwaite, D. O., Olson, L. N., Golish, T. D., Soukup, C., & Turman, P. (2001). Becoming a Family: Developmental processes represented in blended family discourse. *Journal of Applied Communication Research*, 29, 221-247.
- Buchanan, C. M., Maccoby, E. E., & Dornbusch, S. M. (1996). *Adolescents after divorce*. Cambridge: Harvard Press.
- Burma, J. (1963). Interethnic marriage in Los Angeles, 1948-1969. *Social Forces*, 43, 156-165.
- Cissna, K. N., Cox, D. E., & Bochner, A. P. (1990). The dialectic of marital and parental relationships within the blended family. *Communication Monographs*, 37, 44-61.
- Clingempeel, W., Levoli, R.R., & Brand, E. (1984). Structural complexity and the quality of stepfather-stepchild relationships. *Family Process*, 23, 547-560.
- Cross, W. E., (1971). The Negro to Black conversion experience: Toward a psychology of Black liberation. *Black World*, 20, 13-17.

- Darden, E.C. & Zimmerman, T.S. (1992). Blended families: a decade review. 1979-1990. *Family Therapy, 19*, 25-31.
- Distiller, N. & Steyn, M. (2004). *Under Construction: Race and Identity in South Africa Today*. Sandton: Heinemann.
- Dubow, S. (2011). South Africa and South Africans: Nationality, belonging, citizenship in Ross, Mager and Nasson (Eds.). *The Cambridge History of South Africa Volume 2 1885-1994* (pp 17-65). Cambridge, New York: Cambridge University Press.
- Edwards, K. (1998). *Applied research: Qualitative methodologies*. Newbury Park: Sage.
- Falicov, C. J. (1995). Cross-cultural marriages. In N. Jacobson and A. Gurman (Eds.), *Clinical handbook of couple therapy* (pp. 231-246). New York: Guilford.
- Fine, M. A. (1995). The clarity and content of the stepparent role: A review of the literature. *Journal of Divorce and Remarriage, 24*, 19-34.
- Fisher, P. A., Leve, L. D., O'Leary, C. C. & Leve, C. (2003). Parental monitoring of children's behaviour: Variation across stepmother, stepfather and two-parent biological families. *Family Relation, 52*, 45-62.
- Geldard, K. & Geldard, D. (2000). *Counselling adolescents: the proactive approach*. Thousand Oaks: Sage publications.
- Goldfried, M. R., Wolf, B. E. & Barry, E. (1996). *Psychotherapy in practice and research. American Psychologist, Volume 51(10)* October, 1007-1016.
- Golish, T.D. (2003). Stepfamily communication strengths understanding the ties that bind. *Human Communication Research, 29*, 41-80.
- Gordon, A. (1964). *Intermarriage*. Boston, Beacon Press.
- Heller, P. E. & Wood, B. (2000). The influence of religious and ethnic differences on marital intimacy: Intermarriage versus intramarriage. *Journal of Marital and Family Therapy, 26*, 241-252.
- Holloway, W. & Jefferson, T. (2002). *Doing qualitative research differently free association, narrative and the interview method*. London: Sage.
- Hsu, J. (2001). Marital therapy for intercultural couples. In W. Tseng and J. Streltzer

- (Eds.), *Culture and psychotherapy* (pp. 225-242). Washington DC: American Psychiatric.
- Isaacs, M. & Leon, G. (1988). Remarriage and its alternatives following divorce: Mother and child adjustment. *Journal of Marital and Family Therapy*, 5(4), 79-86.
- Jenkins, J. Simpson, A. Dunn, J., Rasbash, J., & O'Conner, T. (2005). Mutual influence of marital conflict and children's behaviour problems: Shared and no shared family risks. *Child Development*, 76, 24-39
- Joanides, C., Mayhew, M., & Mamalakis, P. M. (2002). Investigating inter-Christian and intercultural couples associated with the Greek Orthodox Archdiocese of America: A qualitative research project. *American Journal of Family Therapy*, 63, 373-383.
- Kazdin, A. E. (1992). *Research Design in Clinical Psychology*. (Second Ed.) Massachusetts: Allyn and Bacon.
- King, N. & Horrocks, C. (2011). An introduction to interview data analysis, in *Interviews in qualitative research* (pp. 142-174). Los Angeles: Sage.
- Kleinman, J., Rosenberg, E. & Whiteside, M. (1979). Common developmental tasks in forming reconstituted families. *Journal of Marital and Family Therapy* 5, (4), 79-86.
- Kohut, H. (1977). *The restoration of the self*. New York: International Universities Press.
- Lansford, J.E., Ceballo, R., Abbey, A. & Stewart, A. J. (2001). Does the family structure matter? A comparison of adoptive, two-parent biological, single-mother stepfather, and stepmother households. *Journal of Marriage and Family*, 63, 840-850.
- MacDonald, W. L. & DeMaris, A. (2002). Stepfather-stepchild relationship quality. *Journal of Family Issues*, 23, 121-137.
- Manning, W. D. & Lamb, K. A. (2003). Adolescent well-being in cohabiting, married and single-parent families. *Journal of Marriage and Family*, 65, 876-893.
- McFadden, J. & Moore, J. L. (2001). Intercultural marriage and intimacy: Beyond the continental divide. *International Journal for the Advancement of Counselling*, 23, 261-268.

- Molina, B., Estrada, D. & Burnett, J. A. (2004). Cultural communities: Challenges and opportunities in the creation of “happily ever after” stories of intercultural couplehood. *Family Journal: Counselling and Therapy for Couples and Families*, 12, 139-147.
- Morin, S. M., Milito, C. & Costlow, N. (2001). Adolescents’ perceptions of discipline within intact families and stepfamilies. *Adolescence*, 36, 142.
- Ogden, T. (1994). *Subjects of analysis*. Northvale, NJ: Aronson.
- Palombo, J. (1988). Adolescent development: a view from self psychology. *Child and Adolescent Social Work*, 5, 171-186.
- Papernow, P. L. (1993). *Becoming a stepfamily: patterns of development in remarried families*. San Francisco, CA: Jossey-Bass.
- Pasley, K., Dollahite, D. C. & Ihinger-Tallman, M. (1993). Clinical applications of research findings on the spouse and stepparent roles in remarriage. *Family Relations*, 42, (315-322)
- Perel, E. (2000) A tourist’s view of marriage. In P. Papp (Ed.), *Couples on the fault line* (pp. 178-204). New York: Guilford.
- Perkins, T. & Kahan, J. (1979). An empirical comparison of natural-father and stepfather family systems. *Family Process*, 18, 175-183.
- Portrie, T. & Hill, N.R. (2005). Blended families: A critical review of the current research. *The Family Journal: Counseling and therapy for couples and families*, 13, 445-451.
- Posel, D. (2011). The apartheid Project, 1948-1970, in R. Ross, A.K Mager and B. Nasson (Eds.) *The Cambridge History of South Africa Volume 2 1885-1994* (pp. 319-368). Cambridge, New York: Cambridge University Press.
- Reddy, T. (2001). The politics of naming: The constitution of coloured subjects in South Africa, in *Coloured by history shaped by place. New perspectives on coloured identities in Cape Town*. In Z Erasmus (Ed.) (pp. 44-79) Cape Town: Kwela Books and SA History Online.
- Rodgers, K. B. & Rose, H. A. (2002). Risk and resiliency factors among adolescents who experience marital transitions. *Journal of Marriage and Family*, 64, 1024-1037.

- Ryan, C. E., Epstein, B., Gabor, I., Keitner, I. W. & Miller, D. S. B. (2005). *Evaluating and treating families: The McMaster Approach*. Routledge: New York.
- Sager, C., Brown, H., Crohn, H., Engel, T., Rodstein, E., & Walker, L. (1981). *Treating the remarried family*. New York, Brunner/Mazel
- Sanua, V. (1967). Intermarriage and psychological adjustment in H Silverman (Ed.), *Marital Counseling* (pp. 423-442), Springfield, IL.: Charles Thomas Publishers.
- Shefer, T. (2008). Adolescence. In L. Swartz., C de la Rey; N Duncan, L. C. Townsend (Eds.), *Psychology an Introduction* (2nd Edition), (pp. 85-96). Cape Town: Oxford University Press.
- Softas-Nall, B. C. & Baldo, T. D. (2000). Dialogues within a Greek family: Multicultural stories of a couple revisited. *The Family Journal: Counseling and Therapy for Couples and Families*, 8, 396-398.
- Stake, R.E. (1995). *The Art of Case Study Research*. California: Sage.
- Stolorow, R. & Atwood, G. (1992). *Contexts of being: The intersubjective foundations of psychological life*. Hillsale NJ: Analytic Press.
- Sullivan, C. & Cottone, R.R. (2006). Culturally based couple therapy an intercultural relationships: A review of the literature. *The Family Journal: Counseling and Therapy for Couples and Families*, 14, 221-225.
- Swartz, S. (2009). *Heinz Kohut: Self Psychology*. Unpublished notes.
- Thomson, J. (1991). Countertransference in an intersubjective perspective. An experiment. In S.S. Kazarian, and D.R. Evans (Eds.), *Cultural Clinical Psychology* (pp. 106-6). Oxford: University Press.
- Turnbull, S. & Turnbull, J. (1983). To dream the impossible dream. An agenda for discussion with stepparents. *Family Relations*, 32, 227-230.
- Visher, E. & Visher, J. (1988). *Old loyalties, new ties: therapeutic strategies with stepfamilies*. New York: Brunner/Mazel.
- Visher, E. & Visher, J. (1993). Remarriage families and stepparenting. In F. Walsh (Ed), *Normal family processes* (2nd ed., pp. 235-253). New York: Guilford.
- Walker, L., Brown, H., Crohn, H., Rodstein, E., Zeisel, E., & Sager, C., (1979). An annotated bibliography of the remarried, the living together and their children. *Family Process*. 18, 193-212.

- Walker, K. & Messinger, L. (1979). Remarriage after divorce: Dissolution and reconstruction of family boundaries. *Family Process*, 8, 185-192.
- Whiteside, M. F. (1982). Remarriage: a developmental process. *Journal of Marital and Family Therapy*, 8, 59-68.
- Worden, N. (1998). A concise dictionary of South African history. Cape Town: Francolin Publishers.

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Appendix 1: Template for data analysis

Listed below are the themes that comprised the template used for data analysis. They are drawn from the literature summarised in Chapter Two.

1. Cultural differences:
 - a. Race
 - b. Religion
 - c. Gender
 - d. Social class
 - e. Family of origin
 - f. Language usage
 - g. Activities
 - h. Understandings of adolescent development
 - i. Understandings of sexual activity
 - j. Understandings of the roles of the community and peers in children's lives
2. Boundaries:
 - a. With non-custodial family
 - b. With ex-spouses.
3. Cohesion:
 - a. Parental roles of the two spouses
 - b. Child and parent, stepparent and child relationships
 - c. Sibling relationships
 - d. Bonding and relationships:
 - i. positive
 - ii. negative
 - iii. feeling trapped
 - iv. child discipline and family management
 - v. managing conflict
 - vi. managing resources
 - vii. Psychopathology:
 - viii. Parents

- e. Siblings
- f. Family system
- g. Extended family