Welcome!

It was not until I had commissioned Jon Blend to write for us about 'step situations' that I realised I had experience of this myself in a small way – it's become so commonplace that it can slip under the radar. Suzi Godson wrote in *Radio Times* recently (but we finalised our article first – honestly!): 'The number of children who live out of suitcases, travelling between homes and parents, is accelerating at an unbelievable pace. Stepfamilies are now the fastest growing family type in Britain... Yet because social, as opposed to biological, parenting is such a recent phenomenon, there's remarkably little support available for children struggling to cope with the changes in their lives.'[1] A week later, Georgina Johnson, writing in *The Telegraph*, said: 'There have been several times in the past when I would have liked the support of a well-informed counsellor.'[2]

So here you are – our guide for the want-to-be-well-informed counsellor!

We do like to look around the edges and bring you articles on topics that are perhaps not addressed in counselling books. Stepfamilies is one, diabetes is another. It was good to interview Rachel Besser about the emotional struggles of children and young people diagnosed with diabetes Type 1. This was also shown graphically on *The Hospital*[3] on Channel 4 recently. Even in the midst of a basically medical situation, there is obviously much that we, as therapists, might do to help.

Worryingly, the latest document from Lord Layard[4] confirms that 'in most areas, access to specialist psychological help for children is quite severely rationed. Only a quarter of children with mental health problems are currently receiving specialist help'. Margot Levinson has something to say about provision for children under an IAPT model, and I would be happy to hear your own views on this and other issues relevant to CCYP.

Provision of supervision for school counsellors, on the other hand, has become Val Taylor's focus as she undertakes a research PhD. My hope is that, as we track her progress for a while, we will feel empowered to follow in her footsteps, however faint-hearted we have felt up to now about higher levels of study or researching our profession. As Terry Hanley shares with us his thoughts from this year's presentations at the BACP Research Conference, I believe that Val's findings will one day be up there with the rest. What about yours?

Eleanor Patrick
Editor

References

1 Radio Times. 17-23 July 2010.

2 The Telegraph. 24 July 2010. www.telegraph.co.uk/family/7904824/Creating-a-stepfamily-Homemaker-mother-or-old-boot.html

3 The Hospital. Channel 4, 16 August 2010.

4 Layard R. Campaign for psychological therapy: the case. 2010. http://cep.lse.ac.uk/textonly/_new/staff/layard/pdf/054_Campaign_Psychological_Therapy_18-02-10.pdf

CCYP Executive Committee

We are very pleased to have received 10 nominations for the election to two places on the CCYP Executive Committee. The statements from the nominees are printed on pages 42 to 45. Please vote for the two candidates you would like to be on the executive, using the enclosed ballot paper. The deadline for receipt of completed ballot papers is **18 October 2010**. We hope the 'turnout' for this election will be high, and thank you again to all those members who are standing for election and to those who took time to consider their position at the moment.
Ann Beynon, Chair, CCYP Executive Committee

Executive contacts

Ann Beynon (Chair)
annbeynon@communicationnow.co.uk

Kathy Bell (acting deputy Chair)
Kathy.Bell@deni.gov.uk

Susan Pattison
susan.pattison@newcastle.ac.uk

Maggie Robson
m.a.robson@psy.keele.ac.uk

Sally Ingram
sally.ingram@durham.ac.uk

Wendy Brown
wendybrown121@btinternet.com

Liz Cairns
ecairns@nhs.net

BACP contacts
Karen Cromarty
Senior Lead Advisor
karen.cromarty@bacp.co.uk

Richard Smith
Special interest lead
richard.smith@bacp.co.uk

Julie Camfield
Divisional officer
julie.camfield@bacp.co.uk

All case studies in this journal, whether noted individually or not, are permissioned, disguised, adapted, or constructed from several clients in order to protect the confidentiality of the work.

Changing families, changing times

ELEANOR PATRICK

The prefix 'step' still carries some stigma, even though it is now the norm to find a far wider configuration of families in society and among our client base. Jon Blend, a Gestalt psychotherapist and himself a stepparent, describes some of the hurdles and dilemmas faced by these 'bereaved' children and families

Stepfamilies have become the fastest growing trend in family development across the globe in recent decades, fuelled by changes in divorce law and the increased social acceptability of cohabitation. They are created when biological parents become separated and one of them enters into a new relationship. Many clients (and therapists) are likely to have grown up in, or be currently part of, a stepfamily. The variety and range of stepfamilies crosses cultural, gender and other lines to such an extent that it can be more useful to think about 'stepfamily situations'.

The term 'step' derives from Old English 'steop', meaning bereaved. Originally, a 'stepchild' referred to an orphan or a child whose mother had died. Stepfamilies often formed after a mother died in childbirth and her partner remarried. Nowadays, stepfamilies more commonly form after parental divorce or separation. In recent decades, Western countries have seen changes in women's access to employment and shifts in social mores, along with the break-up of more traditional family and kinship structures[1].

Stepfamilies differ from nuclear families[2,3] because they contain a mixture of biological and non-biological members living under one roof. Often, one parent lives elsewhere, causing children to become members of more than one household. This can present major challenges to family organisation and identity, with accompanying processes of inclusion and exclusion that provoke powerful and difficult feelings. Consequently, emerging as a stepfamily can often seem a difficult and fraught affair.

Children and adolescents living in particularly troubled or dysfunctional stepfamily situations may require additional help to manage this turbulent time. As a psychotherapist and counsellor working with young persons in a CAMHS clinic and in private practice, I am used to the idea – from systemic family therapy – that the referred child may be a barometer of all that is ailing the family. As a stepparent myself, I recognise some of the hurdles and dilemmas they face as staging posts on the journey. This article is an attempt to shed a little light on some of the factors and processes involved.

As counsellors and citizens, we are familiar with family breakdown in contemporary UK society, where currently almost a half of marriages fail within five years. Should counsellors and therapists become concerned with the effects of relationship breakdown on children? Research[4] suggests we should. For example, children and adolescents in stepfamilies

are more likely to have:
- academic problems
- externalising or internalising disorders (eg fighting, somatising, anxiety)
- reduced social competence
- problems with parents, siblings, peers
- disengagement from the stepfamily
- involvement with delinquency
- experimented earlier with sexual activity, drugs and alcohol misuse
- dropped out of education
- relationships/marriages that fail, in comparison with non-step peers.

Unlike nuclear families, stepfamilies invariably form out of loss. For the new stepfamily situation to succeed, adults and their children need to get to know and become reconciled with each other in order to mourn these losses and feel restored. In the minority of cases where a parent engages in a succession of short-term relationships, the children's emotional health and sense of personal worth suffers considerably, due to the numerous broken attachments that are generated, each of which adds to the sense of confusion, despair and insecurity. Nonetheless, we should also note that the majority of children living in stepfamilies are *normally adjusted*.

Are you one of us?

People in stepfamilies feel differently towards family members who are not of their own blood[2]. Biological mothers and fathers are often protective of their own children and may find it harder to include others. Evolutionary psychologists Daly and Wilson propose that the difference in how parents behave towards their stepchildren compared to their own children has a Darwinian dimension[5]. They postulate that the love and loyalty parents feel for their own children is linked with the evolutionary drive to further their own genes. Thus biological parents have a greater genetic investment in their own children, in a way that stepparents do not[5]. The children concerned may feel such differences keenly. Stepchildren can find themselves excluded from biological sub-groups in the household and in competition with their stepparents for parental attention. This may lead to conflict over family allegiances:

> *Nine-year-old Keiko* had to share his fortnightly contact visits to father with the family of his new stepmother, where father now lived. Keiko's older stepbrothers experienced Keiko as an unwanted intrusion in their lives. Accordingly they took out their hostility on him, breaking his toys and taking his sweets. Whenever Keiko complained to his stepmother, she sided with her sons, accusing her stepson of lying. Keiko's father, who disliked conflict, concurred with his new wife, leaving Keiko feeling resentful and lonely.*

Changes bring loyalty conflicts

For adults, a new partnership is exciting. For children, however, the arrival of a new stepparent is externally imposed, sometimes with little warning. And simultaneously, contact with one or more attachment figures may be reduced, compounding the sense of loss. Mum decides to spend Saturday nights with her new boyfriend; Dad's new partner announces her children are moving in. The arrival of this stepfamily situation often brings loyalty conflicts:

> *Chloe (11), whose divorced father was serving a long prison sentence, felt scared about telling him how much she liked her new, easy-going stepdad. Sometimes, children fear that the biological parent they live with might also leave if they show love to their non-custodial parent. Or as Cassandra (10) put it: 'I mustn't say nice things about my stepmum, or people will think I am being nasty to Mummy.'*

Bad reputation

Over the years, stepfamilies have had to deal with various negative archetypes encountered in literature and the popular press. Vast numbers of traditional fairy tales depict stepmothers as wicked, whilst Dickens and Shakespeare describe stepfathers as neglectful, peripheral or malevolent. Stepchildren, too, have acquired a dubious reputation: consider, for example, Cinderella's sisters. Despite the commonality of step situations today, the prefix 'step' still carries some stigma. Moreover, we lack a vocabulary with which to describe relationships within the wider stepfamily constellation; this omission adds to the vagueness concerning roles and functions.

Shock

Family break-up is inevitably painful and for many children carries an irretrievable sense of loss of their childhood[6]. Family separation involves shock as well as grief[7]: the physiological after-effects can be experienced literally as jolts to the nervous system. These may either go undetected or be misattributed to depression or behavioural problems:

> *For example, when Alice (11), a confident, popular girl, retreated into herself and became anxious and clingy after her parents separated, her mother attributed this to early hormonal changes. Likewise, when Nils (12) challenged his teachers after his father left the family home, he simply acquired a reputation for being 'troublesome'.*

In both cases, all parties were struggling: whilst the adults made attempts to navigate their new situation, they were unable to buffer the shock for their children. In clinic, Alice re-enacted the scene of her parents' arguing, using the sand tray, whilst Nils used his sessions to make clay figures of his parents, which he interrogated and flattened.

For the new stepfamily situation to succeed, adults and their children need to get to know and become reconciled with each other in order to mourn these losses and feel restored

In stepfamily situations involving multiple fathers, the presence of a sibling's father during contact visits may serve as a painful reminder for another child of the loss of such contact

Sensory work that uses creative arts, particularly those involving whole body movement, can provide invaluable support for the safe release of trauma[8,9].

Grieving

Many children, following family separation, grieve the loss of a parent in stages – starting with denial, and then sadness, anger, guilt and depression, preceding an acceptance and resolution phase. The pattern may be more complex than in bereavement because although no one has died, the loss or reduction of contact with a non-resident parent remains ongoing. And in stepfamily situations involving multiple fathers, the presence of a sibling's father during contact visits may serve as a painful reminder for another child of the loss of such contact.

Signs of trauma

These include lack of energy, emotional flattening of affect, sometimes interspersed with sudden angry outbursts. Boys are more likely to become aggressive and hyperactive, whilst girls tend to become clingy and withdrawn, though these behaviours are by no means absolutes and may combine – as my vignette of Wayne (below) demonstrates. In some cases, an 'emotionally literate' school can function as a secure base and provide a safe haven for a confused child of stepparents. A sensitive teacher will often notice if a child is disturbed by other children – for example, where there is teasing about the new family or acquisition of a new name[10], and a school counsellor may help such children in transition to adjust to their new situation.

Secret thoughts, strong feelings

Resolving complex stepfamily issues is difficult on account of the complex, profound and powerful emotions generated by such situations, as the following selection illustrates:

Fantasies

As stepfamilies emerge, parents enjoy positive fantasies of stepparents loving their 'new' stepchildren and being loved by them. Some want their children to call the new stepparent 'Dad' or 'Mum'. My stepdaughter solved the problem by calling me Moose! Stepparents may imagine being welcomed into a ready-made family where their place is secure and defined.

Most children, however, have different preoccupations, including fantasies about their parents reuniting. This yearning becomes shattered when a step partnership is formalised, through marriage or civil ceremony. Afterwards, the best that children can usually hope for is that the adults concerned can become friends[11].

A child who remains with mother may visualise father sitting sadly alone in an empty space, lacking the solace that only his child can bring. Though the imagined scene makes the child feel wanted and less rejected, there may also be feelings of guilt and sorrow, even of responsibility for failing to prevent family break-up. In the TV soap *Eastenders*, such conflicting feelings were dramatised by adolescent Abbie, after her mother Tanya left husband Max. Others might fantasise the reverse – ie that mum is enjoying living with her new partner unencumbered by responsibilities towards her children.

There can be positive fantasies, too, such as the prospect of greater prosperity in the household, of spending enjoyable time with a stepparent, or gaining new siblings.

Betrayal

Zaid (17) felt betrayed by his mother's refusal to acknowledge his homosexuality. After the death of Zaid's father, mother had consented to marry Zaid's widowed uncle, in keeping with cultural traditions. Zaid's uncle had grown-up sons from his former marriage who felt affronted by Zaid's sexually provocative behaviour and retaliated by assaulting him. Zaid felt doubly betrayed at his mother's apparent complicity with his uncle in ignoring his stepsiblings' abusive behaviour. For a while, therapy was devoted to helping Zaid stay safe, involving police intervention where necessary, until he began to attend college as a live-in student[12].

Jealousy

David (11), who has Asperger syndrome, became depressed and miserable, feeling jealous of his new stepfather Steve's access to David's mother. This felt worse for David at bedtimes when David wished he could sleep in Mum's room instead of his own. David didn't like to talk about such matters directly and had no time for feelings – only logic. In therapy, he made a giant out of clay and tied him to the board, in Lilliputian style, before making an army of mini figures with whom he began to poke and prod the sleeping giant with increasing satisfaction. When I asked who the giant figure was, David mumbled, 'You can guess!' He began slicing the giant with the pizza cutter, and then rolled the slices into a big pie, which he 'baked' in a makeshift oven. David needed to repeat this action many times before he could adjust to the idea of Mum having a new partner.

Resentment

Becca (15) and her mother Asha lived alone. Becca's father had assaulted Asha during pregnancy before leaving for good. Mother and daughter had formed an exclusive cross-generational alliance: they regarded each other as 'best friends' and spent all their time together, shopping and clubbing. On rare occasions when Asha brought home a man, Becca would behave so obnoxiously that he never returned.

Fear

Mary (13) 'couldn't function' at home without having both her television and her music system

constantly playing in her bedroom: 'They take my mind off things,' she insisted. Mary's parents had separated acrimoniously after her father's affair came to light. Her mother, stressed out with OCD, had acquired a partner who ill-advisedly took it upon himself to discipline his stepdaughter. Mary wet herself when he lectured her about her behaviour, fearing the consequences of his disapproval. Mary's father moved into a caravan and began drinking heavily, prompting her mother to stop Mary's contact visits. Though Mary disliked her father's drinking, she missed him and feared she wouldn't be allowed to see him again.

Some factors affecting adjustment

Gender differences

Research suggests that girls may find it harder than boys to accept stepfamily life[13]. In some single-parent divorced families, mother/daughter relationships can be exceptionally close: when these mothers form new partnerships, their daughters are more likely to view the stepfather as a threat. In contrast, boys' overall adjustment sometimes improves after their mother remarries. Because mother/son relationships in some single-parent divorced families can be conflictual or coercive, some boys therefore appreciate a new stepfather joining the family as an alternative supportive parent and a helpful masculine role model.

Age and temperament

Young children adapt most easily to stepfamily situations: children under the age of five do not have a developed memory[14]. Adolescents appear to have the most difficulty. Teenagers are caught up in a different trajectory, learning about adult relationships, beginning to disengage from their families, and migrating towards the outside world. Some may be experiencing profound self-consciousness, others are struggling with peer pressure to experiment with sexuality, drugs or alcohol. These stresses increase the likelihood of an adolescent reacting negatively to the new stepparent, making it harder to build a relationship.

Children with easy-going temperaments, high intelligence and good behaviour may evoke positive responses from their parents and stepparents, making it more likely that these children will receive the support needed to adjust. Equally, the stresses of living in a stepfamily are likely to magnify pre-existing problems. Thus children with difficult temperaments or pre-existing behaviour problems may evoke negative reactions from parents and new stepparents, reducing the support they receive.

As a Gestalt therapist, I am interested in embodied experience and seek to help young people process difficult feelings and build confidence[12,15]. The following vignette offers a brief snapshot of work with Wayne (12), embroiled in a difficult stepfamily situation.

Wayne's world

Wayne was referred to our clinic by his GP after repeatedly running into traffic, shouting that he wanted to kill himself. An only child, his parents had separated acrimoniously, both of them having started new relationships three months before. Wayne's mother's girlfriend moved into the family home, whilst Wayne's father took up residence with his partner and her three sons. When I met Wayne and his mother, he seemed furious with both parents and afraid of their abandoning him. Increasingly clingy and fractious, Wayne had withdrawn from peer relationships and had quit his football team, retreating to his bedroom between outbursts. Wayne quite liked Rosie, Mum's new partner, though he felt excluded when the women spent quality time without him. Wayne's fortnightly visits to his father were unhappy, frustrating occasions. He resented having to share his father with his stepmother Lydia and her children (his stepsiblings), who stuck together and were often antagonistic towards him. When Wayne complained, his father responded dismissively.

When Wayne decided to give counselling a try, I suggested he draw his experience of visiting his father – using shapes, lines and colours[16]. Wayne drew a large circle on the paper, with a small, black centre surrounded by streaks of red, blue and yellow that represented his feelings: angry, upset and fearful. The black centre, he explained, was his dad – like a Teflon-coated bullseye on a dart board: 'You can't win with Dad – nothing sticks – he never listens!' he complained. 'That sounds hard to bear,' I empathised. 'How does that leave you feeling?' 'Makes me angry,' Wayne said tersely and hung his head. Later I encouraged him to imagine he could talk things through with his father. Wayne drew a café scene with two figures: 'That's me and Dad in McDonalds – he's on the phone, sorting out work stuff.'

I made two figures out of plasticine and placed them nearby. 'Suppose your dad could really hear you now,' I suggested. 'What would you want to say to him?'

'Dad, I want us to do things, just us, without Lydia's lot around!' came the reply. The following session, Wayne placed figures in the sandtray to represent his parents, and expressed his anger towards each adult, whom he engaged through dialogue. In doing this, Wayne began to move from a place of angry despair to one of relief; my witnessing his actions here seemed an important part of the process.

When Wayne found the courage to address his father directly, father and son moved a little closer. They began spending additional time together away from home. Wayne became more hopeful; his feelings of abandonment reduced, and he stopped running in traffic. At a subsequent review, he informed me with pride that he had resumed playing football and now had a girlfriend.

Secure, resilient, flexible stepfamilies

Working through stepfamily issues can be likened to turning round an oil tanker. It may take, on average, between two and 10 years to achieve resolution[13]. For those stepfamilies who survive the process of reorganisation, there are often benefits to be had. Well-functioning stepfamilies often produce children who are more securely attached and who are resilient and flexible. This offers the interesting prospect of a more diverse society with a wider range of models of living. ■

**All names have been changed to protect identities.*

Jon Blend MA CQSW is a Gestalt psychotherapist, supervisor, and an external trainer at Terapia. He works with children and families in private practice (London, W3) and with a CAMH service in southern England. Jon is also a guest tutor with the Violet Oaklander Foundation. He is teaching a week-long introductory course for counsellors on working with children using creative arts, at the Gestalt Centre, London, next Easter (www.gestaltcentre.co.uk). Jon is also a member of StepIn ASAP – a multidisciplinary training forum for professionals seeking to understand more about stepfamily situations (StepIn ASAP: Advancing Stepfamily Awareness though Psychotherapy; www.stepinasap.co.uk). Email: life-changes@ntlworld.com

References

1 Toffler A. Future shock. London: Pan/Mass Market Paperback; 1970.

2 Asherson Bartram C. Narratives of mothers in stepfamily situations: an exploratory investigation. D Psych. London: Institute of Work Based Learning, Middlesex University and Metanoia Institute; 2009.

3 Cartwright C. Research presentation to StepIn ASAP conference. Families have changed: navigating contemporary family structures. London, 2010.

4 Kiernan K, Wicks M. Family: change and future policy. York: Joseph Rowntree Memorial Trust and Family Policy; 1990.

5 Daly M, Wilson M. The truth about Cinderella: a Darwinian view of parental love. NY: Yale University Press; 1999.

6 MacClean M, Wadsworth ME. The interests of children after parental divorce: a long-term perspective. International Journal of Law and the Family. 1988; 2.

7 Levine PA, Kline M. Trauma through a child's eyes: awakening the ordinary miracle of healing. Berkeley, CA: North Atlantic Books; 2006.

8 Oaklander V. Informal remarks to Relational Child, Relational Brain conference: Esalen, California, 2007.

9 Van der Kolk B. Psychological trauma and the child. Lecture delivered to Confer conference. London, 2008.

10 Harris B. Supporting the emotional work of school leaders. London: Sage; 2007.

11 Mallon B. Helping children to manage loss: positive strategies for renewal and growth. London: Jessica Kingsley; 2000.

12 For a fuller version of this vignette, see Blend J. I stand up next to a mountain: anger, adolescence and the abyss. Keynote lecture to Friends of British Gestalt Journal, 2008. Available to read at www.britishgestalt journal.com/content/friends-seminars

13 Papernow P. Becoming a stepfamily: patterns of development in remarried families. Cleveland: Gestalt Institute of Cleveland; 1993.

14 Carroll R. Embodied working and trauma: personal discussion, 2010.

15 Blend J. Am I bovvered? A Gestalt approach to working with adolescents. British Gestalt Journal. 2007; 16(2).

16 Oaklander V. Windows to our children. A Gestalt therapy approach. Moab, Ut: Real People Press; 1978.

Working wi

CCYP interviews Rachel Besser, a paediatrician *Diabetes Through the Looking Glass*[1], to discover find themselves working with young people who

You say in your book that emotional issues are the barrier to good control in Type 1 diabetes. Can you give us an idea of the range of emotions a child or young person might go through at diagnosis?

This is something that varies, depending on the age they are and whether they had a significant period of life before they were diagnosed and how ill they were at the time of diagnosis. But firstly, it's important when working with children with diabetes to understand what they have to go through physically, in order to be able to then deal with the emotional aspects for them and their families. They may, for instance, have ended up in hospital, dehydrated and very ill and having lots of blood tests, and that's very distressing for those children. Luckily, more and more cases are being diagnosed in the early phases and they start their injections in hospital and at home.

In terms of emotional response, children often take the diagnosis quite well, especially around the ages of eight or nine, which is a common age to be diagnosed with Type 1. When children get told to do things – test their blood sugar, watch what they eat, give injections etc – they seem to take this on board, despite often not understanding about the diabetes itself. Obviously, they may not like finger pricks and injections so they may have severe anxiety about it. But what's most traumatic at the time, and has an influence on the child, is seeing the emotions and issues their distressed parents have – the children pick up that this must be a 'catastrophic event'. Parents often blame themselves, even if they know rationally it's not their fault, and they're also anxious. Often, it's only later that the children get upset for themselves, when they realise the diabetes is there forever, it won't go away – 'forever' is a very long time for them. The delay before children confront this fact varies. But at that point they're likely to also ask, 'Why me?'

I do see a grief reaction, and anger and resentment are also common: 'Why do I have to be different from everyone else?' They *feel* different although they don't *look* different. Teenagers will start to learn about diabetic complications, and that can be a traumatic time for them. But as I said, it's really the parents who need to come to terms with their own emotions first if they want to help their child – and that's really why I wrote the book, so they would find out what it feels like to have diabetes, but also to give the children a voice,