

**“An Outsider in My Own Home”:
Women’s Perceptions of the
Markers of Attachment Injury
in Stepcouple Relationships**

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ABSTRACT

This study examined stepcouple relationships through the framework of attachment injury. Specifically, this inquiry explored whether or not individuals who are part of a stepcouple describe relational experiences that are similar to the patterns of attachment injury; and if so, whether or not these experiences are directly attributable to stepfamily formation and maintenance. Attachment theory and existing research regarding both attachment injury and stepfamily formation contributed to the development of core interview questions. Using a multiple-case qualitative research design, interviews were conducted with five women who were both biological and stepmothers in a stepcouple relationship. The pattern matching method of data analysis was used to explore for markers of attachment injury in the stepcouple relationships. The context of the women’s stories, as well as direct questions, enabled consideration of the attribution of the attachment injury markers to stepfamily formation. The respondents in this study described experiences that matched the patterns of attachment injury. In each case, at least some of the markers for attachment injury were directly attributable to the relationship difficulties these women encountered in forming and maintaining their stepfamily. Patterns of attachment injury were identified that would not have occurred had the respondents not been part of a stepcouple. These findings hold implications for continued exploration of stepcouples and the mitigation of stepfamily problems through the theoretical framework of attachment and attachment injury.

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CHAPTER I INTRODUCTION

Family therapists frequently find themselves addressing the needs of stepfamilies. Often the presenting problem is child-related. The fairly typical scenario involves a couple who cannot agree about how to go about forming a smoothly operating family unit – the type they feel socioculturally and emotionally pressured to create. There are many stories of stepfamily formation that is not going well: Frequently the focus appears to be a child, but parallel to what we find in traditional families, quite often the presenting family issue reveals a problem in the marital dyad. That problem frequently sounds, in therapy, like a conflict of interest for the biological parent. Torn between the needs of the partner and the needs of the biological children, encircled by guilt, and founded in a context of prior loss, these families nonetheless strive for a semblance of the traditional family. Due to the factors affecting stepfamily formation, this goal remains elusive, but striven for, and ultimately proves frustrating and futile. Along the way, these conflicting needs encountered by the couple quite often result in marital problems that are presented in therapy as choices unsupportive of the couple, or conflicting loyalties. The result is an assault on the couple's attachment bond that is tested by the trials of their stepfamily formation.

Stepfamilies face unique challenges when compared to traditional families. They represent the courage and optimism of two adults, (the “stepcouple”), who forge a new family, with separate histories and experiences regarding “family life.” The “steppartner” lives in a twilight zone: The new mate may gratefully expect him/her to be “in charge” as another adult in the new family, and cultural prescriptions dictate that this should be so. Behind closed doors, though – and sometimes openly – there may be difficulty in obtaining buy-in from the recently disenfranchised children. Their former family structure is now completely shaken to its core, as this new “blended” family seeks to find its place in the hearts and minds of its members.

Contrary to the myths promulgated by the likes of “The Brady Bunch,” the typical stepfamily blending process is bewildering, produces anxiety and anger, with occasional, hopeful glimmers of a new sense of family. Generally, it takes a minimum of three years for those glimmers to brighten to a shared sense of family; even then, this familial sense differs from that of the original family in significant ways (Papernow, 1993).

There is much in the stepfamily literature that delineates the problems faced in stepfamily formation, and how to resolve them. First and most compelling is the fact that stepfamilies are created due to divorce, death or other severed relationships. Stepfamilies are founded in loss (Martin, Martin & Jeffers, 1992). The stepcouple may face bonding challenges to their relationship complicated by unresolved loss issues from past marital/committed relationships.

Further, as in traditional families, the stepcouple is urged to attend to their own bond first; this expectation is frequently challenged by factors unique to their situation. Particular challenges may be posed by biological loyalty ties, which threaten developing dyadic bonds (Visher & Visher, 1979). Specifically, tension may result for the stepcouple due to conflicting loyalties for the couple regarding the children and/or the ex-

partner, (non-resident biological parent). In fact, the challenges faced by stepcouples may work recursively to exacerbate their difficulties, or even prevent the development of their “united front.”

The new stepcouple, then, must factor in the losses and loyalty binds inherent in stepfamily formation. Further, they must cope with these problems in a sociocultural context of optimistic expectation that everyone will be one big, happy family.

Attachment theory provides a relevant framework for addressing stepcouples’ problems. Attachment theory normalizes adult attachment needs (Bowlby, 1988) and the resulting stress that arises when primary attachment bonds are threatened. The relevant clinical literature considers significant threats to the adult relational bond as “attachment injury” (Johnson, Makinen & Millikin, 2001). The literature notes the importance and usefulness of applying attachment theory to interventions for families experiencing life cycle transitions (Dankoski, 2001); however, the transitions experienced by a stepfamily have not been considered specifically.

This study will consider stepcouples’ problems through the lens of attachment bonds, as well as attachment injuries relevant to the experiences of stepcouples and stepfamilies. Were it to be shown that stepcouples experience attachment injury based on issues unique to stepfamilies, this would bear clinical significance in suggesting therapeutic interventions to strengthen the stepcouple bond.

Statement of the Problem

Relevance

Demographers note the current and increasing prevalence of stepfamilies. Sources indicate that approximately twenty percent of families headed by a married couple are stepfamilies; further, the current rates of divorce and remarriage would indicate that over one-third of children in the United States will be stepfamily members prior to age 18 (Glick, 1989, as cited in Ganong & Coleman, 1994).

The above data, however, do not consider that stepfamilies may be formed through cohabitation. This study may include stepfamilies formed by cohabiting couples. Cohabiting couples in the United States comprise six percent (6%) of the total married/cohabiting population (U. S. Census Bureau, 2000). The issues that cohabiting couples face are similar to those of married couples, with respect to relational experiences and the effects on children (Brown & Booth, 1996). This study assumes, then, that the problems experienced by cohabiting couples with “stepchildren” would be similar to those of married stepcouples.

Stepfamilies also are formed following the death of a partner. The literature does not focus on this type of stepfamily. First, the incidence of widowhood in married adults prior to age 44 is relatively rare (Bramlett & Mosher, 2001). Also, there may be a mistaken sociocultural perspective that stepfamily formation due to partner loss through death presents fewer difficulties for the “blended family” members. The impact, however, of permanent loss due to death may actually create special challenges to stepfamily bonds. Overall, when considering the prevalence of stepfamilies, researchers and clinicians can achieve positive impact in addressing the difficulties encountered by

these newly formed families.

Context of Attachment Theory

The theory of attachment views dyadic relationships as relational bonds (Bowlby, 1988). These dyadic bonds can experience threats or perceived assaults, called “attachment injury,” that challenge the dyad’s ability to further bond, and may cause a severing of the bond (Johnson, Makinen & Millikin, 2001). Stepcouples facing these challenges may experience a severe breach, creating both a sense of loss and of vulnerability. This attachment disruption may, at worst, threaten the survival of their relationship through severing of the relational bond, resulting in family dissolution.

Relational Distress in Stepfamilies

Stepcouples face challenges not encountered by other families. A most crucial factor is that stepfamily formation implies the experience of loss (Martin, et al., 1992). Couples with children often present with problems that are child-focused. This is reflected in the literature on stepfamily intervention (Visher & Visher, 1979). Furthermore, the adults may experience challenges to their bond from loyalty conflicts arising from parenting roles, and pre-established bonds between parents and biological children (Visher & Visher, 1979).

Stepcouples navigating the stressors inherent to remarriage or re-partnering experience the attachment challenges found in other family life cycle transitions. Dankoski (2001) notes that all life cycle transitions involve “renegotiation of attachment bonds among family members” (p. 179). There is a sense of disorientation as the roles shift and the rules change. In traditional life cycle transitions, this implies an accompanying redefinition of meaning and expression of attachment bonds. The stepfamily, on the other hand, has no previous model of familial attachment bonds on which to draw; the bonds must be created, not amended, increasing the challenges and the stress for stepfamilies.

Stepcouples’ unresolved loss and loyalty conflicts may contribute to and be exacerbated by issues that arise for the new couple. There may be un mourned losses or unresolved conflicts from former relationships. The stepcouple bond could be challenged by co-parenting issues that feel as though the biological parent is “taking sides against” the stepparent with the former partner, creating confusion about possible divided loyalty between former partner and current stepparent, challenging the attachment bond between the stepcouple. Specifically it is the salience of losses and loyalty conflicts in stepfamilies that are relevant to this study.

In therapeutic settings, often the stepcouple undergoes interventions initially focused on strengthening their relational bond (Martin, Martin & Jeffers, 1992; Papernow, 1993; Visher & Visher, 1979). Once the adult dyad forges a strong sense of unity, the other areas of contention in the stepfamily are addressed, with the stepcouple at the helm. This is reflective of structural theory (Minuchin & Fishman, 1981) and is supported in the literature on therapeutic work with stepcouples (Papernow, 1993; Visher

& Visher, 1979).

Interventions with stepfamilies

The literature suggests that the way to best help stepfamilies with their struggles to blend is to begin work with the stepcouple. This is consistent with pervading sociocultural views of “family,” that the resident adult dyad is responsible for the tenor of the household. In therapeutic settings, the stepcouple undergoes interventions initially focused on strengthening their relational bond (Martin, et al., 1992; Papernow, 1993; Visher & Visher, 1979). It is suggested that the work begin with processing grief (Butler & Powers, 1996; Visher & Visher, 1979). Once the stepcouple processes grief and forges a strong sense of unity, the other areas of contention in the stepfamily are addressed with the stepcouple at the helm.

The purpose of this study is to explore the possibility that the couple may experience threats to their relational bond; and further, that their relational bond is threatened by the nature of the disputes inherent in creating their stepfamily. This study will focus particularly on problems that may be related to loss and loyalty conflicts in stepcouples, as these are the issues that resonate closely to the attachment model.

Significance of the Study

The obstacles to blending, maintaining and fostering ongoing stability in stepfamilies are enormously challenging. The formation of a stepfamily implies past losses for its family members (Martin, Martin & Jeffers, 1992). Over this foundation of loss, the couple’s relatively new attachment bond may be threatened by the necessary and difficult navigation of changes experienced by a stepfamily. The effects of change reverberate for the new family as they establish a hierarchy and explore their newly forming boundaries. They face possible boundary issues around sexuality, assumptions about family members’ new roles, as well as the rules of this newly blended family (Lawton & Sanders, 1994; Martin, Martin & Jeffers, 1992; Nicholson & Sanders, 1999; Papernow, 1993; Visher & Visher, 1979).

Typically, stepcouples experience these challenges as being “out of sync” when compared to the path followed by traditional couples. The traditional couple has time to adjust to the context of their relationship, and to each other’s idiosyncrasies, prior to adding additional family members. And those additional family members traditionally arrive after a period of adjusted expectations by the couple, either through pregnancy or a waiting period for an adoption. Stepcouples do not have the luxury of the adjustment phase. The new family is created in a comparative instant. Quite often, there are unresolved feelings of loss for at least one of the members: a sad, confused or angry child, or a partner who forges ahead but may not yet be ready to take on the necessary transitions. This may result in a challenge to the authority of a stepparent, and lead to profound questions and conflicts for the couple about meaningful roles and honoring values. They experience the pressure to resolve these relational conflicts in the context of watchful eyes, and perhaps wary hearts of the children.

These challenges combine to increase the vulnerability for each individual forming the newly married couple. This vulnerability may resonate throughout the “blending” process for the newly formed family. Furthermore, the adults’ relational bond is sorely tested by the loyalty demands of the pre-existing parental-child ties, with the risk of rendering either or both of the adults the status of “outsider” (Papernow, 1993). This loyalty testing is crucial to the dynamics of stepfamily formation, and particularly to the quality and maintenance of the stepcouple attachment bond. It is the challenge to this vulnerable stepcouple bond, and the exploration of possible attachment injury, that is the subject of inquiry herein.

The literature on therapy with stepfamilies overwhelmingly supports an approach of first working with the couple to bring them closer; only then is it recommended to explore issues related to ex-partners, the actual tasks of (step)parenting, and finally specific issues the children may present (Bray & Harvey, 1995; Ganong & Coleman, 1994; Martin, et al., 1992; Visher & Visher, 1995). The relevant literature suggests that there is much work to be done therapeutically in forging the couple bond – and then having them work together as the new “heads of household” to approach other issues. Threats to the integrity of the stepcouple bond echo loudly throughout the newly formed family; the threat is opposed through forging the closest possible bond between the stepcouple.

It is the premise of this inquiry that stepcouples may experience threats to their attachment bond due to attachment injuries that are directly related to the problems inherent in forming their stepfamily. An attachment injury occurs when one experiences a threat or perceived assault to the couple bond; these assaults challenge the couple’s ability to further bond and may even cause a severing of their attachment bond (Johnson, Makinen & Millikin, 2001). The experience of attachment injury is a severe breach in the couple’s relationship, creating both a sense of loss and vulnerability. This emotional disruption may, at worst, threaten the survival of the relationship, resulting in family dissolution.

The current study views stepcouples through the lens of attachment theory, and threats to dyadic attachment. Nowhere in either the theoretical or clinical intervention literature on attachment or attachment injury is there a focus on stepfamilies. It would seem that stepcouples might indeed experience attachment injuries, based on the challenges the literature suggests stepfamilies face; however, these challenges have not yet been viewed using an attachment framework. This study will explore whether stepcouple problems can be characterized as attachment injuries; and if so, whether or not they are directly attributable to stepfamily formation.

Theoretical Framework

Attachment theory will provide the framework for exploring stepcouples’ relationships. Dyadic relationships are conceptualized as attachment bonds; the need for these bonds is so basic to human existence that it is considered a drive for protection that maintains survival (Bowlby, 1988).

Attachment theory normalizes adult attachment needs (Bowlby, 1988). The

theory holds that adults bring patterns of attachment into adulthood (Ainsworth, 1989); these patterns describe the relational dance of the dyad, both in terms of how the individual experiences attachment need and how attachment is expressed in the relationship. Attachment bonds regulate closeness and distance, maintaining a relational homeostatic feedback loop (Bowlby, 1988).

Attachment theory also provides a context for understanding how stress activates the attachment bond (Simpson & Rholes, 1994). Bowlby (1988) explains that the attachment bond is crucial when one needs proximity for comfort and care; the stressed individual seeks comfort by bonding with an individual who is perceived as having coping skills. In times of stress, then, one turns to the person who has shown competency as one's caregiver.

Attachment injury is a construct that evolved from attachment theory; it describes challenges or traumas to a dyadic bond (Johnson, 2002; Johnson, Makinen & Millikin, 2001). Attachment injury is characterized by feelings of isolation and abandonment in a context of vulnerability (Johnson 2002). A spouse, for example, might have a negative emotional reaction at the disclosure of personal information to a third party, experiencing it as a trust-breaking event, from which it is difficult to recover and which affects comfort with making future self-disclosures to the partner. The feelings following an attachment injury are experienced as being isolated, exposed, vulnerable and therefore unsafe.

The negative experiences in attachment injury are recursive (Johnson & Sims, 2000). A trauma to the relational bond may decrease perceived trust in the integrity of the bond. This may lead to increasing vulnerability to the relational bond, wherein further tests may decrease its strength. Couples become locked into a cycle of pain and avoidance. Attachment injury occurs in the context of a perceived emotional trauma from one who historically provided safety. It is experienced as a betrayal from one's primary emotional caretaker. Johnson and Sims note that this betrayal primes future negative interactions; if there is no interruption in the interactional cycle, either member of the couple may detach.

Research Questions

- 1) Do stepcouples describe relationship experiences that fit the criteria for attachment injury?
- 2) If stepcouples experience attachment injury, is the injury attributable to an issue pertaining specifically to stepfamily formation and/or maintenance?

CHAPTER II LITERATURE REVIEW

Overview

Stepcouples must face issues and resolve problems not encountered by traditional families. This study will explore stepcouples' problems from the perspective of attachment theory and attachment injury, and whether their problems are unique to stepcouples in forming and maintaining their stepfamilies.

This review will examine: stepfamilies and their challenges, attachment theory; adult attachment; the concept of attachment injury; and constructs relevant to adult attachment.

Research Context

Stepfamilies have been studied extensively, particularly from a problem-focused view (Ganong & Coleman, 1994; Martin, Martin & Jeffers, 1992; Papernow, 1993; Visher & Visher, 1979). The literature regarding problems in stepfamily formation has not approached the issues specifically from an attachment perspective. Further, although attachment theory, and particularly adult attachment, provides a systemic, recursive framework through which to view relational problems, the studies that examine adult attachment and attachment injury have not specifically focused on stepfamily issues.

This research inquiry assumes that the attachment framework is both relevant and useful in considering both stepfamily problems and, by implication, their possible solutions. The nature of the salient problems in stepfamilies, especially loss and loyalty conflicts, lend themselves to a context of attachment challenges, and may therefore seek resolution in an approach that attempts to repair injured attachment bonds in the stepcouple.

Attachment Theory

The human striving for attachment is a powerful drive, finding its roots in an infant's struggle for survival (Bowlby, 1988). It is the attachment bond that helps to maintain the infant's well being. The infant is "pre-wired" to express its attachment need, and therefore keep the adult caregiver close at hand, and ready to help the infant by meeting its survival needs. We learn, before we can remember, that those who provide us succor are those who can keep us alive. This knowledge creates a lifelong habit of seeking out those who can help us when we are unable to help ourselves.

Bowlby (1988) characterizes attachment behaviors as serving the function of protection, a function not any less necessary than our other survival needs. Attachment theory holds that protection is sought not only for biological survival but emotional security, as well. The theory was developed with the consideration promoted by Harlow and Zimmerman's work with rhesus macaques (1959, as cited in Bowlby, 1988). These investigators found that infant monkeys, given a choice of a soft, cuddly "dummy"

mother providing no food, or a hard, physically unyielding “dummy” mother with food, opted for soft and cuddly (Bowlby, 1988). Considering the protective function served by attachment bonds, this suggests that food may be secondary to maternal comfort – at least to infant macaques - and that comfort may be another form of protection, and considered necessary for survival. It is certainly compelling to note that a baby monkey would choose comfort before food. Attachment theory integrated these findings to lend support to the idea that attachment bonds are integral to “...effective personality functioning and mental health” (Bowlby, 1988, p. 121).

An important concept in attachment theory relates the attachment bond to what Bowlby (1988) calls “representational models” of self and other, derived from object relations theory (p. 29). Slipp (1991) defines object relations theory as “...a two-person psychology...concerned with the development of the self in relationship to others” (p. 83). Slipp explains, in the context of object relations theory, that if a child does not attach to and internalize its mother, this may lead to any number of psychological problems that affect an individual’s ability to sustain relationships.

Attachment theory then, holds that emotional bonds, (i.e., comfort), are essential to individual well being. Attachment needs also promote a “...desire for comfort and support in adversity” (Bowlby, 1988, p. 121). The “adversity” refers initially to the threat of missing the most basic biological and emotional needs of food and comfort; however, as humans age, it seems that although the reliance on others for food may become less salient, the need for and seeking of emotional comfort remains. Bowlby (1988) notes that the drive toward attachment “...is most obvious whenever the person is frightened, fatigued, or sick, and is assuaged by comforting and caregiving” (p. 27). This drive for comfort and caregiving survives past infancy, as well. We seek care and comfort through a supportive relationship when we perceive that we are at less than our usual biological vigor, when we feel our physical or emotional environment is threatened, or our survival is at stake. It is natural, then, in the framework of attachment theory, to draw on the comfort of our attachment bonds, seeking a comforting relationship when we experience vulnerability.

The system created by an attachment bond is recursive, made of one who seeks another for help and comfort, from one who chooses or is compelled to provide that help and comfort (Bowlby, 1988). This presumes a healthy attachment bond, wherein the seeker pursues comfort and then is rewarded with it, and the caregiver also is rewarded by providing comfort.

As with other unmet needs for basic human drives, there are negative consequences when the attachment bond is not secure. Bowlby (1988) describes attachment bonds resulting from caregiver behaviors that are not promptly or consistently responsive: “anxious resistant” bonding occurs when the infant is unsure about caregiver response due to caregiver inconsistency, and “anxious avoidant” bonds are formed when the infant not only is uncertain about caregiver response, but actually expects rejection. Bowlby (1988) notes that threats to attachment bonds create a sense of increased risk, one that becomes an issue that we view as a threat to our very survival. Not only does the infant’s physical and emotional dependence on others become crucial to its continued existence; it also provides a context for describing the very threatening discomfort that

arises when attachment needs are left unmet.

Challenges to the attachment bond understandably may result in anxiety over a perceived threat of abandonment, or anger, which serves the useful function of pulling the caregiver's attention back to the threatened individual who feels abandoned and vulnerable (Bowlby, 1988). Attachment bonds, then, represent the recursive pull between two individuals. Threats to those attachment bonds may create a sense of abandonment that results in feeling, expressing, and providing feedback to strong, negatively experienced emotions.

Attachment theory provides an encompassing framework for considering both relationships and the relational problems that arise in families. Given both the fundamental and recursive nature of attachment bonding needs, attachment theory seems inherently logical in describing and normalizing relational needs and providing a context for helping family members who perceive threats to their attachment bonds.

Adult Attachment

Attachment theory creates a framework that normalizes attachment needs. Rather than considering the need for attachment as pathological, attachment theory considers the emotional bonds that people create, experience and strive to maintain as comparable to the drives for food and sex (Bowlby, 1988). Attachment bonds are considered necessary and expected in a well-functioning adult.

Hazan and Shaver (1987) forthrightly suggest that romantic love is an attachment process. They view the attachment framework as a cogent working model for all adult attachment, as it encompasses the rationale behind forming both "healthy and unhealthy" love relationships as "reasonable adaptations to specific social circumstances" (p. 511).

In a later work, Shaver and Hazan (1993) continue to examine adult attachment and love, noting Bowlby's (1979) assessment that "...the formation of an attachment bond is equivalent to falling in love" (p. 29). Adult attachment, though, implies a mutuality of support and care. Weiss's (1982) conceptualizations of adult attachment bonds make this clear. Weiss contends that: a) adult attachments imply reciprocity of caregiving, rather than only one (the child) being the recipient of (adult) care; b) adult attachment figures are of about the same age, and may be sexual partners; and c) in adult attachment, "...the exploration system is not as easily overwhelmed by the attachment system as it was in childhood..." (cited in Shaver and Hazan, 1993, pp. 31-32). It is interesting to note that the colloquialism "falling in love" pertains to an unconditional feeling of devotion and attachment, whether it is with a tiny, dependent child, who has no cognitive concept of "love," or with another adult who engages one in a mutually nurturing and loving relationship.

Ainsworth (1989) conceptualizes attachment as "affectional bonds," wherein the bond is forged with "...an attachment figure (that) is never wholly interchangeable with or replaceable by another..." (p. 711). Further, she views attachment bonds as "...characteristic of the individual, not the dyad, and (they) entail representation in the internal organization of the individual person" (p. 711). Although the experience of attachment exists in a relational context, attachment bonding is held within and perceived

as an individual experience.

There are four concepts defining attachment attributed to Bowlby's work: "proximity maintenance," "safe haven," "separation distress," and "secure base" (Hazan & Diamond, 2000). The authors note that these concepts may pertain both to childhood attachment, as well as to adulthood, where attachment is made with one's mate. In the context of adult attachment, these four defining concepts bear two themes: reciprocity, in terms of both seeking and offering a safe haven and a secure base; and proximity, in that closeness is sought-after and that separation causes distress.

Attachment theory provides a framework for homeostasis in relationships (Bowlby, 1988). There is an inherent notion in attachment theory of caregiving, wherein both parties in a dyadic relationship are integral beneficiaries. Shaver and Hazan (1993) consider the relationship between adult attachment and caregiving, citing Kotler's (1985) findings: An overall score on measures of marital caregiving (total of both spouses) more accurately predicted marital strength than other factors related to personality, family health status, or "marital circumstances" (p. 41). It would seem, based on these findings, that couples measure their relational strength most accurately through a sense of caregiving. Further, caregiving maintains a balanced sense of well being for these married couples, as providers and recipients of care.

There is much in the adult attachment literature regarding attachment styles. The styles are suggestive of ways that adults seek and respond to attachment bonds in their adult relationships. Ainsworth and her colleagues (1978) named three infant attachment styles based on Bowlby's earlier work: "secure,...avoidant...and anxious/ambivalent" (cited in Simpson and Rholes, 1994, p. 182). Others have structured models of adult attachment based on these categories. Simpson and Rholes compare Ainsworth, et al.'s infant model to Bartholomew's (1990) four adult attachment styles: "Secure" and "anxious/ambivalent" types are maintained in this model, but the "avoidant" type now has two subcategories of "fearful-avoidant" and "dismissive-avoidant," (1994, p. 184). These attachment styles are considered key as to how these variously attached adults conduct their relationships, and the respective relational motivations of each type (Simpson & Rholes, 1994).

Johnson and Whiffen (1999) describe attachment style as "...expectations and ways of perceiving and processing information and habitual responses formulated (through) past interactions with attachment figures" (p. 370). This echoes Bowlby's "representational models" (1988, p. 29). These ideas support the notion that adult attachment styles are based on the working models adults have of both self and the significant, primary attachment figure.

Related research regarding adult attachment styles can be found in the literature as well. Frazier, Byer, Fischer, Wright and DeBord (1996) consider adult attachment style and choice of a partner; Mikulincer, Florian and Weller (1993) present their findings on attachment styles and coping strategies under severe stress. Caregiving and attachment style are examined in Carnelley, Pietromonaco and Jaffe's (1996) study regarding relational functioning of both dating and married couples. Their numerous findings supported the notion that adult attachment style is a salient factor in predicting relationship functioning.

Bowlby (1988) noted that attachment studies had only been conducted on individuals up to age six years, although he cautiously supposed that attachment patterns were sustained into young adulthood. There is support both for the stability of attachment styles into adulthood (Hazan & Shaver, 1987), as well as the dissenting view holding that attachment styles seem changeable and are both context and relationally dependent (Baldwin & Fehr, 1995; Collins & Read, 1994; Simpson & Rholes, 1994).

Adult attachment, then, implies a reciprocal caretaking relationship, or the expectation of caretaking, considered to be crucial to an individual's sense of well being. Threats and traumas to the adult attachment bond may be felt as challenges both to the survival of that sense of individual well being, as well as to relational stability.

Attachment Injury

Attachment injury is a construct that is relatively new to research scrutiny. Much of the literature about attachment injury notes markers of these events to be non-verbal, which are not relevant for this study, as they will not be observable with the data-gathering method used. There are, however, identifiable language markers that are shown in the literature, and are relevant to the purpose of this study.

Johnson (2002) discusses attachment injury in the context of relationship trauma. She describes her work with couples that could not experience therapeutic relief from distress, and resisted expressions of vulnerability. Johnson noted that seemingly insignificant events presented in therapy evoked roadblocks to continued work; once these roadblocks were revealed, they were expressed in the "...language of trauma...in life-and-death terms...of isolation and abandonment...(wherein)...the injured party would take a stance of 'never again,' refusing to risk becoming vulnerable to the other" (p. 183). This compelling description of the genesis and repercussions of attachment injury speaks to the difficulties in re-creating a safe environment in which the couple can become intimate.

Johnson (2002) describes the disorientation in the injured partner when attachment injury occurs or is re-experienced; she notes that the injured partner may even describe symptoms of posttraumatic stress disorder, including emotional numbness and hypervigilance. This would suggest that there is a process of sensitizing of the injured partner to cues or triggers salient in the experience of the attachment injury. It would also explain attachment injuries whose genesis occurs in prior relationships, but play a significant role in how the current relationship is experienced.

Johnson's (1996) earlier work describes attachment injuries as "attachment betrayals or crimes" (p. 103). She considers the enormous significance of a seemingly small issue in the present, because it evokes the feelings related to a past experience of feeling abandoned, betrayed or rejected, either by the current partner or a past attachment figure.

The work presented by Johnson and Sims (2000) suggests that attachment injury may result from altered working models of the attachment figure. In other words, behaviors or expressed beliefs which one thought could be expected from an attachment figure now are rife with uncertainty and a sense of feeling unsafe. This works recursively

to maintain the negativity in the relationship and leads partners to "...fight, flight or fear responses that tend to perpetuate distress" (Johnson & Sims, 2000, p. 172). These responses, especially fear, tend to characterize the verbal expressions of attachment injury. If fear were viewed through the attachment theory lens from a perspective of survival, then verbal expressions of attachment injury would be those of threats to survival. These expressions may be of an "all or nothing" flavor ("Our relationship cannot survive if this doesn't stop"), or infused with statements of figurative death ("It kills me when (s)he does that").

Millikin (2000) operationalizes attachment injury and explores it in the context of therapeutic change processes. Attachment injuries are conceptualized as "critical negative events" (p. 62); Millikin notes that damage to the attachment bond is characterized by a lost sense of trust on the part of the injured partner, and a decreased sense of accessibility to and responsiveness from the other partner. Verbal expressions might address that loss of trust, in terms of safety or survivability of the injured partner, and the perceived lack of caring in the other partner ("I can't trust him/her anymore; (s)he just doesn't understand how much that hurts me.") Attachment injury may be identified through an inability to reach resolution on a recurrent issue, or through signals of a change in one partner's perceptions of and feelings toward the other (Millikin, 2000). The verbal expressions for these impasses signaling attachment injury would address recurrent, unresolvable issues ("We always fight about this, and it never gets us anywhere; "We're stuck in a pit of disagreement and we can't climb out"). Verbal expressions for signaling changes in perception of the partner might involve negative and emotional comments about the partner ("He acted as though he cared when we were dating, but now I know he doesn't care at all").

Attachment injury is conceptualized as an explanation of the impasses encountered in marital therapy (Johnson, Makinen & Millikin, 2001). Attachment injury finds its genesis in the injured partner's experience of abandonment and betrayal, which lead to feelings of loss of trust and intimacy (Johnson, et al., 2001). The secure haven provided by the relationship has become unsafe for the injured partner. Johnson and her colleagues note that, in the course of therapy, attachment injury is re-experienced as similar to a traumatic flashback. The injured partner becomes overwhelmed by the flashbacks, the other partner may be unresponsive or makes no attempt to re-secure the attachment bond, or the injured partner is not receptive to reassurance the other partner attempts to provide; there is a sense of increased vulnerability in the relationship (Johnson, et al., 2001).

Attachment injury is a process significant to the individual experiencing the injury; the importance is related to the meaning that an event has for an injured partner, rather than the content of the event (Johnson, et al., 2001). This important point suggests that attachment injury may occur as a result of one or both partners being sensitized or vulnerable to certain meanings and interpretations of events. It would be possible, then, for attachment injury to have originated in a past relationship, with re-experiencing of trauma in the current relationship. For example, a new stepmother may re-experience attachment injury in her new marriage and view it as connected to her husband's perceived abandonment in favor of his children; however, the injury's genesis was from

her family of origin around a father who abandoned her, or in a past relationship with a rejecting partner.

Coop Gordon, Baucom and Snyder (2000) consider relationship injuries in the context of forgiveness. They discuss the significance of exploring past relationship injuries in order to process them, which reduces their power. These researchers consider that relief from stress in the current relationship may be achieved by focusing on the past relationship injuries that have primed the current relational problems.

Attachment injuries seem related to “accommodative dilemmas,” which are characterized as “potentially destructive behavior,” and are perceived as threats to a relationship (Gaines, Reis, Summers, Rusbult, Cox, Wexler, Marelich & Kurland, 1997, p. 93). These authors present their ideas in the context of bridging attachment and interdependence theories, and cite two reactions to accommodative dilemmas that are threats to the relationship: exit and neglect. The perceived threat is based on acts of overt rejection or lack of caring, and result in a loss of security in the relationship (Gaines, et al., 1997). This parallel concept to attachment injury speaks of a challenge to the attachment bond, and resulting feelings of loss and insecurity, a cycle that continues toward decreased interdependence and a cycle of increased vulnerability to further threat.

Constructs Relevant to Adult Attachment

The current study examines challenges to adult attachment bonds, characterized as attachment injuries. It is useful to consider constructs related to adult attachment, as this will provide a framework for problem descriptors that individuals may identify.

Emotion

This construct is primary to understanding the expression of attachment needs and bonds. The complexity of emotion defies a simple definition. Emotion as a construct related to attachment has context both intrapsychically and interpersonally. The emotional experience of attachment injury occurs within an individual, in the context of a relationship, and then is communicated to the other through emotional expression.

Greenberg and Safran (1987) describe emotion as mediated by cognition and somatic expression. This idea begins to convey the complexity of the experience and communication of emotion to oneself. Emotion also is a crucial construct in describing how people communicate in relationships. Greenberg and Safran discuss Plutchik’s (1980) “psychoevolutionary model” which holds that emotions serve a “...vital, biologically adaptive function (in that they) help organisms...deal with key survival issues” (1987, p. 117). Emotional expression as a survival tool runs parallel to Bowlby’s (1988) view that attachment bonds promote survival. It may help to explain the urgency that emotional arousal creates: As with the drives for food, sex and attachment, emotion seeks an outlet, and has a survival mission, enabling one to express meaning to self and others.

McFarlane and Van Der Kolk (1999) view attachment and emotion as interconnected; they describe emotional attachment as promoting biological survival in

childhood and as providing a context for “existential meaning” in adult relationships (p. 24). Again there is the parallel between survival and emotionality, as well as a connection to emotion as a conduit to meaning. These authors discuss the need for emotional attachment in coping with trauma, underscoring the importance of affiliation with others as a means of coping (McFarlane & Van Der Kolk, 1999). This need for affiliation is significant: It is crucial to understanding the devastation of loss in an injury to an attachment bond.

Johnson and Sims (2000) note that the need for emotional attachment during stressful periods is basic to the notions of attachment theory. Emotion is key to expressing need for attachment, requesting behaviors that facilitate the attachment bond, and communicating distress at injured attachment bonds.

In summary, emotion is experienced both individually and in relationships. Similar to attachment, it is a survival tool, used in conveying and understanding meaning and expressing attachment needs.

Trust and Intimacy

Attachment needs and bonds call for examining these constructs within a context trust and relational satisfaction, the quality of which is assessed through feelings of intimacy.

Mikulincer (1998) considers attachment working models and the sense of trust, concluding that “...intimacy attainment was the main trust-related goal for all the attachment (styles)... (p. 1209). Mikulincer notes that others describe trust as one of the most sought after qualities in a love relationship, and is a prerequisite for developing a sense of commitment and security (1998, citing Holmes and Rempel, 1989); further, trust helps to define intimacy in love relationships (citing Sternberg, 1986). Mikulincer holds that trust is related to secure attachment, so that one depends on the significant other to meet and understand one’s attachment needs.

Intimacy is a systemic concept that, like attachment, is achieved symbiotically, but experienced individually. Prager (1995) notes two types of intimacy: interactional and relationship. She sees intimate relationships as dependent upon continued interactions over time. The key to intimacy in Prager’s definition is dyadic sharing with the other.

Waring (1981) links intimacy to self-disclosure, which is defined as emotional expression, statements of need, sharing of one’s beliefs and fantasies, and self-awareness. Intimacy is a multifaceted construct that includes affection, expressiveness, compatibility, cohesion, sexuality, conflict resolution, autonomy, and “the couple’s level of self-confidence and self-esteem” (p. 34). These describe individuals who attain intimacy in a relationship in the context of self-knowledge and self-acceptance.

Similarly, Wynne and Wynne (1986) tie intimacy to “...trusting self-disclosure to which the response is communicated empathy” (p. 384). The authors emphasize that intimacy is only present in self-disclosure when one expects and believes that the other will “emotionally comprehend,” be accepting and will neither betray nor exploit the disclosing partner, (p. 384).

The goal of trust in a relationship is intimacy, which is achieved through the intimate sharing of self-disclosure. Intimacy is experienced individually but achieved symbiotically.

Vulnerability

Vulnerability is a concept related to emotion and intimacy. Vulnerability is the state of emotional risk inherent in attempting to meet one's basic intimacy needs in an attached relationship. Prager (2000) connects vulnerability to intimacy using self-disclosure as a descriptor of intimate behavior. She notes that "...the risk of vulnerability...complicates people's efforts to attain satisfying (intimacy)..." (pp. 231-232).

Coop-Gordon, Baucom and Snyder (2000) hold that vulnerability is considered necessary for intimacy, and suggest that this may be achieved by creating safety for each partner by exploring past relational injuries, and grieving unmet needs.

Vulnerability, then, is a required risk that is a necessary complication of intimacy. Vulnerability requires mutual self-disclosure in order to fulfill a basic need of close attachment to another.

Relational Anxiety and Stress

Stressful situations activate the attachment system: Mikulincer, et al. (1993) note that observations of attachment systems should be made under stressful conditions that activate the attachment system. When the attachment system is challenged or traumatized, anxiety occurs both within the individual and in the relationship wherein the challenge is experienced, (Hill, 1996). Hill discusses this anxiety in terms of the ways it is experienced and expressed, and how the various means of expressing anxiety affect the conduct of relationships. Mikulincer (1998) discusses violations of trust as relational stressors, citing Scharfe and Bartholomew's (1995) characterization of trust violations as, "potentially destructive acts committed by romantic partners" (p. 1211).

Johnson and Whiffen (1999) draw connections between attachment bonds and emotional distress, considering a tie between attachment styles and the working models of self and other. They assert that when the attachment bond is challenged in adults, through unavailability or inaccessibility of the significant other, they will experience a host of negative emotions, such as sadness or fear, which may give rise to anger.

Relational stress and anxiety activate the attachment system. This may occur through violations of trust, or an unavailable or inaccessible partner, and may result in the expression of fear, sadness or anger.

Trauma

Attachment injury is considered a traumatic event. Johnson (2002), citing Atkinson (1997), notes that attachment theory has been called a "theory of trauma" (p. 182). Johnson describes attachment theory as providing emphasis on "...the extreme

emotional adversity of isolation and separation, particularly at times of increased vulnerability;" it is this sense of isolation that promotes the feelings of helplessness that are the hallmark of the traumatic experience (p. 182).

Mikulincer and his colleagues (1993) note Bowlby's (1980) belief that a secure attachment bond affects one's sense of coping abilities, self-worth, and competence. It is the attachment bond that creates and promotes feelings of well being and security; if that bond is injured, this could be perceived as a challenge to personal well being. This challenge may promote the sense that one's relationship and self are not secure, and therefore, not safe.

McFarlane and Van Der Kolk's (1999) discussion of trauma relates that the suffering experienced from a traumatic event leads to feelings of aloneness and a "disintegration of belief" (p. 26). This speaks to a prevailing sense of vulnerability through exposure to a traumatic event.

Relational trauma is an apt description of attachment injury. Trauma to the attachment bond promotes a sense of helplessness and vulnerability, and the belief that one lacks emotional safety.

The constructs of emotion, trust, intimacy, vulnerability, anxiety, stress and trauma are related to the concepts of attachment bonds and to attachment injuries. Where the adult attachment bond is sought to provide a sense of safety, comfort and emotional security, attachment injury describes a challenged, traumatized attachment bond. The trauma is experienced individually and expressed emotionally in the relationship. Attachment injury decreases the levels of trust and intimacy, while increasing vulnerability, anxiety and stress. These constructs pertain to individual experiences in the context of relational challenges.

These concepts will provide the context for the study of stepcouples. It is expected that, as stepcouples report the challenges to their relationships, they will describe signs of attachment injury which will affect their levels of trust and intimacy, while increasing their sense of vulnerability and associated negative feelings of stress, anxiety, sadness and anger.

Stepfamilies

Stepfamilies are unique entities: They develop into their own form of "family" at a glacial rate, taking anywhere from four years to nearly a decade to evolve to a sense of family (Papernow, 1993). Stepfamilies are not considered the norm in our culture, and statistics show that only approximately twenty percent of families headed by a married couple are stepfamilies (Glick, 1989, as cited in Ganong & Coleman, 1994). Contrary to their own and others' expectations, stepfamily members usually experience themselves as different, and are viewed differently than traditional families (Papernow, 1993).

The literature regarding stepfamilies notes the salience of loss issues in stepfamilies. This sense of loss begins when the divorce, relational breakup or death occurs, and impacts the nuclear family, as well as extended family members from both partners' families of origin (Martin, Martin & Jeffers, 1992). Martin, et al. note that traversing the stages of grief is best accomplished prior to re-partnering. However, one

study shows the median remarriage interval to be approximately three years (Chamie & Nsuly, 1981). This points to one of the stumbling blocks for stepfamily formation: The members, both individually and collectively, are not likely to negotiate the grieving stages in the same way, at the same time, and in the same amount of time. This may make family members vulnerable to the changes that occur in stepfamily formation and set the stage for emotional chaos.

Visher and Visher (1979) discuss loss in the context of working with children of divorce in stepfamily formation. They note that while the parents experience losses of their own regarding the marital relationship, the sense of loss in the family is exacerbated by the children's experience of losing a parent, arousing emotions that become particularly salient around the time of their parent's remarriage. Visher and Visher note that if the remarriage occurs following a death and prior to completion of the grieving process, the children may be additionally challenged by the perception that their parent is no longer grieving. Truncated grieving and its consequences could occur in remarriage or re-partnering following divorce or relational breakup, as well. An abbreviated grieving process increases the fragility of future, similar attachment bonds.

Issues of hierarchy impact the stepfamily, and may be worsened by unprocessed grief from the sense of loss. Lawton and Sanders (1994) cite Crosbie-Burnett's (1989) observation that children may experience loss through a status change at their parent's remarriage, as there are again two adults at the head of the new family. The impact may be stronger for older children, especially around issues of responsibility for younger siblings, household tasks and even decisions affecting the family (Lawton and Sanders, 1994). The higher status once bestowed on a child due to living in a single parent household either disappears, or is challenged by the arrival of the new stepparent, who usurps that status. Now the stepparent is challenged by the children in his/her new role: Executive authority must be re-established at the adult level while creating a sense of caring from stepparent to stepchild (Lawton and Sanders, 1994). That duality of purpose is a great challenge to a new stepparent, and to the stepcouple.

The hierarchical issues also have bearing on questions of loyalty. Discipline and negotiation are new territory for the stepfamily, where some members may have memories of the times their family was defined differently (Visher & Visher, 1995). A frequent stepfamily dynamic relates to the perceived negation of power and authority of the new stepparent, due to lack of biological ties. Papernow (1993) notes that, in spite of the best intentions of a stepparent, his/her input may be held not as helpful, but as an intrusion. This creates a loyalty conflict both for the stepchildren and the stepcouple. The stepchildren feel righteous in maintaining the stance that the stepparent is not their relative and so is rightfully disempowered. The stepcouple experiences trouble when the parental pull toward supporting the child overcomes loyalty to their adult partnership. Papernow (1993) describes the new stepparent as an outsider, a phenomenon that may become salient when this parental pull by biological ties conflicts with the adult relationship. It may further occur when the resident and non-resident biological parents co-parent. Visher and Visher (1979) consider the impact of relational bonds that existed prior to the current relationship, noting that parents may experience a feeling that they are betraying their children when they ally with the stepparent. Further, the new partner may

feel marginalized by the co-parenting efforts of the children's biological parents. These probable scenarios set the stage for challenges to the stepcouple's attachment bond.

CHAPTER III METHODS

Design of the Study

This study explored whether stepcouples experience attachment injuries; and if so, whether the nature of the attachment injury is directly attributable to issues arising specifically from stepfamily life. To do this, interviews were conducted with individuals who are part of a stepcouple. A stepcouple is defined as a married or cohabiting couple where at least one of the adults is a parent of at least one child. From the interview transcripts, attachment injury markers were identified and analyzed. These markers were subjective, in that they occurred in the context of written or spoken communication, and were defined by individual experience; therefore, this inquiry lent itself to the qualitative format. This study was a multiple-case qualitative study design, using theoretical and selective sampling (Strauss, 1987; Yin, 1989).

Multiple-case study can be particularly useful when searching for replication of results across several case studies (Yin, 1989). In this study design, each case was examined individually for markers of attachment injury; then each was scrutinized for any markers of attachment injury directly attributable to factors unique to stepfamily formation and maintenance. Using the replication approach, the cases were then compared for cross-consistencies, to determine what the cases have in common in terms of attachment injury markers and their relationship to “step” status (Yin, 1989).

This study used selective sampling, as the inquiry pertained only to the stepcouple experience. The purpose was to investigate whether or not markers of attachment injury were present in stepcouples’ relationships, and whether these markers were attributable to stepfamily problems. Strauss’s (1987) definition of selective sampling allows for participant selection based on a predetermined criterion, in this case identity as part of a stepfamily.

Participants and Recruitment Process

Participants were individual adults in a committed (“stepcouple”) relationship forming a stepfamily. A stepfamily was formed when at least one of the partners had one or more offspring. This offspring could be minor or adult, with arrangements as resident of the stepcouple’s home, visitor or any combination.

Individuals, married or unmarried and cohabiting in a stepcouple relationship, who had been married or cohabiting for at least one year, were considered for inclusion in this study. Only cohabiters who stated plans to marry their current partner were included. This criterion was based on findings by Brown and Booth (1996), who note that the effects of specific stressors, including past relationships, children and stepchildren, are similar for married couples and cohabiting couples that plan to marry. The criterion of a one-year relationship indicated a couple committed to contemplating their challenges as a couple. The one-year time period falls well within the averages for relationship duration. Current figures indicate marriages last an average of seven years (Gamache, 1994) and

approximately 90% of cohabitators have ended their relationship within 5 years (Brown & Booth, 1996).

Purposive and snowball sampling were used to select the cases. This allowed selection relative to stepfamily membership, and for recruitment by “word-of-mouth” (Nelson, 1996, p. 455).

Procedures

Individuals were recruited for participation through the Stepfamily Association of America (SAA) website. The SAA is a national association that offers online support, education, research, web and print literature, therapeutic information and training related to various aspects of stepfamily life. The site supports stepfamilies, therapists, researchers and educators. SAA offers two possible places for research recruitment: a message board called “Forum,” and a page called “Research Opportunities.” The use of this site for recruitment allowed the possibility of nationwide participants, who were recruited through the Forum and the Research page (see Appendix A).

Individuals interested in participation were asked to respond to the researcher by email. Each respondent was asked to review and acknowledge a document pertaining to informed consent and confidentiality (see Appendix B). As this was to be transmitted online, acknowledgement of consent and confidentiality by typing one’s name and date replaced the written signature on the informed consent form.

Each individual was then asked to complete a screening questionnaire, also provided by email (see Appendix C). The criteria for exclusion were: any relationship of less than one year’s duration; a cohabiting relationship wherein there was no clear, current intention to marry; and a score of less than 5, on a scale of 1-to-10, regarding perceived threat of relational problems to the couple’s relationship.

Once an individual had contacted the researcher, completed and returned the consent form and screening questionnaire, the researcher contacted selected participants via email to schedule the interview. Both the consent form and the email requesting an interview noted that the interview would take up to approximately two hours, with possible follow up questions once the data were reviewed. Please refer to Appendix D for the core interview questions and their rationales for inclusion.

The interviews were conducted through an on-line, interactive modality. The preferred communication method for the interviews was instant messenger, as it was considered to be more readily interactive; however, when this was not possible due to system incompatibilities between respondent and researcher, email was used instead. In either format, the text was saved into a text file for analysis.

Following the guidelines of formal case study research, the questions were descriptive, specifically designed to provide rich illustration of stepcouple problem experiences (Moon & Trepper, 1996). This study used both an “open-ended” question format, and “focused” interviewing principles (Yin, 1989, p. 89). This interviewing format allowed the participant to elaborate on relevant points, while simultaneously exploring for signs of attachment injury, and their relationship to the “step” status and stepfamily factors.

Initially, the interview focused on eight core questions, which provided the foundation for further questions during the interview. As the interviews progressed, the previous interviews informed both the question content and order, causing revision of the core questions (see Appendices E, F and G). The interview questions focused on the experiences of individuals in a stepcouple relationship. The issues participants were asked to discuss were entirely subjective, addressing the individual's descriptions of events and interpretations of meaning in their relationship. The questions were posed from the context of the relationship; although each individual's opinions were solicited as data, they each were asked to consider their relationship as the context for the questions. This is consistent with the focus of the inquiry as the individual's experience of stepcoupling.

Unit of Analysis

The unit of analysis was an individual who was part of a stepcouple. Ainsworth notes that affectional bonds are an individual characteristic, "and entail representation in the internal organization of the individual..." (1989, p. 711). Attachment theory considers the individual's experiences of a relationship. When looking for the presence of an attachment injury, although occurring in relationship, it is individually interpreted and experienced. Attachment injury is described differently for each individual in a given relationship, in conjunction with individually experienced events.

Data Analysis

Five respondents were interviewed over an eight-week period. The computer software package, *The Ethnograph v5.0*, was used to code participants' descriptions evoked through the open-ended interview questions. The coding of later interviews informed that of the earlier interviews.

The analysis, conducted through "pattern matching" (Gibbs, 2002, p. 157; Yin, 1989), explored for markers of attachment injury. The analysis also considered the genesis of the attachment injury marker, exploring its relationship to the individuals' experiences specific to stepfamily formation.

Yin (1989) notes the usefulness of "pattern-matching logic" if "the predicted pattern of specific variables is defined prior to data collection" (p. 109). Pattern matching in this study involved a process wherein the specific variables, (i.e., the markers of attachment injury), were identified from the attachment injury literature, then sought in each interview through coding, which yielded descriptors of attachment injury markers. Therefore, attachment injury markers were assessed through noting participants' language (descriptors) as they expressed their feelings about their relational problems. Specifically, this study sought markers of attachment injury and then noted those that seemed directly attributable to stepfamily problems.

Markers of attachment injury

Consistent with the current literature defining and operationalizing attachment injury, the data analysis searched for markers of attachment injury in stepcouples (Johnson & Sims, 2000). Seven categories of attachment injury markers initially were identified in the interview data: Irresolvable Problems; Change of Perception About the Partner; Change of Heart; Betrayal of Trust; Questionable Partner Dependability; Abandonment; and Detachment.

Attachment injury was identified by indications of respondents feeling a problem was irresolvable (e.g., “We never can fix this problem, and neither of us will ever change our mind”), or through signals of a change in one partner’s perceptions of and feelings toward the other (e.g., “Everything changed for me when she did that to me”) (Millikin, 2000). Markers of attachment injury were found in expressions of feeling abandoned or “...a betrayal of trust during a critical moment of need,” expressed by an individual in the couple relationship (e.g., “I couldn’t believe it, he just stood there and didn’t help me”); the analysis also sought signs of challenges to the relationship that called into question “...the dependability of the offending partner” (e.g., “My partner is only out for himself, never for me”) (Johnson, Makinen & Millikin, 2001, p. 145). Markers for attachment injury, too, were indicators of a partner’s “change of heart” toward the other (e.g., “I just finally understood that s/he isn’t what I thought s/he was”), or of descriptions of traumatized feelings in the relationship, that signified a sense of detachment of the couple bond (e.g., “When s/he does that, I run for my life”) (Johnson, 2002). Also identified were those events that were considered pivotal, in that they described a time or incident in the relationship that defined a change in the way the respondent viewed the meaning of the relationship or viewed the partner.

In the final analysis, these seven constructs were categorized into four: Irresolvable Problems; Change of Belief About the Partner, Abandonment/Detachment; and Pivotal Events. These four categories preserved the full meaning of the seven marker categories defined in the attachment injury literature.

Irresolvable Problems. Respondents described problems that created disagreements, arguments or fights with their partners. These arguments tended to recur in their marital relationship, with no resolution. The recurrence included a sense of becoming embedded into their relationship dynamic, as some respondents, for example, described “fighting about the fighting.”

Change of Belief About the Partner. Four of the original categories were subsumed under one category; hence, Change of Perception, Change of Heart, Betrayal of Trust and Questionable Partner Dependability were combined to become Change in Belief About Partner. A respondent described a sense of changed perception when noting a negative change over time in how they thought about their partner or their relationship. A change of heart described a change in the respondent’s feelings toward her partner or the relationship. The betrayed trust described a respondent’s feelings following events that changed or eroded her expectations about her partner or the relationship. The sense of betrayed trust also represented actions or perceptions of deception, lies or manipulation, either by the respondent or her partner. A change in beliefs was identified

in the respondent's descriptions of dichotomy that continued in their stepfamily, so that biological parent/child alignments continued to take precedence over the emotional alignment of the stepcouple. A change in beliefs also evolved from either partner's real or perceived need to emotionally protect the biological child from the stepparent. When one's partner rejected one's child, the resulting protection by that parent overruled the couple's bond.

Abandonment/Detachment. Two of the attachment injury marker categories, Abandonment and Detachment, were combined into one category for this analysis, as their descriptors overlapped one another in the data. The two markers emerged as two sides of the same conceptual coin. For example, marital separation was experienced as abandonment to the individual left behind but was interpreted as detachment for the one who threatened to leave. Similarly, one could experience detachment as the result of feeling abandoned.

Pivotal Events. These were "change events," experienced as a defining event or point in time for the respondents. It was different from other "Change of Belief" events as it was experienced as more precipitous, rather than insidious, with a "before/after" quality to it. Respondents described a given situation one way before the Pivotal Event, and experienced it differently after the Pivotal Event. It was a salient marker for a significant event that strongly signaled an attachment injury.

Markers of attachment injury unique to stepcouples

Markers of attachment injury were unique to stepcouples if they signaled events that were related to problems specific to the experiences of couples in stepfamilies; typically, these were problems related to loss and loyalty conflicts specific to stepfamily formation. Specifically, these markers referred to attachment injury occurring due to problems related to stepparenting, rather than just re-partnering. For example, an attachment injury unique to stepcouples would be a stepmother's reported experience of hurt due to perceiving her partner's usually aligning with his biological children in their disagreements with her household rules. In contrast, an attachment injury not considered unique to stepcouple problems might be an expressed feeling of painful loss due the spouse's perceived overt longing for a former partner. This would not be considered a loss issue unique to a stepcouple, as the genesis of the injury does not involve "step" issues (i.e., children) even though they do clearly relate to re-partnering.

Participants

The literature regarding case study research holds no recommendation for a specific or optimal number of cases in multiple-case study research (Moon & Trepper, 1996). Originally, five to ten cases meeting the selection criteria were to be selected for analysis. This number would provide substantial data for both breadth and depth of analysis, in a manageable period of time.

Ultimately, thirteen respondents signed consent forms; of these, 11 were from the SAA site, and 2 contacted the researcher through word-of-mouth. Nine respondents

completed a screening questionnaire, 8 of these met the selection criteria and 5 interviews were completed. Only one of the original respondents was male, and met the inclusion criteria; however, he did not complete an interview.

The five interviewed participants all were female, and had been recruited through the SAA website. These women were between the ages of 30 and 49, and had been married at least once prior to the current marriage. The length of their current marriage ranged from two to 22 years. All were both biological- and stepmothers.

CHAPTER IV RESULTS

Introduction

This study included five individual interviews. All respondents were recruited from notices at the Stepfamily Association of America website (see Appendix A). The interviews were conducted via the Internet: Three of the interviews were conducted via “Instant Messenger” (IM) and two via email. The total length of each interview varied from two hours to approximately 5.5 hours.

Table 4.1 – Interview Format Data

<u>Respondent</u>	<u>Method</u>	<u>Date</u>	<u>Length of Interview</u>
1 (T)	email	10/29/02	5.5 hours
2 (J)	IM	11/18/02	2.25 hours (included follow-up)
3 (D)	email	11/26/02	3.0 hours (included follow-up)
4 (L)	IM	12/21/02	3.0 hours
5 (B)	IM	12/23/02	2.0 hours

All respondents were heterosexual females, currently married, ranging in age from 30 to 49 years old. Length of their current marriages ranged from 2.3 to 22 years. Three of the respondents were in second marriages, one in her third and one in her fourth marriage. The women varied in educational level, from high school graduate to post-baccalaureate education, and their household income varied from the “\$20,000 to \$39,999” range to “\$100,000+” per year. Geographic location of the respondents varied widely, including the southern, mid-western and western regions of the United States.

The respondents all were biological mothers, in addition to being stepmothers. Two shared a child with the current spouse: one through the stepfather’s adoption of the respondent’s biological son, another wherein both partners were the biological parents.

Ratings on the screening questionnaire regarding “perceived threat to the relationship” of their “most difficult” stepcouple problem ranged from 6 to 10 on a scale of 1 through 10. Note that respondents selected for an interview must have rated their most salient problems as a “5” or higher.

Table 4.2 – Respondent Data

<u>Resp.</u>	<u>Sex</u>	<u>Age</u>	<u>Threat #</u>	<u>Yrs. M’d.</u>	<u>Mar. #</u>	<u>“Ours”?</u>	<u># Bio/Step Children</u>
1(T)	F	30	6.0	5.5	2 nd	Y*	1 / 2
2(J)	F	38	10.0	6.0	4 th	N	5 / 3
3(D)	F	49	8.0	22.0	2 nd	Y**	2 / 5***
4(L)	F	43	8.0	2.5	2 nd	N	2 / 2
5(B)	F	43	7.5	2.3	3 rd	N	2 / 2

* respondent’s biological son adopted by spouse

** respondent and spouse had biological child together

*** one of respondent’s stepsons is deceased

This study searched for markers of attachment injury by exploring stepcouple relationships with individual respondents. The analysis also considered whether or not the markers were related to problems unique to stepfamilies.

Markers of Attachment Injury

Seven markers for attachment injury were examined in the interview data. These included: Irresolvable Problems; Betrayal of Trust; Questionable Partner Dependability; Change in Perception of Partner; Change of Belief About Partner; Abandonment; and Detachment. The final analysis combined several of these constructs, so that the markers for attachment injury were categorized as: Irresolvable Problems; Abandonment and Detachment; Change of Belief About Partner and Pivotal Events. Each marker category contained sub-categories, called descriptors, which were events or relational processes that respondents used to illustrate their relationships.

Summarized below are the markers for attachment injury and their descriptors:

Table 4.3 – Attachment Injury Markers and Their Descriptors

<u>Irresolvables</u>	<u>Change of Belief</u>	<u>Abandonment/Detachment</u>	<u>Pivotal Event</u>
Extreme language Arguments Pervasive/chronic	Betrayed trust Dependability questioned Change in perception Change of heart Lying/Manipulation Dichotomous view Rejection of/protect child	Rejection of/by partner Coalitions “Outsider” Pursue/withdraw Partner non-responsive Divorce/separation	“Before/after”

Each respondent described some of the markers of attachment injury. Most of these markers occurred in a context specifically attributable to the stepfamily status. Every respondent mentioned either threat of, or actual, separation or filing for divorce, in the present relationship. In all but one case, the threats of divorce or separation were specifically attributable to stepfamily problems.

Table 4.4 - Respondents’ Descriptors for Markers of Attachment Injury*

	<u>Irresolvables</u>	<u>Change in Belief About Partner</u>	<u>Abandonment/ Detachment</u>	<u>Pivotal Events</u>
1	stepparenting/discipline “old hurts” spouse filed divorce No discussion re: reconciliation	ex-wife/re: children reject/protect children spouse filed divorce No discussion re: reconciliation	ex-wife/re: children spouse filed divorce No discussion re: reconciliation	spouse filed div. No discussion re: reconciliation
2	reject/protect children pervasive/chronic withdrawal of spouse	H left for a week reject/protect children	H left for a week H non-responsive pursue/withdraw rejection of/by partner	H left for week

* descriptors in bold type indicate “directly attributable to stepfamily status”

Table 4.4 - Respondents' Descriptors for Markers of Attachment Injury* -

<u>(continued)</u>				
	<u>Irresolvables</u>	<u>Change in Belief About Partner</u>	<u>Abandonment/ Detachment</u>	<u>Pivotal Events</u>
3	states "none"	spouse has "no opinion" dichotomy/stepchildren dichotomy/stepgrchldn lying	spouse has "no opinion" "outsider"/coalitions rejection of partner	"I wanted out"
4	 fights due rejection by stepchildren	spouse unsupportive lying/manipulation L rejects stepchildren/ spouse protects	"outsider"/coalitions rejection of/by partner	spouse lied L's threat of divorce
5	 fights/co-stepparenting fight about the fights	 reject/protect her son reject/protect her dog	 "we won't stay together if..."	states "none"
	* descriptors in bold type indicate "directly attributable to stepfamily status"			

Each respondent's interview is summarized in the section below. Following this section, detailed descriptions and interpretations of each respondent's markers for attachment injury will be discussed.

Case Summaries

This section includes case summaries of each respondent. These focus on the history of the stepfamily formation and events and processes relative to each couple's problems.

Respondent 1

T, a 30-year-old, and her husband, S, age 39 were married for over 5 years, after cohabiting for over 2 years. This was T's second marriage. S adopted T's 10-year-old son, and S had two sons, ages 18 and 13. T's son was not in contact with his biological father. The older of S's biological sons lived with his mother out of the area, with monthly, holiday and summer visitation. S's younger son lived with T and S, visiting his mother, monthly, on holidays and during the summer. T reported that this created some sense of chaos for the stepfamily, as well as emphasizing how different they were from a "traditional" family, where children remained in one home, and minors could not escape the expectations of their parents by leaving town.

T cited custody, visitation, finances, mind games and discipline as those issues that she perceived as a threat to her marital relationship. This stepfamily's life was arranged around Court orders, challenging their ability to spend time together as a family. T said, "We can't live a semi-normal life without first consulting a court order." Her use of the word "normal" marked several of T's remarks, reflecting her belief that those outside of their stepfamily viewed them as "not normal." She noted difficulty in gaining

“...acceptance of our [family] unit from outsiders,” and that, “Teachers and other outsiders treat stepparents and non-custodial parents differently than [in traditional families] and this often reflects in animosity.” This seemed related to T’s sense of her stepfamily being less accepted or outcast in her community: “Everyone perceives us as ‘losers trying to make up for our mistakes the first time’ and presumes doom and gloom will overtake the unity we strive to maintain...”

The court orders brought periodic custodial rearrangements in this family. This, combined with the visitation schedule, interrupted their attempts to gain their own sense of family. The court orders also carried significant financial impact. There were financial strains due to child support payments, air fare for visitation, and their “court budget,” monies that they spent “to fight for their family.” T mentioned that they had, at times, left their mortgage unpaid in order to make legal payments, exemplifying the extreme financial consequences of their legal battles.

T attributed many of their problems to the “mind games” played by her husband’s ex-wife. She felt that their life, at times, was run on his ex-wife’s whims and that this affected not only their stepfamily as a whole, but T’s relationship with her husband, as well. She mentioned that one of their biggest challenges as a stepcouple was: “Not allowing the motives of an ex to interfere with our peace.” T blamed S’s ex-wife for many of T’s marital battles, related to his “not standing up to” his ex-wife.

T felt the impact of this ex-wife’s influence in her efforts at stepchild discipline. T observed that her younger stepson “...lashes out at my authority because he was taught that I am the cause of his parents’ divorce (although please note this is a figment of his mother’s imagination).” Her older stepson “...learned to manipulate from the masters (the grown ups in his life)...He found that playing on emotions was the way for him to take an easy path...” She felt that her own son observed his stepbrothers’ manipulations, making her discipline of him more difficult, as he “...pit [my husband] and myself against one another.”

This stepcouple was constantly challenged by outside influences affecting their stepcouple bond: “We had two exes that drained us of our love because we were always in ‘fight’ mode.” T described recurring arguments, which she viewed as a side effect of the negative emotions aroused from interactions with ex-spouses about the children. T felt she and her husband had nothing left to give their relationship because their emotional energy was spent on arguing with their ex-spouses.

T felt her husband’s ex-wife affected their ability to stepparent effectively together. She had observed from past experience that if she and her husband argued, her stepchildren felt anxious and shared this with their mother. T also attributed their mother’s “pumping techniques” to obtaining information from the boys. As a result, T blamed the ex-wife for causing further anxiety in her stepsons as their mother extracted reports from them. This directly impacted the stepcouple’s relationship: Her stepsons’ guilt from sharing information with their mother led to “more abuse from them and her...[bringing] more bitterness between my spouse and myself.”

No matter what the cause of an argument for T and her spouse, there was a detouring process: The argument left the stepfamily through the stepchildren, was carried through the ex-wife and back to the stepfamily through both the stepchildren and

the ex-wife. This landed repeated and resounding blows to the stepcouple bond. They had learned never to fight in front of the children, to protect their relationship from the detouring effect: T stated, “We have to be a stronger united front than biocouples.”

T observed the challenges of discipline as a stepparent: “Whatever decision he makes will never be as good as any one would expect of a bio parent, still married to the bio mother;” and she noted, “we never really agree about how we need to go about correcting bad behavior from day to day. We find ourselves feeling guilty and then when we actually carry through we argue with each other as to whether or not either of us made the correct decision.” She noted that they both behaved “protectively” toward their own children. This couple struggled to be fair in treating the children equally, rather than allowing their couple bond to be challenged by interfering biological loyalties.

T was emotionally challenged by the research question of irresolvable issues. It took her one hour to fully answer the question. She initially listed five issues; however, once she was asked for more detail about the effect on her marriage by her husband’s ex-wife, “old hurts” and their lack of closure, she wrote, “This one really requires deep emotional effort, please bear with me.” She had been forced to access extremely difficult memories of the time, three years ago, when her husband filed for divorce, leading to a six-month separation. Further, although she was clearly able to articulate the reasons for their separation, she noted that she still had questions about her husband’s motives for reconciliation: “I want to know his real take on everything...I never understood;” and this remained a continued problem in their relationship, in that, “...he won’t allow a discussion over this matter and disregards my inquiries...” T wanted to know why her husband returned to their relationship. She clarified for him that she did not know, and repeatedly told him she needed to know, requests he disregarded.

Respondent 2

J, 38 years old, and her husband, age 39, had been married for six years, after knowing each other for 9 months. This was J’s fourth marriage. Together, they brought eight children to the relationship; they had none together. J’s five children ranged in age from 14 to 20, and her spouse had three children, from ages 13 to 16. J’s two oldest children were no longer in residence, and her stepchildren visited four times each year.

The most salient problem reflected in J’s interview was the rejection she felt of herself and her children by her husband and his family. J viewed this problem as irresolvable, in that her husband refused to discuss his feelings with her: “...nothing is resolved...he doesn’t want to talk about anything.” His rejection of her children overwhelmed her. In one of several examples, she observed that, “They live here with him full-time and he rarely ever does anything with them, takes them anywhere, buys them anything...he doesn’t feel like he should have to do anything for or with them.” She noted, “...in six years he has bought my children Christmas gifts one time...no birthday gifts at all.” This affected her perceptions of him, and she clearly no longer depended on him as a co-parent. J continued, however, to help her husband co-parent his children when they visited; her descriptions of the differences in their stepparenting duties highlighted her perception of the imbalance between her co-parenting role and her

husband's.

They first separated when they had been married for approximately one year. This was a time in their relationship where J was realizing her husband had a temper problem. J could not recall the content of the argument that led to their first separation, citing factors that could have been related to stepfamily formation as well as stressors due to financial problems. Her most salient memory of that time is that she asked him to stay away a couple of days and he was gone for a week.

J stated that her husband had left many times over the past five years. She noted, though, that her trust began to "erode" after the first time he walked out. Her feelings about him and the relationship noticeably changed after his first, week-long absence: "The trust for me started eroding at that point and has gone downhill since then, every time he walks out or tells me to take my kids and leave."

J noted her husband's continued withdrawal from discussions about their problems, detailing his defensive body language: "...he rolls his eyes, crosses his arms frequently..." and noting that he either "...gets quiet or gets mad and walks out of the room." As an afterthought, she added, "Or becomes sarcastic." She could observe his rejection of her attempts to engage him.

Twice during the interview, J reported interactions with her husband that illustrated their continuing difficulties. Nonetheless, J willingly continued the interview, with no apparent change in her ability to focus. For example, J remarked that during a break in the interview, "...my dear husband just told me that I need to go on with my life without him. But I still have lots of experience from the past 6 years." She added "LOL," which is Internet shorthand to indicate the message writer is "laughing out loud." She stated that she had experience with those kinds of remarks from her husband. In fact, she seemed so unemotional about it, that it could have been construed as a functional form of communication for this couple.

J attempted to draw her husband into a conversation about their problems during her interview. She had related that she believed their auto accident five years ago was a "critical event" for the couple, and asked his opinion. She reported that her husband made a sarcastic comment. When she asked him if they "...were going to put all this behind us and start building a life..." his response was, "...I don't know what I want." Note that this conversation took place after he had told her she would have to "live her life without him." She persisted in discussing the future; he withdrew again. By the end of the interview, it was clear that J retained the ability to focus while faced with her husband's pronounced signs of withdrawal.

The auto accident was a significant event for this family, occurring approximately one year after their marriage. The accident itself was directly related to stepfamily factors: J's son accused his stepbrother of damaging a videogame component, so his mother and stepfather made a trip to the store, with J's husband angry and withdrawn, when the accident occurred. The accident was devastating to the family. J's husband was charged and convicted of negligent homicide, as the driver of the other car died. Both J and her husband sustained injuries, and J had undergone many operations and was on long-term disability. In the context of discussing typical communication, J noted that her husband was "...just very angry since our car wreck and doesn't want to do much of

anything anymore.” J attributed the accident itself to stepfamily factors. At the time the accident occurred, this couple was struggling with factors both directly attributable to stepfamily formation as well as those possibly unrelated.

Her husband’s withdrawal behaviors had occurred for so long and to such an extent, that J expressed that he “...refuses to accept any responsibility for any of our problems...” and that she thought she should “...face the music on this marriage and find a way to move on.” J was considering leaving her marriage: “...giving up on my marriage doesn’t seem right but...it takes two and he doesn’t seem to want to be a part of the equation. I hate to join the statistics of stepfamily failures.” She summarized her own sense of hopelessness by stating, “It is hard to talk to someone (spouse) who makes me feel like I am being stupid for trying when it is so hard for me to continue trying to begin with.” She saw little point in gathering the energy to attempt to save her marriage when she expected rejection.

Respondent 3

D, 49 years old and her husband, age 55, had been married for twenty-two years, and together for 2 years before that. This was D’s second marriage. Altogether, they had six living children; D’s youngest stepson was listed as “deceased” at an adult age. D and her husband had a daughter together approximately one year after they married, who was D’s second child, her husband’s sixth, and was the youngest child of both families.

D’s marital history was strongly marked by discord related to the efforts of D’s oldest stepdaughter to replace D, or at least to retain her powerful role as the mother figure to her siblings. There was a lengthy coalition between D’s husband and his oldest daughter. The alliance also included her husband’s ex-wife, who had a history of encouraging her children’s dissent. Typically, her husband offered D no overt emotional support, asserting “no opinion” about his children’s behaviors that resulted in excluding his wife.

D threatened divorce near the start of her marriage, resulting from her stepdaughter’s resentment. In D’s words, when the child “...resented me I was not happy with my husband. I wanted out of this marriage with five children that did not belong to me and did not want me around.” This suggests that D blamed her husband for his inability to repair the problem. The solution to holding the marriage together was to send the then-13-year-old to live with friends. This was a short-lived plan, and upon the stepdaughter’s return, the coalition between D’s husband and his daughter continued as before. As the stepdaughter returned, D recalled that her husband talked alone with his “favorite child” in an attempt to resolve the related problems. The oldest stepdaughter remained in their home, and D’s sense of exclusion resumed, as her husband’s lack of overt support continued.

D believed her husband’s support had improved over the past year. She attributed this to a “critical event” in their marriage wherein D’s oldest stepdaughter alienated their youngest daughter from D and their father. The resulting rearrangement placed D and her husband together, and strengthened their couple bond, as they aligned in their marriage against the oldest stepdaughter.

D observed a continued dichotomy in her stepfamily. Her stepchildren, led by her “controlling” stepdaughter, were still divided in their loyalties after their father’s twenty-two year remarriage. D observed that the stepfamily’s dichotomous attitudes had affected the next generation. For example, D recalled her oldest stepdaughter’s remark to D’s husband, “...that none of them like it when I (D) hug them, including the grandchildren.” She also remarked that her stepgrandchildren were sometimes confused about whether to call her “D” or “Grandmom,” and blamed her stepchildren’s negative influence on their children. D felt torn: She wanted consistency, and yet if she instructed all the stepgrandchildren to address her by her first name, this would hurt the stepgrandchildren already accustomed to calling her “Grandmom.” Usually, D’s husband offered her no emotional support, as a father and husband who did not want to be “in the middle.” She was attempting to interpret her stepchildren’s influences as her husband did, as continuing grief over the end of their parents’ marriage.

D withheld information from her husband in order to show favoritism to her two biological grandchildren. D “splurged” on her biological grandchildren’s birthday gifts, spending more money than the designated amount each of their combined thirteen grandchildren was supposed to receive. D did not rationalize withholding her “splurges” from her spouse. Ironically, her self-justified actions supported the dichotomous, (i.e., “your family/my family”) views of the stepfamily that had plagued her for so many years. She could not overcome the dichotomy, so she quietly yielded to it.

Respondent 4

L, 43 years old, had been married to 33-year-old T for over two years, after being together for over two years. This was L’s second marriage. They each brought two children to the marriage: L’s were adolescents, one who lived with them part-time and one permanently; T’s children were 8 and 9 years old, lived with their biological mother, and had frequent visitation with their father. They came to L’s home twice per week for supper, as well as on alternate holidays and weekends.

L’s marriage was defined by the rejection she experienced from her stepchildren and her in-laws. Her husband sided with his children in discipline issues, and he maintained a strong sense of loyalty to his family of origin, who rejected her. L and her husband had recurring fights about these problems.

For example, L was excluded from holiday and in-law family events, as she was “no longer welcome” to them. She felt her husband should not go where she was not welcomed. L blamed her unfavorable status with her in-laws on their rejection of her, initially expressed as their support of her husband’s reconciliation with his ex-wife. L explained that this occurred because her mother-in-law “...only wanted T and me together because she thought I could get her the children, and when this did not happen, then she no longer wanted anything to do with me, and then wanted T and his ex back together; then [mother-in-law] started working on the children, having them ask me when I was going to divorce their dad.” L summarily stated, “His mother has been a BIG issue in our marriage.”

L’s husband’s expressed helplessness about his choice to attend family gatherings

that excluded her. She recalled the first time he left her at home to attend a family celebration: “We had a huge fight, I wanted to go home to mommy. But my mom’s house is too small.” His continued attendance at events that excluded her plagued their relationship.

There also was a permeating sense of distrust of her husband. She described lying and possible manipulation by her spouse, stating, “T lies to keep from hurting me, he says. But lying has made me not trust him.” She clearly recalled the circumstances of his first lie. Before they married, T was considering reconciliation with his ex-wife. L realized this when she discovered that T had lied to her regarding his stated destination, and had visited his ex-wife’s home. L placed this in the context of T’s “devotion to his children,” believing T sought reconciliation largely for the sake of his children. She continued to express her hurt through indignation and self flagellation in the interview, encapsulated in one succinct, rhetorical question: “...how could I be so STUPID?” She was quick to remind herself and the interviewer that she and T continued to have fun together in their couple relationship and he further redeems himself with his good stepfathering skills. Nonetheless, she marked an event when her trust was betrayed, and her perception of her partner as trustworthy changed.

L stated, “I feel like an outsider in my own house,” her heartfelt expression of rejection by her husband’s continued alliances with his children. She described a history of the three of them causing her to feel excluded. She recalled that the last time it occurred, she “totally blew a...gasket,” reminding her husband that “this is why I don’t like them to come.” L also advised her stepchildren that, “it pi***s¹ me off when they whisper like they don’t want me to know what they are saying. And that if they can’t come and act decent and treat me with respect that they were not to come anymore. My husband just sits there like, this is all normal to him...” Contained in this vignette were her feelings of being disrespected, and rejection of her stepchildren evolving from her own rejection, as well as believing that her husband would not come to her aid.

L’s relationship with both her husband and her stepchildren reached a critical point last summer. L experienced overwhelming challenges during her stepchildren’s visit, which included a long car trip. After days of oppositional behavior both at home and on the long car ride, one of her stepchildren drew a picture of L headless, causing L to reach a point where she ended the trip early. Once home, she advised her stepchildren that she was divorcing their father and that “they and their grandma had won,” and she informed her husband that she was selling the house and leaving. She remained only because her husband supported her “for once.” However, she was primed for further self-protection: “All I...can say is, if things ever get as bad as they did, I will leave.” And she remained wary: “I want to have a happy life. And being in a step situation is not FUN and I would tell anyone who is thinking of marrying into a stepfamily to turn and run as fast as they can the other way.”

Respondent 5

B, age 43, had been married for over two years after a one-year relationship with her 52-year-old husband. This was B’s third marriage. She had two sons, one adult who

¹ Respondent’s exact notation during the interview.

no longer lived at home and one adolescent, who lived with her full-time. B also brought a dog into the marriage; it was significant that she viewed her pet as a family member and that she acquired him three years before her current marriage. Her husband had an adult daughter out of the home, and an 8-year-old daughter in a shared custodial arrangement, so that she lived with her father and stepmother half of the time; in B's view, this made it difficult for her stepdaughter to settle in to their stepfamily.

B's interview focused on the difficulties she and her husband encountered in co-parenting, each as a biological and stepparent. Her husband also found it difficult to adjust to the close connection between B and her dog.

B described many situations in her marriage that brought out her protectiveness of her son or her husband's protection of his daughter. They had frequent disagreements about parenting. For example, she viewed her husband's attitude toward her 16-year-old son as overly harsh, and yet he seemed exaggeratedly cautious in the way that he approached his own 8-year-old daughter. Although B's husband attributed this to the difference in their ages, B was skeptical: "...I don't buy it. I think he should ask my son nicely...just like he does his daughter. I don't want to raise my son with what I see as unfairness." This statement expressed B's protectiveness toward her son, and its affect on her feelings about her husband: "I doubt that I can continue to love someone like that."

Her son had expressed that he was gay and it was important to B that her son not see himself as "unacceptable and bad." Her husband acted contrary to this, clarifying his belief that her son should "stay in the closet so to speak." B defended her son: "He spends enough of his time 'hiding who he is' in our home, I want to just love him for who he is." In response to the interviewer's specific question, B admitted her belief that her husband would feel homophobic if it were his own son; however, B viewed her husband as someone from whom B felt she must shield her son.

A point of contention for B and her husband was that her husband was "very, very sensitive" about B's observations of his special treatment of his daughter. B described recurring arguments about co-parenting her stepdaughter. She noted that when her stepdaughter was in their home, she became the priority for her husband, above B and her son in importance: "It is unfair. I cannot live like that," and "our lives revolve around my stepdaughter when she is with us..." B believed that, "We won't stay together as a couple if we don't resolve [these issues]." These comments conveyed her conviction that she would not continue her marriage under the existing emotional conditions.

B also noted, "It is not just the 'kid issues,' it is the way we have grown to respond to one another about the 'kid issues.' We are both defensive...My husband tends to wait until he is ready to 'pop'...so when he does, it feels like an attack." This suggested pervasive and recurrent problems, wherein how they communicate has become as significant as the problem itself.

Although stepfamily status usually is discussed about humans, B's relationship with her dog caused significant problems for this couple. Her husband believed that her relationship with her dog was "unhealthy." She felt that she "...could [not] love someone who put his needs to not have my dog around above my love for my dog." B's negative reactions to her husband's behaviors were making her increasingly aware that she could

cease to love her husband, clear threats to their couple bond.

B was not able to identify one particular defining event that signaled a pivotal point in her current marriage: “We had reached a point where my husband could not even talk about it anymore. He (and I) felt misunderstood. There was no bigger event...it was just the same old never-ending junk.” Her marital attachment bond was being eroded by recurrent rejection of herself and her son, the children’s discipline and her husband’s jealousy of her dog, all factors she related to their stepfamily status. In fact, B had specifically enlisted the help of a stepfamily specialist for marital therapy. She remarked that they had tried a marital therapist earlier in their marriage, but found it unhelpful as the therapist had no experience with stepfamilies: “Stepfamilies are not the same as biofamilies and they never will be the same.”

Interpretation of Markers and Descriptors of Attachment Injury

The following reviews the four markers of attachment injury for each respondent. Each marker is identified and defined in the context of each interview. The rationale for the researcher’s categorical interpretation of the various descriptors is included.

Irresolvable Problems

Irresolvable problems revealed themselves through both direct questioning and contextual interpretation throughout the interviews. Two interview questions concerned recurring problems: “What are the three problem topics that occur most frequently for you as a couple?” and “Do you and your partner have any problems you have not been able to resolve up until now?”. This section reviews responses to these questions, and their connection to stepfamily formation and maintenance.

In addition to these interpretations, the analysis revealed other traits of irresolvability: they were pervasive as well as chronic. There was an accompanying sense of hopelessness, a sense that these problems are intractable, sometimes even taking on a life of their own. The respondents expressed irresolvability through the use of extreme language (i.e., “always/never”), and descriptions of strong disagreements, including “fights” or “arguments”. Descriptors of irresolvable problems are interwoven with terms revealing anger, animosity, blame, frustration, grief, hostility, hurt, jealousy and misery. All of the above emotions were expressed directly or indirectly to or about the spouse, an ex-spouse, in-laws or a pet.

Participants’ Descriptions of Irresolvable Problems. The interview specifically asked for descriptions of irresolvable differences in the current relationship. Two questions directly addressed this in each interview, with the exception of Respondent #5, who was not specifically asked about irresolvable problems. Based on her interview responses to that point, it would have been redundant to ask the question.

The respondents’ answers are outlined below. Topics noted by an asterisk were those that affected the stepcouple relationship and seemed attributable to their “step” status.

<u>Respondent</u>	<u>Three problem topics</u>	<u>Irresolvables</u>
1 (“T”)	correcting our children’s behavior*	“dealing with ex”*
	unfinished topics/embedded issues	co-parenting*
	large family size affects marriage*	distribution of money*
		no closure to old problems

T cited co-parenting as irresolvable for the couple because they evolved to arguing with each other over “parenting styles” and could not “resolve the real issue,” of agreeing upon how to correct the child’s behavior. T referred to problems correcting children’s behavior in the context of stepparenting. This included consequences to their marriage when one parent “sided” with their own biological child. Large family size was cited as a stressor in their marital relationship because it affected the time they spent together as a couple. Although this is not unique to the stepfamily experience, she felt that adding the families together was more time consuming than they imagined. The respondent perceived this as a stressor related to stepfamily life.

Similarly, the need to “deal with an ex-spouse” occurs in non-stepfamilies. This respondent, though, believed that the relationship with her husband’s ex-spouse kept her stepchildren from developing a sense of family with T and her son. She interpreted this as an irresolvable problem uniquely related to stepfamily issues.

T cited two problems that were not entirely attributable to stepfamily status: unfinished topics and lack of closure to old problems. The interview data did not clearly support that all of these were related to stepfamily status; however, many were attributable, including those related to her husband’s threat of divorce. T’s relationship endured chronic problems with her stepchildren’s mother, who seemed to create alliances with T’s stepchildren against T. Coalitions between T’s spouse with his children were also a chronic stressor for the stepcouple. Therefore, this couple’s unfinished topics and lack of closure to old problems were considered partially related to their stepfamily status.

<u>Respondent</u>	<u>Three problem topics</u>	<u>Irresolvables</u>
2 (“J”)	Finances*	lack of communication
	Her “disrespectful” children*	
	Communication	

J perceived that most, if not all, of her marital problems were related to a pervasive lack of communication with her husband. She viewed this partly as a result of his anger about an auto accident in which they had been involved. She described a scenario wherein her husband seemed upset at her biological son, who accused her husband’s son of breaking a videogame component. This led her husband, angrily and reluctantly, to travel with J to the store to purchase a replacement. Enroute, he seemed angry and later withdrew. On the way home, they were involved in a devastating accident. J’s story clearly connected stepfamily issues to the auto accident, and an element of blame underscored the source of this family’s devastation.

J noted severe current financial stressors that were also attributable to the auto accident, including her long-term disabilities and bankruptcy, which affected her husband's ability to pay child support to his ex-wife, as well as causing stress for her dependent children. These seemingly irresolvable financial problems overwhelmed this stepfamily, and as they were connected to the auto accident, were construed to be attributable to stepfamily problems in their genesis.

J and her husband separated after one year of marriage, which was related to a chronic and pervasive lack of communication and financial difficulties. It was unclear, though, whether or not the first separation was related to stepfamily formation. J cited multiple stressors contributing to the first separation, including financial, at least partly due to her being unemployed for several months.

J's husband reportedly perceived disrespect from his stepchildren, and this caused stress in their marital relationship. He disapproved of them or grew angry with one or more of them, which in turn aroused in her a sense of protectiveness toward her children.

<u>Respondent</u>	<u>Three problem topics</u>	<u>Irresolvables</u>
3 ("D")	Divided loyalties* Stepgrandparent status* Husband's ex-spouse*	States there are none

D reported no irresolvable problems, believing that this was due to their "...years of being married and the educational materials and [religious-based] counseling..." Her assessment was contrary to her description of events that she described as continuing and problematic. Her status in the family as a stepgrandparent, as well as her differing roles as biological and stepgrandmother were referred to as continuing, and are discussed in more detail below. She had found a way to do what she felt was best for herself and her grandchildren, which involved withholding information from her husband. This suggested an irresolvable problem.

D's three problem topics all related to the challenges of stepfamily formation and maintenance. There was a long history of the oldest stepdaughter's "interference", who vied for the mother role in the stepfamily. This caused problems in D's marital relationship. She believed that her stepchildren were aligned against her at the behest of both their biological mother and the oldest stepdaughter.

D also believed that this alignment had been transmitted to the next generation, so that she perceived painfully changeable relationships with her stepgrandchildren, all of whom were born after she had married her husband. For example, D poignantly noted that, "I would feel better if everyone just called me D [all the time] and not grandma some days and D other times." Throughout the interview, D commented on her husband's lack of support about this, for example noting, "My husband refrained from giving his opinion." D's stepfamily relationships frequently placed her in the outsider role. Her husband historically offered support or protection to his biological children, at his spouse's expense.

<u>Respondent</u>	<u>Three problem topics</u>	<u>Irresolvables</u>
4 ("L")	in-law's lack of respect for her/children* stepchildren's lack of respect for L* financial strains*	holidays alone*

L's problem topics and irresolvable issue all seemed related to stepfamily formation and maintenance. She viewed her in-laws' lack of respect for both herself and her children as related to their "step" status. Prior to marrying her husband, L became aware he was considering reconciliation with his ex-wife "for the children." L noted a history of her mother-in-law's assertions that she "wanted [her son] and his ex back together," and of asking L's stepchildren "...when I was going to divorce their dad."

L stated her family's finances were constantly challenged by their stepfamily formation. She noted the drain on the family finances due to her husband's child support payments and his "foolish" spending on his children, because "buying them things buys their love." Both of these financial challenges were directly related to their "step" status.

L reported spending holidays alone. She attributed this to disrespect, and outright rejection from her in-laws, particularly her mother-in-law. L perceived this disrespect and rejection as directed both at her and her own children. This feeling of being ostracized from her in-laws was exacerbated by her husband's expressed helplessness in his alliance with them. He would ask, "What am I supposed to do?" and declared "You could go to the family gatherings if you wanted to...But you just don't want to." L strongly expressed her refusal to expose either her own children or herself "...to verbal abuse by his mother," and that her husband, "...feels it's not fair to his children...not [to] go to family gatherings." Clearly she has spent holidays alone due to unresolved stepfamily problems, remaining an outsider to her husband's family, who has seen no recourse but to leave her "outside". Sadly, this breach has echoed in her marital relationship, as she continued questioning and being hurt by his helpless loyalty to his family of origin.

<u>Respondent</u>	<u>Three problem topics</u>	<u>Irresolvables</u>
5 ("B")	Her son* Her stepdaughter* Her dog (husband's "step dog")*	"Kid" issues*

B noted that their "kid" issues were the most challenging to her and her husband. B believed that her husband did not treat her son as nicely as he did his own daughter. She observed that she and her husband both were "defensive," in the sense of aligning themselves protectively along biological parental lines. She also noted that the negative way they tended to handle this issue was directly related to feeling defensive, suggesting that the defensiveness had become a problem with a life of its own.

B's stepdaughter lived in her home half of the time, as her parents shared custody. B felt that when her stepdaughter was in their home, "...she rises to the top 'like cream.' My husband is more interested in the quality of her daily [interactions] at the expense of everyone else." She was uncomfortable with her husband's priorities. She felt expendable, and was activated to a sense of protectiveness toward her son.

Ironically, B believed her husband was jealous of her dog's attention. She noted, "My husband thinks my dog's desire to be near me is unhealthy," and she did "...honestly wonder if it would be different if [her dog] weren't mine first." Therefore, although she herself was not entirely certain her dog's "step" status promoted her husband's jealousy, she strongly suspected it might be the case.

In summary, most of the irresolvable problems observed by the respondents were

attributable to the specific challenges of stepfamily formation. Respondents 1 and 2 each noted irresolvable problems whose genesis may have been unrelated to stepfamily formation. Nonetheless, their “step” status clearly brought additional stressors that might have re-challenged attachment bonds injured in their current relationships or in earlier ones.

Pervasive, chronic and hopeless. One of the hallmarks of irresolvable problems in these interviews was the sense that they were hopelessly and woefully chronic. The problems were pervasive to the extent that they seemed “multi-layered” and a solution would require extensive change in the stepcouple relationship.

Respondent #1 (“T”) stated, “we never really finish a conversation and find a solution because we know it will lead to bigger issues and therefore (we) let things go unresolved.” She noted a connection between arguing with each other about their parenting skills and each of them feeling aligned with their respective biological children. T concluded that, “we’ve hurt one another on many levels and we really don’t want to delve in another layer more.” This observation conveyed her apprehension about where to first seek resolution. Clearly, their multi-layered hurt played a significant role in this couple’s ability to stepparent together effectively.

Respondent #2 (“J”) clearly believed that her marital disagreements were chronic and pervasive, noting, “Nothing is resolved.” She clarified her sense of hopelessness by stating, “I asked him how he thought we could fix anything if we don’t talk and he said he doesn’t know but still won’t talk.” J was referring both to the step-related issues and those that were less clearly related. The impact, regardless of how it related, reverberated through their stepcouple relationship.

Respondent #3’s (“D”) husband was reluctant to interfere with the difficulties D had in maintaining her grandmother status with her stepgrandchildren. She attributed this to the interference of her oldest stepdaughter, who as a child, was her husband’s “favorite.” D described confusion in her family, promoted by her oldest stepdaughter, about whether or not the stepgrandchildren should call her “grandmother.” Her husband attributed this to his children’s continued grieving of their parents’ divorce, rather than supporting D in her role as “grandmother.”

Respondent #4 (“L”) characterized her chronic and pervasive marital problems as a lack of respect, which all could be related to the family’s “step” status. She perceived this lack of respect by her in-laws for herself and her children, and by her stepchildren toward herself. She implied feeling a lack of support by her husband when his mother disrespects her, “...if I am not welcomed then he should not go anywhere I am not welcomed.” L cited this in the context of her husband’s ongoing alignment with his biological family in leaving her alone for the holidays. This was considered irresolvable in the analysis, as she presented no current attempts at solutions and described a history of being polarized around this problem in their marriage. She expressed her hopelessness that, “Every holiday will be like this...”

Respondent #5 (“B”) considered “kid issues” irresolvable. Most of these were directly related to the family’s “step” status, as the couple specifically aligned themselves with their respective biological children in the context of critiquing one another’s parenting decisions. Their inability to resolve these difficulties prevented them from

enjoying their children. B stated “Neither one of us are able to really enjoy our kids like ‘normal parents’ because of the unresolved issues.” B highlighted the depth and pervasiveness of the problem by noting, “It is not just the ‘kid issues,’ it is the way we have grown to respond to one another about the ‘kid issues.’” She made clear that their stepcouple problems were multi-layered, and that they needed to learn how to talk about their problems before they could begin to resolve them.

In review, these women all conveyed the sense that their problems felt chronic and pervasive, colored by hopelessness and anger, polarized in blame. Their seemingly irresolvable problems could be tied to stepfamily formation and were associated with perceived breaches in their stepcouple bond.

Extreme language. A salient keynote of irresolvable problems in these interviews was the “extreme” language used to describe problems, situations or feelings. These suggested polarity, using “all/nothing” or “always/never” terms, or where respondents’ feelings seemed to fall at one end of a continuum. The extreme language, written below in italics, might indicate the salient issues around which an attachment injury had occurred. These extreme descriptors tended to be related to stepfamily problems.

T (Respondent #1), for example, described the effects of stepparenting on her marriage in extreme terms: “...*any problem* my husband faces is also mine and that *whatever decision* he makes *will never be* as good as any one would expect of a bio parent, still married to bio mother.” This conveyed her hopelessness in ever receiving approval from her spouse as she attempted to co-parent his biological children.

T used extreme terms to discuss finances, “...we have the added problem of *paying for everything* instead of asking ex to do anything to avoid a conflict, but then it cuts into our plans...” and “We *always have to keep a ‘court budget.’*” “...we have no *alternative than to succumb* to the bleakness of the necessity of these monies because we’re fighting for our children and our family.” These statements illustrated that sometimes T viewed their financial strains as a “stepcouple against outsider” issue. On the other hand, T clarified their “step” status as an overall source of their financial woes, citing finances as one of the couple’s challenging and recurring problems. Her extreme descriptors were indicative of the sense of irresolvability about financial issues and these have negatively impacted their stepcouple relationship.

T mentioned, “we *never* really finish a conversation and find a solution because we know it *will lead* to bigger issues and therefore let things go unresolved.” She used extreme language to denote helplessness about the solvability of the problem. Later she stated that the couple “...*never* really agree about how we need to go about correcting bad behavior [in the children] from day to day...feeling guilty [about invoking consequences] and then when we actually carry through, we argue...” T conveyed a feeling of being locked into an eternal struggle, wherein this couple “never” truly agreed about discipline and then argued about disagreeing.

J (Respondent #2) was poignantly bleak in her extreme descriptors of “step”-related situations that felt irresolvable. For example, she described her sense of hopelessness about the possibility of partnership in her marriage: “*Every aspect* of my children’s lives and mine are his business...his kids are *none of my business...*” This described her sense of feeling controlled by her spouse, with no sense of partnership. She

cited financial control connected to feelings of rejection as an ongoing issue in their marriage, stating that her husband's "...*only concern* [was] for the fact that he had to spend his money where he didn't think he should have to."

Recall that this couple was involved in an auto accident. J's husband felt "...that the accident affected him and his kids *worse than anyone*, but his kids' *lives never changed because of any of this* [relative to the auto accident]." Through the contrasts of her extreme language, J conveys disbelief about and scorn for her husband. The auto accident had many repercussions for this stepfamily, an event steeped in strong blame, anger, polarity and protection of their respective biological children. Their related financial difficulties were extremely challenging. J received state monies to visit her youngest son in residential treatment approximately 100 miles from home, noting, "I am on disability [due to the auto accident] and it is hard to afford to feed everyone [during visits to her son]. My husband *won't pay for anything*. He says *it is not his problem*, [as her son] is *my kid*." J used extreme language to describe her helplessness at his stark refusal to help, an irresolvable problem directly attributable to their stepfamily status.

D (Respondent #3) experienced continual challenges by her oldest stepchild, whose strong rebellion was abetted by the child's biological mother. D noticed her husband's consistent lack of emotional support. In D's words, "The adjustment was very difficult, my oldest stepdaughter assumed the role of mother before I came and she resented me taking over. That period of my life was *miserable*. There were no known resources [for stepmothers]...the ex-spouse would tell the children that *they were never to listen* to me, the *only person who had the right to tell them* what to do was their dad...a man of few words." D's extreme descriptions convey her misery and isolation, as she had no support from her spouse, no allies and no outside resources.

L (Respondent #4) categorically stated, "I *hate* being a stepmom and a second wife." This woebegone assessment left no room for misinterpretation. L had strong feelings about the difficulties of stepfamily life in her roles as spouse and stepmother. Her expression of "hate" reflected her extremely negative perceptions of an unsupportive husband as they attempted to co-parent his children.

L (Respondent #4) expressed feelings of blame, hostility and guilt about the events that finally led to her insistence that her stepchildren leave her home. L felt unable to compel her stepchildren behave in ways acceptable to her and this was worsened by her husband's lack of support, and defense of his children. L concluded, "*I'm not stepmother material*." Here L used extreme language to express her sense of inadequacy and anger about her unsatisfying interactions with her stepchildren. L also blamed her stepmothering challenges on her mother-in-law, "...as long as his mother won't and doesn't accept me or my children as part of their family, *there is no way* [my stepchildren] can accept us either. *I totally blame his mother for everything*." Though this did not overtly direct blame at her husband, and in fact helped her direct her hostility away from him, the lack of support from her spouse sorely affected their marital bond.

L used extreme language to predict a stark future, declaring, "*I see no end* to this." In the context of the interview, this was an expression of hopelessness that her husband would ever support her in a stand against his parents, a stand she believed necessary as she continued to co-parent her stepchildren. This suggested a bleak prognosis for their

couple bond unless her husband took a more active role in siding with his spouse.

B (Respondent #5) described how co-parenting her stepdaughter negatively impacted her bond with her husband. B attempted to communicate with her husband about teaching social graces to his youngest child, who lived with them half of the time. She had helped her 8-year-old stepdaughter host a cookie-decorating party, in order to meet children in their neighborhood. B observed that “My stepdaughter is the *only* one who *never said* a word of thanks. I mentioned it to my husband...he felt bad and *says his kid is a monster. He thinks I must think she is an ‘ungrateful, evil child.’*” This illustrated the couple’s extreme difficulty in sharing the stepdaughter’s upbringing, and the challenges to their couple bond, as they polarized around his child’s discipline. B’s attempts at input about her stepdaughter provoked an extreme response from her husband, as he believed B perceived his child as a “monster” and “evil child.” B stated, answering a direct follow-up question, that her husband’s strong reactivity was connected directly to their “step” status. This is consistent with her observation that their efforts at stepparenting felt remarkably different from bio-parenting.

In each case, the respondent’s extreme language signaled irresolvable problems, a marker for attachment injury. Most could be related specifically to aspects of stepfamily formation, including stepparenting, financial stressors and communication difficulties, accompanied by perceived lack of the spouse’s emotional support. The discord usually occurred regarding biological parent/child coalitions.

Strong Disagreements. The respondents each described strong divisiveness that appeared in the interviews as fights, arguments or disagreements. Their contexts suggest potential attachment injury, and seemed organized around stepfamily problems. At times, their disagreements were not clearly rooted in “step” problems, and this will be noted in the descriptions.

T (Respondent #1) considered the negative effects, which she called “grief”, of stepparenting on her marital relationship. She noted that their youngest, who is her biological son adopted by her husband, “takes personal glory in attempting to pit [husband] and myself against one another.” She confirmed and collectively credited all of the children with attempting to “drive a wedge” (interviewer’s phrase) between herself and her husband.

Guilt and blame created an inescapable vortex for T (Respondent #1) and her husband. This couple argued about co-parenting, blamed the stepchildren’s biological mother for increasing the stepchildren’s anxiety when they told her about it, felt guilty when the stepchildren became anxious, which primed further co-parenting arguments with her husband. T described “...a lot of bitterness that had festered over the years,” and she connected this to the fact that she and her husband “...never had the guts to be honest about how we felt and take a stand to our kids or ex. We didn’t need a real reason to argue.”

This couple had to learn to “talk through our problems without arguing in front of the kids.” It is unclear whether or not she was referring to “step-related” arguments; however, when asked further about not arguing in front of the children, she said that when her stepchildren knew of their arguments, they reported them to their biological mother, which made the children feel guilt and anxiety. T believed their conflict

increased her stepchildren's negative behaviors toward her. This "then brought more bitterness between my spouse and myself." Clearly, whether or not the content of their arguments was "step-related," the process of their arguments was a stepcouple issue. Disagreements were detoured outside their stepfamily unit, to her husband's ex-wife, and returned to T's home in the belligerent voices of her stepchildren.

J's (Respondent #2) marital experience simmered in blame, frustration, grief and misery. This family suffered severe trauma due to the effects of the devastating auto accident. The driver of the other car died and J's husband was held legally responsible. As related earlier in this analysis, J's son reported his stepbrother broke his video game component, prompting his mother and stepfather's trip to the store. The accident occurred during this errand. J reported it took her son over four years to confess to her that he had lied about his stepbrother breaking his computer game. Follow-up with J revealed the relationship between her son and husband prior to the accident was "better," but after the accident, "[my husband] became angry PERIOD! He had a problem with anger before, but the accident really intensified it. Nothing the kids did after the wreck was right or good enough." Other information about her children described them as unusually helpful and supportive of their mother as she fought her way back to health. This was a mother deeply proud of her children: "I am very proud of them. Most people that know them are." Based on these deep feelings of pride and approval, a fierce cycle of attack/defend/withdraw for this couple regarding her children seemed predictable, and did seem to occur. This cycle signaled not only attachment injury, but very likely deep trauma for many of the stepfamily members.

J and her husband disagreed about whether her children were "disrespectful". She mentioned her husband's disapproval of an older son, stating her husband "is angry now because my son who will be 18 next month does not have a job." J merely noted it as a basic fact; her words carried a marked lack of emotion or energy in her depiction. She described the contentious relationship through the eyes of her children, noting "in actuality, they try to stay away from him."

D (Respondent #3) reported being "unhappy with my husband" when he did not support her in handling the resentment of her oldest stepdaughter. Although she did not provide detail of strong negative engagement with her husband about this, she did note that she threatened to leave him. D expressed no overt negative emotion in describing these events during the interview, as it occurred over twenty years ago. Nonetheless, her story suggested strong disagreement for this stepcouple.

L (Respondent #4) and her spouse historically were locked in strong disagreement about L's mother-in-law, and the lack of support and respect she continued to feel from her husband's family, without support from her husband. She ascribed this to their "step" relationship, originally due to her mother-in-law's negative remarks to L's stepchildren, interpreted as a campaign to reunite L's husband with his ex-wife. L stated, "I believe [my mother-in-law] feeds them so much negativism and then they feed off of it," and that "[mother-in-law] tells [my husband] I'm mean to the kids." The lack of support L felt from her husband was apparent as she stated, "I had to tape the conversations to prove she was saying these things." This situation suggested L's past futile attempts to pull her husband literally and figuratively to her side.

L also mentioned “fights” when she was left alone as her husband took his children to his family’s events. As mentioned earlier, L felt a lack of support from her husband about her mother-in-law’s rejection of her, a situation that could occur as a “non-step” issue; however, L linked the troubles with her mother-in-law to the challenges she faced at the start of her relationship with her husband. L’s mother-in-law had hoped for her son’s reconciliation with his ex-wife, which L related to her in-laws’ concerns about her husband’s children.

B (Respondent #5) cited “kid” issues as the source of arguments with her spouse, and her interview was laced with ways they were polarized around their respective biological children. B observed that in some ways they were like a traditional family in terms of occasionally disagreeing about where to eat or which movie to watch, which she described as typically humorous. She noted, though, that the “stepfamily” disagreements challenged them, declaring, “We have the worst time agreeing as to how to handle ‘kid issues.’”

B also presented a situation wherein the blame she directed at her husband was not affected by “step” status. Her husband expressed continued negative opinions of her son’s being gay. In B’s words, her husband believed gays should “stay in the closet, so to speak.” B’s response was that she wanted her son to experience support at home, because “He spends enough of his time ‘hiding who he is’ in our home...” B and her husband strongly disagreed about this issue, and B’s protectiveness toward her son was apparent. Nonetheless, B believed that her husband’s opinion would remain the same if he were her son’s biological father.

B perceived her husband’s jealousy of her dog to be irresolvable, even as she considered ways to make her dog everyone’s dog. She expressed a feeling of helpless indignation about her husband’s jealousy, highlighting her husband’s difficulty about accepting his step dog’s place in B’s life: “He cannot stand it that my dog wants to always be near me.”

B interpreted their marital disagreements through a filter of stepcouple problems. In discussing the genesis of their fights, she astutely commented that, “It is the emotion that breathes fire into the fights,” a reference to their co-parenting problems. B later remarked that she specifically sought a stepfamily specialist for marital therapy.

The respondents attributed the genesis of many of their fights or disagreements to their stepfamily status. Often, they painted a dark picture of futile attempts to resolve chronic and pervasive difficulties; and at times, they conveyed hopelessness in finding resolution.

Change in Belief About the Partner

Attachment injury in adult relationships may be signaled through a change in one’s beliefs about one’s partner. Adult attachment relationships ideally create a foundation of emotional comfort and security. Trust is essential in creating such safe relationships, where one partner can rely on the other’s emotional presence, attention, support and loyalty. As the couple negotiates their life together, they ideally develop a sense of mutual dependability, confident that the other is worthy of trust.

Violations of trust and dependability can, over time, create a change in the way the offending partner is viewed by the injured partner. The culmination of a collection of such incidents affects the quality of the attachment bond. These changes may be experienced as changes in how one thinks about the partner, or how one feels toward the partner, experienced as occurring together.

Four of the markers for attachment injury were subsumed under the category of Change of Belief About the Partner: Betrayal of Trust; Questioning Partner Dependability; Change of Perception; and Change of Heart. As the markers were coded during the analysis, it became clear that there was overlap in the descriptors of each. For example, betrayal of trust seems to lead to questioning the partner's dependability, while any question of the partner's reliability can create a breach of trust. Similarly, changes in one's opinion of (i.e., perception) and one's feelings toward (i.e., "change of heart") one's partner are closely related, and are likely to occur together. A frequent cause in the changed belief was one partner's rejection of the other's children. The spouse might express blunt disapproval of the children, either to the partner or directly to the children. Disapproval of the child implied criticism of the biological parent and might be expressed as scorn, criticism, sarcasm, frustration, anger, animosity, hostility, or jealousy.

In subsuming these four related categories, they themselves became descriptors for "Change of Belief About the Partner." Additionally, the descriptors included: manipulation and lying in the stepcouple relationship; a dichotomous view of the family, (i.e., "yours/mine"); rejection of children and related protectiveness of the biological parent.

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Rejection of children usually galvanized the biological parent into a defensive, protective stance, guarding the children from further attack. In cases where respondents rejected their stepchildren, they assumed a judgmental position about their stepchildren's behaviors, expressing frustration, anger or sadness that their judgments were either deemed wrong or ignored by their spouses. Their marital attachment bond was tested, as each parent sought to protect their children's emotions from the partner that had promised support in meeting the demands of childrearing.

Evidence of manipulation occurred in these interviews in behaviors between respondents and their spouses, or a stepchild, an in-law or an ex-spouse. It appeared in these interviews as challenges to the couple bond due to the input of others outside the marital dyad, or in the respondent feeling "maneuvered" for someone else's perceived gain. Respondents mentioned that lying also affected their marital relationship. Some described lies between spouses; others noted lying between self or spouse and others in the family. Finally, the dichotomous view described the respondent's opinion that their biological families remained separate. The sense of shared experience most families seek was noticeably lacking for many of these families. Instead, the families were polarized, maintaining emotional or financial separation, or both.

The interview data are reviewed below for the descriptors of Change of Belief About the Partner. As the markers are discussed, their relationship to stepfamily life will be considered.

Respondent 1. T felt betrayed when, in disciplining her stepsons, her husband aligned with his sons rather than with her; her sense of fairness led her to observe, “We each do this.” They were polarized in their arguments about their “...parenting styles, then we...argue instead of resolve the real issue and the kids then either find themselves more hurt or another means of manipulation.” There was a strong biological alignment, a dichotomy sustained by T and her husband. They often declared biological loyalty, making choices that supported their children, which challenged their couple bond.

Children in traditional families drive emotional wedges between their parents, and pull outsiders into the dispute, such as a sympathetic grandparent; however, there is a better chance that the parents unite against the outsider, because that relative has less power than the biological parents. At least some of the wedges driven between T and her spouse were likely related to their step status, and these promoted T’s feeling that this couple could not depend on each other to form a united parental front.

T described the reactions she and her husband had when one partner disciplined the other’s biological children. “If he ‘sides’ with the middle child then I feel he did so in an attempt to remain honorable to his son. If I yell at [the] middle [child], then he feels I’m ‘picking on’ him and vice versa.” The perception of the partner criticizing their child led to arguments about their decisions as parents. They moved into a protective stance on behalf of their child and a self-protective posture about their parenting abilities. This described a change in T’s perception of her husband (and reportedly his view of her) from co-protector to attacking adult. Rather than a partnership, they now assumed a form of mutual watchfulness and preparation for defense of their offspring and their parenting skills. T perceived that their marital bond was challenged each time that she found she must “protect” her son from her husband.

T’s descriptions indicated that this was an intermittent process for them. Her interview bore no signs of either parent overtly rejecting a stepchild, and few indications that the couple was entrenched in protection. Her interview was liberally sprinkled with hope, care and concern of her stepchildren, and doses of humor about their situation.

Respondent 2. J described her marriage as continually insecure. She was unable to depend on her spouse, as his moods changed frequently. He expressed little interest in discussing his anger. J speculated as to the source of his anger throughout the interview, but drew no conclusions other than he “...just simply refuses to accept any responsibility for any of our problems.” He tended to become “...really angry and tells me it is over and then before the next 24 hours is over he regrets what he says and acts as if he never said it.” She experienced betrayals of trust through her husband’s periodic threats to leave and his requests that she and her children leave.

This family did not typically share positive experiences. Their family’s dichotomous theme was apparent, as she plainly stated, “We seem to be 2 separate families that live in one house. Everything is a ‘yours and mine’ issue, not just the children. Separate bank accounts, separate car insurance, separate holidays because my children and I are not welcome with his family.” J’s ability to trust and depend on her

spouse was decreasing as their marital bond became more overwhelmed, pushing them ever farther apart.

J experienced much pain due to their separate family lives: “It doesn’t help that his family wants nothing to do with us for the past several years and he is torn between staying with us and not speaking to them.” Choosing to be with his family of origin meant J’s husband chose to exclude her, which was difficult for her to accept and highlighted his unreliability. She felt her husband’s conflict about his family was a difficult one for him. There was a sense of anguish and unpredictability about his decisions. This may have been particularly salient for her during this interview, conducted just before the holiday season.

J described the frustration and sadness in “...getting him to participate in my children’s lives. They live here with him full-time and he rarely ever does anything with them...” J believed her husband maintained a “yours/mine” dichotomy by treating the two sets of children differently. She felt this dichotomy affected and was maintained by her stepchildren, who blamed J and her children for prematurely terminated visitation trips. This negatively affected her marital bond: She could not depend on her husband to pay attention to her point of view, and she could not trust him to treat her children fairly.

J’s relationship was tested frequently by events that were eroding her feelings of attachment to her husband. Her interview included markers that strongly indicated a change in her beliefs about her husband.

J referred several times to her husband’s rejection of her children, observing that “It has hurt my children terribly to be left out...I have stopped trying to explain [it to them]...It does cause a lot of frustration still for my 16 and 14 year olds.” J believed that their most significant challenge as a stepcouple was his refusal to share her children’s lives.

J recalled that when she and her husband were separated, she helped him choose holiday gifts for his children, but he “...didn’t need to buy my children gifts.” This overt rejection of her children aroused J’s ire, who asked him, “...why the difference?” He finally purchased a gift for each of her children, but made clear to her it “...wasn’t his place to support mine, said they aren’t his kids.” This was the keynote event in J’s story about the rejection of her children. She did not express much emotion in telling her story, as though she was protective but tired, so that her feelings were conveyed through indignation and helplessness. She implied that she had stopped actively protecting her children from the rejection: “They are old enough now that they understand the difference and live with it.”

J described her husband’s rejection of her children as continuous: “My kids are upset at the way he and his family leave them out and his kids rub it in my kids’ faces.” She was unable to protect her children from her in-laws’ collective negativity. J addressed the coming Christmas holidays: “...it will be tense...his kids will be going to visit the family for the holidays and me and mine won’t be welcome. Some days I am not sure we will work through this at all.” She sounded defeated in her inability to protect her children from rejection.

J saw herself in a hopeless cycle of criticism and disapproval that changed her perception of her husband from someone she trusted to start a stepfamily, to someone she

saw as starkly rejecting herself and her children, aided and abetted by her in-laws and stepchildren.

Respondent 3. D's marital bond was continually tested by the dichotomy born of biological favoritism. This appeared in her twenty-two year marriage as a seemingly permanent sense of "your family/my family." Sadly, it worked its way into the next generation, inherited by her step-grandchildren, especially when their parents were present.

This family's cycle of dichotomy justified D's lies of omission to her husband: "I never tell him when I splurge on gifts for my 2 bio-grandchildren...I know that financially we cannot afford to splurge for 13 grandchildren...[yet] I want to recognize my 2 bio-grandchildren for the simple fact that they are my bio, [so] I do things for them without informing my husband." The repercussions of the biological split into "yours and mine" permeated and challenged her marital bond.

D was a stepmother competing for position of co-parent with her oldest stepdaughter. Typically, "...My oldest stepdaughter assumes the role of mother with all the children. Whenever I make a decision [relating to] my daughter, she feels the need to redirect that decision." Historically, this caused a problem in D's marriage. She fought to protect herself from the tight coalition formed by her husband and his oldest child. Ultimately she also found she wanted to protect her youngest daughter from her older half-sister's attempts to parent; however, her daughter did not want protection, and in fact, turned on her mother by siding with her half-sister.

She noted that, "My husband sees [oldest stepdaughter's input] as my stepdaughter showing her love for my daughter. I see it as negative influence." D felt compelled, but unable, to protect her daughter from her stepdaughter's "negative influence." Furthermore, her husband advocated for the stepdaughter despite D's expressed concerns. Both of these daughters were her husband's biological daughters. D was in an unsupported position, both as mother and stepmother, where the coalition was strong between her husband and his two daughters. This emphasized her husband's continuing lack of support for D, as they had been locked in disagreement about the oldest stepdaughter since long before their own daughter was born.

D rejected this stepdaughter at the start of their marriage by threatening divorce. Her husband's response was to send his daughter to live with friends, which lasted for a couple of weeks. D implied it was a short respite, suggesting a sense that her stepdaughter was a burden to her. D also commented that this daughter was her husband's favorite child. This stepcouple was organized from the earliest stages of their marriage in a cycle of rejection and protection. Although D noted her husband is now more supportive, earlier in the interview she discussed current coalitions in the present tense. D had lengthy experience with considering her husband an adversary.

Respondent 4. L clearly described the ways that lying and manipulation affected her relationship. She said that lies and manipulation were woven into their marital fabric, noting, "...[my husband] used to lie to me a lot." This cycle began before their marriage, when her husband lied to her to spend time with his ex-wife. L's husband was attempting reconciliation for the sake of the children: "[my husband] is very devoted to his children." L also related that "...lying has made me not trust him, that is why I started

recording conversations between him and his mother and his ex.”

L provided examples of ways her husband’s devotion to his children often seemed stronger than his commitment to her and their marriage. Time with the grandparents created divisiveness in the stepcouple. Their bond was tested when her husband created situations where his children “must” stay with his parents. L would not permit the stepchildren to visit her home when her husband was working. She recalled that her husband manipulated his work schedule so that his children had to stay with his parents, despite L’s strong objections to the negative influences of her in-laws on her stepchildren: “...I don’t want the kids to stay at her house, because she and grandpa say negative remarks about me...” This was a winless situation for L. She had reasons for not wanting to stepparent alone and for not wanting the children’s visitation interrupted by visits to her in-laws: “I hate [it], because then the kids come back [from L’s in-laws] like spoiled brats, throwing tantrums and crying the rest of the time they are here.” Her husband likely felt justified in encouraging his children to visit their grandparents. L would not stepmother while alone, and he wanted his children to be able to see their grandparents. This couple could not compromise, leaving L feeling without emotional support, and believing her husband manipulated situations against L’s specific wishes, creating a strong sense of betraying her trust.

L yearned for a combined family portrait, with no success arranging it. She required cooperation from her husband, whom she did not trust. This stepfamily’s continued sense of dichotomy, as well as the lack of trust and dependability, directly related to stepfamily factors.

L described significant difficulties stepmothering her husband’s children. She felt rejected by them and unsupported by her husband: “He would have conversations with them when I wasn’t around to hear what was being said. Then he would tell me that he said stuff and then what they said, which I didn’t believe. He never told them in front of me that they had to have respect and listen and do what I ask of them...” Clearly, L felt that her husband was not supportive of her, and she needed to protect herself against her stepchildren and her husband’s advocacy of his children. This affected their marital bond in that L’s perception of her husband changed her expectations of him: he was not acting as her partner, so she was on her own.

Her rejection of her stepchildren was overt, resulting in her threat to leave the family. It was that threat that finally brought her husband to her side; prior to that, they struggled against a cycle of L’s feelings of rejection by his children, and her rejection of them.

L planned to prevent future rejection: “...this summer will be different: I am going to Arizona and maybe look for a job. And if not, I’m going to work here...all summer so they will only get to come every other weekend unless [my husband] takes them to Disneyland grandma’s.” This indicated that she perceived her stepchildren to be a burden. Further, L could not trust her husband to maintain the changes she asked for; he was not yet viewed as a supportive co-parent with her for his children. He was, though, “...very good to my children, ages 16 and 18 and this can’t be an easy thing for him either.” She perceived his supportive stepfathering as his saving grace.

Respondent 5. B described her husband as unaware of his child’s manipulation,

which caused dissension for the couple. Although B rarely if ever disciplined her stepdaughter, she expressed her concerns to her husband, who “just doesn’t see it.”

Dichotomy for this couple was not just biological, but also affected the step-pet relationship. B’s husband was jealous of her dog, who paid her adoringly slavish but well-mannered attention. B’s attempts to encourage bonding of her husband and stepdaughter with their stepdog were unsuccessful: “My husband made a half-hearted try...but it didn’t last and nothing resulted.” Although her stepdaughter “adored” the dog, B felt that her stepdaughter’s half-time residency status did not promote a dog/child bond. B believed that adding a new dog “would be good for all of us,” with the hope that both her husband and stepdaughter could bond with “our” dog. B’s husband continued to express strong disapproval of the dog, believing his spouse’s relationship with her pet to be “unhealthy.” This affected B’s feelings about her husband, who felt she could not depend on or trust him to understand or honor her needs: “I don’t think I can love someone who put his needs to not have my dog around above my love for my dog.”

B explained the genesis of the biological dichotomy for a stepcouple: “I think we are afraid of what the other person thinks of our child...you know, is he/she going to be able to accept/love/bond with my child. It is a parent’s ideal to have the stepparent accept his/her child as their own. This is a non-issue in a biological family.” B succinctly described the combination of fear and hopefulness when two adults assume the task of becoming a stepfamily, and their struggle to evolve from a theme of dichotomy to one of unity.

B’s concerted efforts to emerge from a marital cycle of rejection and protection were directly related to stepfamily factors. Both B and her husband perceived the other as aligned in opposition to their biological children’s best interests, which brought forth strong protectiveness from each of them.

B struggled to decrease the consistent priority her stepdaughter held in her marriage, and their family: “I can understand that because we only have her half the time, my husband feels a greater sense of urgency to be a parent. There has to be a ‘happy medium’ that allows for everyone in the family to exist on the same plane...when she is with us, my son and I are just along for the ride...our lives revolve around my stepdaughter when she is with us.” B felt rejected, and believed her son did also; this brought forth feelings of protection on behalf of her self and her son.

B’s husband believed that she rejected his daughter, further challenging their marital bond. “My husband believes I think his kid is a ‘monster’...he’ll say, ‘what do you want to do, run the little s%@² off?’ I don’t feel like that, but it is his perception. This perception affects the way he interacts with me on a daily basis. It has to be hard to love someone that you believe doesn’t want your kid around. We parents have an unconditional love for our children...we don’t for one another.” Her husband’s reaction suggested his belief that B considered his daughter a burden, and he expressed his own conflict in his concern that she “wanted to run the little s%@t off.”

B attempted to see both sides of unconditional love in a stepfamily: “A parent is very protective (as they should be) of his/her children.” She had a clear picture of the rejection and protection cycle occurring in her marriage and hoped this would change. At the same time, she had prepared herself somewhat in the event that their

² This was exactly as the respondent wrote it.

rejection/protection cycle did not change: "...we have agreed that we cannot spend our lives fighting about these same things without making headway. We are seeking therapy to prevent reaching a 'that's it' point... we need to be successful at resolving some of these things." She felt an urgent need to move from their mutually adversarial position, to one of mutual support.

In summary, these stepfamilies struggled, with varying degrees of insight and success, to overcome a continuous dichotomy, yet remained mired in a "yours/mine" mentality. These families struggled with problems that challenged their relational bond, affecting the stepcouples' sense of trust and perceived ability to depend on their partner. The respondents all experienced change in the beliefs about their spouse. This appeared in their relationships to varying degrees and was processed in their marriages in different ways, from hopelessness to humor and resolve. Each respondent reported at least one perceived coalition that aroused protection of herself, protection of her child from rejection, or both. In each case, these cycles were directly attributable to factors of stepfamily formation.

Abandonment and Detachment

Feelings and expressions of abandonment may signal attachment injury in adults. As the infant whose mother is out of sight, one feels bereft and alone, unloved or uncared for. As with the infant, whose mother may or may not be in the next room, abandonment may be a perception of the individual, or it may be real. Individuals may express loss through various emotional channels, arousing identifiable fear, hurt or anger. The sense of abandonment may occur precipitously, triggered by a single event. Or experiences of abandonment might have a cumulative effect, insidiously eroding one's feeling of safety in the relationship.

Abandonment for the respondents in this study was prompted by coalitions that placed the respondent in the outsider role. Some reported spending holidays alone or being ostracized from family events, in favor of others their partner appeared to judge as being more important. For others, abandonment appeared through behavioral patterns of pursue/withdraw or a spouse's perceived lack of caring due to non-responsiveness. Finally, some experiences of abandonment were overt, in a spouse's threat to leave, actual departure, or requesting that the respondent leave.

Emotional detachment in adult relationships is a clear marker for attachment injury. The attachment bond has been so challenged, assaulted, or traumatized that it is weakened or even severed. Detachment manifests itself in adult relationships in a variety of ways. Detachment affects the partner's willingness to give to the relationship, or openness to receiving from the partner. One might experience detachment as feeling completely deserted, isolated, empty or numb. The relationship itself may feel devoid of emotions important to the partner, such as love, caring, or respect. A partner may experience detachment as no longer wanting to give of self, not caring about the relationship or partner, or unwillingness to participate in the relationship. One or both of the partners may feel a strong vulnerability that stops them from giving, receiving or participating wholeheartedly in the relationship.

The following sections describe the respondents' experiences first of abandonment and then detachment. These are examined in their context for the relationship to stepfamily life.

Abandonment

Respondent 1. T's feelings of abandonment arose when her husband filed for divorce after two years of marriage. He inexplicably asked for reconciliation soon after she left their home and, after a six-month separation, they reconciled. Her persistent attempts to explore and understand the matter with him had been met with silence resulting in understandable anxiety and confusion. Although T readily enumerated the problems that led to their separation, she remained mystified as to why her spouse would "file for divorce then just a few days after...become desirous of a rekindling...I never understood that and he won't allow a discussion over this matter and disregards my inquiries..." As a result, T felt emotionally unsafe, even after three years. "There are still issues that I question and he remains tight-lipped about. I want to know his real take on everything. What was his motivation to work out our marriage?" She had a context for his reasons to divorce, but none for why he wished to return to their marriage. She lacked closure without a framework for understanding his motivations to remain married.

T was well aware of the problems that existed in their stepfamily, and she listed them in the context of discussing their marital separation. She noted that the couple "...never had the guts to be honest about how we felt and take a stand to our kids or ex...the endless amounts of money for lawyers (regarding custody), our parenting styles...which made us argue more...[and] two exes that drained us of our love because we were always in 'fight' mode." Their separation, and T's resulting sense of abandonment, clearly occurred in a context of feeling overwhelmed by stepfamily factors.

Respondent 2. J experienced abandonment in several ways during her six-year marriage. The most salient marker of abandonment was her husband's episodic threats to leave or requests that she do so. J described her increasing difficulty with tolerating her husband's threats, "...every time it gets rough and he walks out or tells me to take my kids and leave." Her husband's episodic threats and J's increasing pain over them, signaled attachment injury, which J experienced as emotional desertion by her spouse.

The couple first separated a year after they married, when J's husband had a temper outburst, marking J's initial discovery of his uncontrollable anger. J recalled "...his temper getting out of hand one day and [I told] him to go to his mother's for the weekend and cool off." She remembered, though, that he actually remained away for an entire week. Her vivid memory of his delayed return highlighted the rejection she felt when he did not return home after two days.

Her spouse's "bad temper" continuously challenged their couple bond. J related his temper to his "serious depression [which] is getting harder to deal with." She noted his mood swings, and believed he might be bipolar. This in itself does not show a direct relationship between her husband's temper and their "step" status; however, J also connected his depression and related withdrawal to the auto accident.

She considered the effects of the accident on their marriage, noting that it marked a precipitous change in her spouse's attempts to engage with her. She interpreted this as due to both his guilt and anger, noting that "...he stopped talking to me and sharing anything pretty much." She perceived that, "He stays angry at me because he has had to take care of me and mine. He wasn't much of a talker before, really; now he won't talk at all." She also interpreted his withdrawal as guilt about the drastic changes it wrought in J's life. Their marital bond was significantly challenged by this accident, an event that was attributable to difficult, angry stepfamily relationships, and which left J bereft of her husband's emotional support.

There was stark contrast between this couple's initial hopes and their current reality that might magnify J's experiences of rejection. Prior to marrying, they held optimistic expectations about combining their two families. J recalled that they "talked enough before the marriage that I was very comfortable remarrying..." (1091-1093) and her husband believed "everything would go perfect[ly]." In the interview, however, she described enormous disappointment about their marriage, as she compared their former ability to "talk enough" with their current stony exchanges. This further exemplified J's sense of loneliness and increasing emotional isolation.

J could not recall the content of the argument that led to the first separation; therefore it was not considered attributable to stepfamily factors. This initial abandonment likely primed J for future threats to their couple bond, whether or not the issues were "step" related. Regardless of its genesis, she was continually challenged by his temper and his depression, and felt abandoned by his withdrawal from their relationship, with his threats of abandonment or invitations for her departure.

Some "step" issues played a prominent role in J's sense of abandonment. For instance, J reported a sense of abandonment and rejection from being left alone on the holidays: "...my children and I are not welcome with his family." She described a typical holiday: They opened gifts at her home, and then her husband would take the children to his mother's home for gifts and a meal. She stated forthrightly, "It breaks my heart for him to go see his family without us..." but suggested her heart breaks for her children, because "I know how badly it has hurt my children to be left out."

She described cutoffs in her husband's family, and incredulity that although many of her husband's family lived locally, his parents and siblings did not associate with other family members. This suggests insight that their family belief about the importance of familial connectedness differed from hers. Understanding this, J painted a bleak picture of her in-laws' sense of connectedness, and clearly this mitigated the pain of her husband's rejection, as he supported his family's decision to exclude J and her children.

J described frequent cycles of her pursuit and her husband's withdrawal that maintained the sense of abandonment she felt in their relationship. "I keep pushing to start trying to rebuild what we lost 5 years ago [at the time of the accident] and he won't even talk about it." In fact, she noted an attempt to talk to him about their problems during a break in the interview, and "He doesn't want to talk about anything...I asked him how he thought we could fix anything if we don't talk and he said he doesn't know but still won't talk. He rolls his eyes, crosses his arms...and either gets quiet or gets mad and walks out of the room." She interpreted his behavior as "...refus[al] to accept any

responsibility for any of our problems.” She perceived that her husband had emotionally abandoned their relationship, including any meaningful attempts on his part to regenerate their marital bond.

J could describe and analyze her husband’s withdrawal, yet used very few emotional words to describe her own pain. “He won’t talk about anything...just a moment ago...when I asked if we were going to put all this behind us and start building a life...[he said] ‘I don’t know what I want.’ While he tries to figure out what he does want...I just keep going each day doing what I need to do and waiting for him to want to like again.” This statement suggests that perhaps even her “waiting” may be viewed as pursuit. Her evident sadness was a palpable marker for abandonment.

There was a hopeless sense of this couple slowly running out of the fuel that might propel the repair of a broken marital bond. Each of them had been traumatized by the accident, although J minimized the effects on her husband in the interview, and focused on describing the accident’s extensive and life-altering repercussions for her. Their attachment bond was severely breached and they seemingly have no momentum to re-engage and attend to the emotional injuries. The challenges to their attachment bond could be attributed to stepcouple issues and yet there also were likely unrelated factors that contributed to the ubiquitous theme of abandonment in this marriage.

Respondent 3. D’s unsupported status in her stepfamily caused her pain and suggested feelings related to abandonment. Her adult stepchildren and stepgrandchildren changed her title from “Mom” and “Grandmom” to “D” when her stepchildren’s mother was present. D’s hurt seemed related to experiencing and anticipating rejection from her “steps.” Abandonment became a salient factor for her marriage when her husband deliberately made no input or showed support for her. She felt alone and “outside” her husband’s family, and his silence left her outside. D described her husband as having “no opinion” about her changeable status, as “Grandma” versus “D”, to her grandchildren, reframing it in her husband’s view that his adult children “...will probably never get over the divorce.” Lack of emotional support by her husband, and the resulting feelings abandonment, was a keynote of D’s interview.

D sought her husband’s support in other situations regarding stepparenting, but typically “My husband made no comment.” Her spouse, a “man of few words,” did not want to be “caught in the middle” and therefore offered her little emotional support through the years as she attempted to parent her stepchildren.

Near the beginning of their marriage, D threatened to leave, citing a problematic relationship with her oldest stepchild, a 13-year-old girl. She noted that this prompted her husband to send this child away to live with friends, as someone had to leave. “That lasted two weeks and she was back home. I remember one afternoon when he sat her down and talked with her. I was not in the room during their conversation. My oldest stepdaughter was also my husband’s favorite child.” Now that the stepdaughter was home, D was forced to make a choice to leave, and did not; however, her outsider status and her sense of loneliness and pain were evident as she described the events around this favored child’s seemingly premature return. D painted a compelling picture of her probable sense of abandonment, as she waited outside the room, while her husband and teenage stepdaughter attempted to work out a solution that affected D’s life. This

vignette was laced with D's pain and illustrated a severe test of this stepcouple's bond, as D was "outside" and literally could not look in.

Respondent 4. Abandonment occurred in L's marriage through her frequent outsider role in painful coalitions where her husband's support was absent. Furthermore, he aligned with those who expressed disapproval of her, exacerbating her sense of being alone and uncared for in her marital relationship.

L shared numerous examples of being the outsider in coalitions between her husband and his children. She expressed feeling "like an outsider in my own house when [my stepchildren] are here." For example, "The three of them, meaning [spouse and two stepchildren] some times whisper about stuff like I am not even in the room." L remarked that this caused many disagreements, and in fact, "The last time it happened, I totally blew...I told my husband 'This is why I don't like them to come.'" Her strong reaction, coupled with her husband's lack of response, "My husband just sits there..." illustrated how she felt unsupported and how vulnerable to ongoing coalitions. Most painful is her husband reportedly doing nothing to change it.

Her husband's coalition with his children caused him "[to] let...so much slide. He once told me that he didn't want them to not want to come see him." This was an example of the spouse's coalition relegating the stepparent to the outsider role. The motivation was simple determination to please the children so they would want to return; the outcome was L's sense of abandonment, in feeling less than important.

L reported that her husband engaged in similar coalitions with his mother, whom L described flatly as "a BIG issue in our marriage." (189) This mother-in-law wished for reconciliation between her son and his ex-wife. From the beginning, L perceived her mother-in-law to be an enemy of their married state. Mother-in-law, in turn, developed coalitions with her son and her grandchildren that cast L as the abandoned outsider.

Respondent 5. B's interview yielded the fewest coded markers for abandonment. B focused in her attempts to understand her husband's opposing points of view, as well as to clearly communicate her own views in their relationship. She attempted to support her spouse's entitlement to behave in ways she may not agree with and that she finds enormously challenging in their daily lives. B clearly wished her husband's parenting behaviors were different. She did not, however, convey an overwhelming sense of abandonment.

In summary, abandonment appeared frequently in these interviews, dressed as coalitions, leading to respondents' feelings of being outsiders, literally being left alone, and a sense of rejection conveyed several ways, including through non-responsiveness or withdrawal of the respondent's partner.

Detachment

Emotional detachment appeared in these interviews as issues that were considered threats to the relationship, the severe and prolonged withdrawal of one partner, and a discussion or threat of divorce or separation. The screening questionnaire for this study included a rating scale for "threats to the relationship." This discussion will review each respondent's rating and identify her perceived threats. Most respondents described some

form of withdrawal in their relationship, either continuously or intermittently. Withdrawal in its milder forms was a problem-solving method, as a way to avoid conflict; in its extreme form, it threatened the integrity of the couple's attachment bond, with reaction varying from chronic irritation to hopelessness. Each respondent reported a threat of divorce or separation, either in the past, the present, or as a possible future event. None of the respondents currently was separated, though two had been and one was contemplating it.

The sections below will report and discuss each respondent's descriptions of detachment, and consider the relationship of these descriptions to respondents' perceived threats to the relationship. In each case, the analysis will consider whether or not these markers for detachment are directly attributable to factors of stepfamily life.

Respondent 1. Perceived threat / rating: Custody issues; discipline of the children / 6.

T and her husband attempted to continue repairing a marital bond injured over three years ago when her husband filed for divorce. T readily articulated the relationship factors that led to her spouse's motion of divorce. Their marital bond was constantly challenged by problems with stepparenting, differing parenting styles and interfering ex-spouses. These were consistent with the problems of custody and child discipline she had noted on the screening questionnaire as a threat to their relationship. Much "...bitterness...had festered over the years." She described it as a "family of hell," and stated, "...we were just drained." Clearly, T attributed her husband's filing for divorce to their "step" problems.

Respondent 2. Perceived threat/rating: Her children's rejection by husband's family / 10.

J experienced clear signs of detachment from her marriage. Her descriptions of her interactions with her spouse seemed to have passed the point of argument. Their disagreements developed into neither fruitful discussions nor fights. Their relationship seemed characterized by a deafening silence.

J noted that: "I don't let his attitude interfere with my goals anymore." Her dispirited lack of connection was evident. She disregarded her husband's expressions of unhappiness and saw them as interference in her attempts to move past their troubles, rather than as feelings that would benefit from attention. J stated, "I think I need to face the music on this marriage and find a way to move on," and that, "Maybe it is time for me to realize...[my situation]... is hopeless. I have put everything I know into my stepfamily situation but I don't think I have succeeded with my efforts." J was drained and despondent; this was compounded by her long-term physical disability, which still limited her options: "Some days I am not sure we will work through this at all...I often wonder if I just had my health back [whether] I would still be here."

J's most crucial descriptor for detachment addressed the severe breach in her marriage the first time her husband left: "...[one year]...after we got married ...he walked out. There was a lot of pressure from...[my unemployment then]...I imagine. The trust for me starting eroding at that point and has gone downhill since then, every time it gets rough and he walks out or tells me to take my kids and leave." In recalling that she had actually asked him to leave, her heart and mind hold different memories.

Her heart's bereft memory recalls "he walked out." Her mind clarified it by remembering that, although she asked him to leave for a couple of days, he was gone for one week. This was crucial to widening the breach: She suggested a brief break, but he "walked out" and did not return for several days.

J indicated that the greatest threat to her relationship was her husband's rejection of her children, directly attributable to stepfamily factors. Her initial breach in trust and resulting detachment from her husband were not clearly related to these threats or to other specific stepfamily issues. She does not recall what precipitated the argument that led to the initial one-week separation. She did note that their first year of marriage constituted an adjustment period for the stepfamily, but at the time, it seemed to be going fairly well. This respondent clearly described detachment. The initial breach was not clearly related to step issues, though it was affected by stepfamily factors.

Respondent 3. Perceived threat/rating: Stepdaughter's interference with biological child / 8.

D remembered the start of her marriage as "miserable," recalling: "When his oldest child resented me I was not happy with my husband; I threatened to leave and end the marriage." These difficulties with her oldest stepdaughter "had a great negative impact on our marriage." D felt established as the disciplinarian in the new stepfamily: "What my husband did at the time...[was]...put me in charge. They were to follow my rules. That made them resent me even more because what was fine with Dad is not fine with me." D felt deserted by her husband's lack of involvement and in not stopping the rejection she experienced. She was in so much pain and felt such resentment, that she was prepared to leave her marriage: "I wanted out of this marriage with 5 children that did not belong to me and did not want me around."

D's detachment in her marriage, though long ago and seemingly recovered, was related to her perceived relationship threat: the oldest stepdaughter's continued presence in D's marriage. Both were directly attributable to factors in stepfamily formation.

Respondent 4. Perceived threat/rating: In-laws and visiting children / 8.

L experienced a pivotal event that challenged her marital bond when her husband first lied to her: "Lying has made me not trust him." The events surrounding her husband's first memorable lie occurred before they were married; this primed their relationship for her reactivity and expectations about his lying after that. Consistent with this, once lied to, L described that her trust continued to erode, leading to her need to tape record his conversations with his mother and ex-wife. Her partner's lying negatively primed her perceptions of her husband's continued coalitions with his parents and ex-wife about his children.

L threatened divorce approximately two years after she and her husband married. There had been an emotionally trying history with his children, who rejected her, and who were encouraged by her husband to maintain coalitions with her rejecting in-laws. L's emotional saturation point occurred after one of her stepchildren drew her without a head. This happened on a long car trip after she had spent several days with her stepchildren. Up to this point, her husband had aligned with his children in conflicts between them with L. However, responding to her outrage at being drawn without a head, he laid down the law with his children, and has continued to do this with varying

degrees of success since. Nonetheless, L remained cautious and detached, evidenced by her plans for self-protection against repeats of last summer's brawl with her stepchildren. Her plans actively arrange non-involvement with her stepchildren. Her detachment and subsequent defensive posture are natural responses to repeated, unremitting rejection.

L's husband had a history of being non-supportive, and in doing so, repeatedly chose to favor his children over his spouse, acts of perceived rejection that promoted detachment. Furthermore, L's husband had a long history of lying to her. L's most severe feelings of detachment, expressed in her threat of divorce, were more readily accessible due to earlier assaults on her relational bond from her spouse's lies.

L believed her husband initially lied to her due to an attempt to save his first marriage for the sake of his children. This involved excluding her, in favor of both his ex-wife and his children. Furthermore, her threat of divorce was directly related to her husband's not offering her emotional support with her stepchildren. Her detachment is directly related to stepfamily factors.

Respondent 5. Perceived threat/rating: The children: tolerance, fairness, priority / 7.5.

Although there were no overt threats of separation or divorce in B's story, there were harbingers of detachment in her descriptors. She believed that if they could not resolve the perceived threats to their marriage – tolerance, fairness, and priority – then, “we will not stay together.” She noted that her husband's perception that she rejected his daughter “...affects the way he interacts with me on a daily basis... We parents have an unconditional love for our children... we don't for one another.” She also observed that her “...husband has a hard time tolerating my son and my dog. If I were to go as far as to decide I'll get rid of my dog (and I won't, by the way)... I don't think I can love someone who puts his needs to not have my dog around above my love for my dog.” B could envision ceasing to love her husband, and assessed marital love as conditional. These doubts she experienced signaled early signs of detachment.

B described detachment due to protection toward her adolescent son, who was treated “caustically” by his stepfather: “I don't want to raise my son with what I see as unfairness [in treatment by his stepfather]. I doubt that I can continue to love someone like that.” B's attachment bond to her husband was threatened by perceiving him as unsafe for her child. There was a sense that her husband's way of discipline was not merely different than hers, but emotionally harmful, arousing her strong sense of protectiveness and moving her away from her spouse emotionally. She further discussed the pronounced differences between her husband's treatment of his daughter, her son and herself: “My husband is more interested in the quality of [his daughter's] daily interactions at the expense of everyone else. It is unfair. I cannot live like that... During periods of time when [my stepdaughter] is with us, my son and I are just along for the ride... We won't stay together as a couple if we don't resolve [these issues]... sooner rather than later.”

The overall perception B created in her interview was of thoughtful hopefulness about preventing detachment. “We have not yet said ‘that's it’... but we have agreed that we cannot spend our lives fighting about these same things without making headway...” and she noted they had gone to counseling to prevent divorce. She believed that all of her

family members were good people, and that she and her husband were motivated to seek professional stepfamily counseling in order to resolve their stepfamily problems.

Pivotal Events

Pivotal events were those that changed the perceived quality of the respondents' relationships. These events supplied the emotional chasm dividing the way their relationship was experienced before the Pivotal Event, and how it was different after the event. In this study, Pivotal Events are negative experiences. The event itself is a problem, and yields related further negative events.

The following summarizes the Pivotal Events revealed through the respondents' interviews. Each event is placed in the context of its relationship to stepfamily factors.

Respondent 1. T's pivotal event involved two stages, her husband's filing for divorce and then his almost immediate request for reconciliation. Her husband filed for divorce for several reasons. Their relationship felt overwhelmed by the factors of their stepfamily formation: T described many contributing factors, including stepparenting, and the outside influence by her stepchildren's mother. T also cited "old hurts," consisting of mounting unresolved problems that they did not know how to resolve. Eventually their communication evolved to arguing about how they argued.

T's husband 's immediate request for reconciliation puzzled her. It was a pivotal event in that it marked the beginning of confusion about her husband's motivations to return to their marriage. Her repeated entreaties for him to enlighten her continued unanswered. The event was defined by his refusal to communicate about a matter of great importance to his spouse, and increased in significance each time he refused to discuss his reasons for reconciliation.

Respondent 2. J's pivotal event occurred the first time her husband left their home in anger, and remained away for considerably longer than seemed appropriate to the circumstances. J perceived this as "being left" though she had asked her husband to leave their home. She had suggested he leave for a few days "to cool off" after a temper outburst. The event became pivotal to her when he did not return. She recalled that her "trust began to erode" after the first time he left, significant due to his prolonged absence. This event affected J after that, as she reported feeling increasingly insecure about her marital bond every time her husband left, or would ask her to leave with her children. This pivotal event is not clearly attributed to stepfamily issues, as J could not recall the exact events related to the separation or absence. She had noted they were experiencing numerous problems, some directly related to stepfamily problems, but others not clearly related.

Respondent 3. D described a point in time, early in her marriage, where she declared her intention to leave her marriage. She had felt rejected by her stepchildren, particularly her oldest stepchild, who had arranged coalitions with her younger siblings with the approval of their mother, and "no opinion" from their father. D felt unsupported by her husband and finally told him "I wanted out of the marriage." This was the event that activated her husband; however, the result of her threat ultimately was a reinforcement of coalitions that maintained D as an "outsider" in her stepfamily. Her

husband sent his oldest daughter away, but she returned in two weeks, forcing D to choose between continuing to endure the coalitions or acting on her threat to abandon the marriage. She chose to stay, and continued to struggle emotionally as the unsupported “outsider.”

Respondent 4. L experienced two pivotal events: the first time her husband lied to her and when she threatened divorce due to her stepchildren’s behaviors toward her. The first time L’s husband lied was prior to their marriage, when told her he was going to work and instead visited his ex-wife. L clearly stated that he did this in hopes of reconciliation for the benefit of his children. In fact, this seemed to make sense to L: the pivotal event was the lie itself. Her partner’s lying primed L for future mistrust, and she began to tape record conversations of her partner when he communicated with his ex-wife and his mother.

The second pivotal event occurred when L became overwhelmed by the perceived negativity of her stepchildren’s behaviors toward her. In anger and frustration, she told her stepchildren that “they had won,” and advised all of them that she was leaving the marriage and putting the house on the market. Although this activated her husband to support her “for once,” she remained prepared to exit the marriage if the situation ever returned to its former negative state. She did not trust her husband’s ability to continue offering her support, as she had made future plans to avoid prolonged contact with her stepchildren and declared that if her situation ever returned to the way it was, she would leave.

Respondent 5. B reported no pivotal events.

In summary, with one exception, all the respondents described the threat of divorce or separation in their current marriage. In each case that this occurred, it was pivotal in that it changed the tenor of the respondents’ marriages in a significant way, so that there was noticeable impact from the event following the threat of divorce or separation.

CHAPTER V DISCUSSION

Introduction

This qualitative, multi-case study explored attachment injury in couples that form stepfamilies. The inquiry sought to answer whether individuals who form a stepcouple describe markers of attachment injury in their relationships and, if so, whether or not these markers are directly attributable to the problems encountered in stepfamily formation and maintenance. Respondents were recruited through the Stepfamily Association of America website, and by word-of-mouth. Nine respondents completed a screening questionnaire and a total of five of those respondents completed an interview, conducted over the Internet using Instant Messenger or email. Each respondent was asked several core questions that were informed by theory regarding attachment injury. Follow-up questions were used to understand and amplify responses.

Relevant literature had initially provided seven markers for attachment injury. These included Irresolvable Problems, Change in Perception of the Partner, Questioning Partner Dependability, Change of Heart, Betrayal of Trust, Abandonment and Detachment. During the analysis, another marker was added, called Pivotal Event. The data were coded yielding several “descriptors” for each marker of attachment injury. Then the data were analyzed through pattern matching, a form of analysis that matched the descriptors in the interview data to the markers for attachment injury. The data analysis was conducted within each interview transcript for the occurrence of attachment injury markers, and then considered across interviews for consistency of the descriptors. The seven marker categories were ultimately combined into four: Irresolvable Problems; Changes in Belief About the Partner, (combining Change of Perception, Change of Heart, Betrayal of Trust and Questioning Partner Dependability); Abandonment and Detachment, (combining two categories) and Pivotal Event. Chapter IV provides a detailed analysis and discussion of the attachment injury markers and their descriptors, as well as their relevance to stepfamily formation, using examples from the interview texts. This discussion will summarize the findings from the five interviews, and consider their relationship to previous research on attachment injury. Limitations to this study, its relevance to clinical practice and potential directions for future research will also be considered. Finally, the researcher will offer some personal reflections.

Summary of Findings

The five respondents all described markers of attachment injury in their stepcouple relational problems. Respondents’ problems could be defined as events, recurrent events or relational processes. In every case, they attributed at least some of their problems as occurring directly due to their stepfamily status.

Initially, seven categories, or “markers,” of attachment injury were considered, based on relevant research. Subcategories of each marker, or “descriptors,” were developed from the interview data. The seven markers were ultimately combined into

four major markers for attachment injury. The markers were analyzed in context for whether or not they were uniquely attributable to stepfamily problems. The following is a review of the descriptors for each attachment injury markers.

Irresolvable Problems: These were described using extreme language, such as the use of “always” or “never” to describe events; recurrent arguments that were unresolved; and a sense that a problem was pervasive and chronic, with a multi-layered quality affecting its resolvability.

Change of Belief About Partner: These descriptors denoted a change in how one viewed the partner over a prolonged period of time. These were conveyed through terms suggesting a respondent’s sense of betrayed trust; events that caused the respondent to question her partner’s dependability in their relationship; a change in the way the respondent thought about her partner (perception); a change in the way respondents described feeling about their partner or relationship; instances of lying and suggestions of manipulation; a dichotomous view of the families that suggested they were not “blended,” but remained two separate families; and a process wherein one partner displayed rejection of the stepchildren, invoking protection of the child that challenged the couple bond.

Abandonment and Detachment: Descriptors included incidents suggesting rejection of, or by, the respondent’s partner; coalitions formed that cast the respondent in the “outsider” role within the stepfamily; a relationship cycle of pursue/withdraw, that suggested repeated attempts at outreach by one partner, and withdrawal by the spouse; a completely withdrawn, non-responsive partner; and threatened divorce, as well as actual separation.

Pivotal Events: These described precipitous and significant events that could be conceived to have altered the couple’s bond; there was a “before/after” interpretation of the impact on the relationship, so that the pivotal event was one that signaled change in the quality of the relationship.

The respondents in this study experienced markers of attachment injury through a variety of problems in their stepcouple relationships. Their disagreements shared the common factors of stepchildren, some complicated by the involvement of ex-spouses, others by that of in-laws (husband’s family), or both. Typically, these factors were problematic because of the respondents’ perceived lack of emotional support by their spouses, especially as it related to coalitions with or about their stepchildren. This process was a challenge to the attachment bond for these stepcouples.

The following summarizes the events or processes of the respondents’ reports of the attachment injury markers:

The interview data for “Irresolvable Problems” focused on recurring arguments about co-parenting children, the interference of ex-spouses, the way that they argued over children (i.e., arguing about arguing), and the rejection of self and children by the spouse’s family.

The data for “Change of Belief About the Partner” centered on the respondent’s spouse being perceived as undependable (i.e., in not standing up to his ex-spouse or his family, or as a co-parent), dichotomy (i.e., not attaining a sense of “we-ness” in the stepfamily), protection of one’s emotionally rejected child, or mistrusting the motives of

one's spouse (in coalitions, in staying in the marriage or leaving). Overall, events contributed to a change of view of the partner, evolving from one view earlier in the relationship, to another view once events or processes became pronounced in the relationship; for example, the partner used to be trustworthy, but now after a series of events, cannot be trusted.

Abandonment and Detachment were revealed through factors involving threatened or actual separation, filing for divorce, coalitions (implying no support of the respondent), leaving the respondent as an outsider in coalitions with an ex-wife, stepchild or in-laws, extreme emotional withdrawal, rejection of (detachment) or by (abandonment) the partner, and a sense of dire hopelessness about the longevity of the relationship (i.e., "there is no point in continuing our marriage if..."). Every respondent reported some event, or intention, related to either separation or divorce.

Pivotal Events appear in these relationships as a line of demarcation, an event before which respondents understood their relationship in a certain way, and after which the relationship was redefined in some way. Four of the respondents reported pivotal events, including: "I never understood why (he wanted to reconcile and still wonders);" "Trust started eroding for me at that point;" "I wanted out of this marriage;" "Lying has made me not trust him;" and "I'm selling the house and leaving you."

These women all reported at least some of the markers of attachment injury in their relationships. This suggests that they likely experienced events at some point in their relationship that could be interpreted as attachment injury. The respondents repeatedly noted lack of mutual partner support in their interviews. Salient for all of them was the pronounced sense that they felt unsupported by their partner in child-focused coalitions. These coalitions aligned biological parents with their children, fortified by alliances with those outside the stepfamily, such as in-laws and ex-spouses.

The coalitions supported a prevailing sense of dichotomy. These stepfamilies, to varying extents, maintained a sense of being polarized into "your family-my family" positions. The resulting alliances maintained biological parent-child bonds, at the expense of the stepcouple bond. In these interviews, these alignments threatened the respondent's perceived sense of attachment to her partner.

The respondents' reports suggest that, had a unified parental front been achieved in their stepfamilies, this might have countered the sense of abandonment or threat of detachment that colored these interviews. Their unified front was blocked by their inability to support their couple bond in the face of a loyalty conflict about their children.

The literature suggests that the experience of attachment is individual; so, too, is the interpretation of events in ascribing possible attachment injury. These interviews seemed to support that the context of events is crucial to understanding the individual experience of attachment injury. Within each interview, some of the same events or processes were categorized for more than one attachment injury marker. This occurred when the events or processes held multiple meanings for the respondents. The context in which an event or process occurred affected which descriptors were assigned to it. Correspondingly, this suggests that it was the context of the event or process in each relationship that was crucial to understanding its interpretation and its meaning to an individual.

The relationship of these attachment injury markers as attributed to stepfamily formation was strong. Most of the markers occurred in relation to stepfamily formation or maintenance, and many were directly attributable to the stepfamily status. In other words, these markers for attachment injury would not have occurred the way they did had they not occurred in a stepfamily.

These outcomes seem dire if one is faced with stepfamily problems professionally or personally. In fact, this inquiry, though a small sample, emphasizes the difficulties of stepfamily formation, supported by statistics and qualitative research. This study, though, also provides a framework, attachment theory, from which to consider stepfamily problems and their possible mitigation.

Links to Previous Research

There are two theoretical contexts for this inquiry: attachment injury and stepfamily formation. A review of the literature revealed extensive information about both subjects; however, there were no inquiries regarding attachment injury that focused solely on stepcouples or stepfamilies. Some of the findings of this study support the premises in the existing literature on attachment injury and stepfamilies.

Studies on attachment injury in adults have defined the concept in several ways. The markers for attachment injury found in this study are those suggested by the combined work of several researchers. The findings in this study show that the markers for attachment injury found elsewhere, using other respondent characteristics, are also found in these stepcouples.

Attachment injury has been found to cause emotional distance in relationships, through conflict and mistrust resulting in a changed view of the partner, both cognitively and emotionally. Although attachment injury is received in relationship with another, it is perceived individually. Attachment injury works recursively: The emotional distance that comes from attachment injury recalls past abandonment events, which primes one to experience subsequent attachment injury more deeply, culminating in a strong sense of being increasingly alone, bereft and unsafe. Johnson (2002) aptly frames the broad scope of attachment injury as a relational trauma resulting in increased vulnerability.

The respondents in this study told stories that matched the patterns of attachment injury. Every respondent reported one or more periods of separation in her current marriage, with the exception of B (Respondent #5), who predicted the end of her relationship if they could not resolve their co-parenting problems. This suggests that some form of detachment or abandonment had already marked each stepcouple in their current relationship.

Each of this study's five respondents had been married before, as had their spouses. Three had been married once before, one had been married twice before, and one was married for the fourth time. These respondents likely sustained threats to their attachment bonds in past relationships, as the relationships had ended. This might increase their sense of vulnerability to assaults on the present stepcouple bond. The fact that these are remarried couples defines them as being at risk for detachment. The additional factors of co-parenting, for these respondents, aggravated their vulnerability.

Attachment injury is viewed as a betrayal of the couple bond (Johnson, 1996). The sense of betrayal by one's spouse appeared in several ways in these interviews. Respondents reported coalitions formed with those outside the stepcouple, perceived as necessary to parent effectively; and they described instances of lying and manipulation in the relationship, either by the respondent or her partner, in order to maintain a sense of meeting one's duties to one's children.

Research suggests that betrayal of the attachment bond alters the working model of the attachment figure (Johnson and Sims, 2000). In other words, one's belief about one's partner can be altered following a perceived assault to the relational bond. There were many instances of altered working models in these couples that were directly attributable to stepcouple status. These were focused on the change in the perception of the partner, related to co-parenting. In most cases, the working model of the spouse changed from someone who could be depended on to forge a united front and actively co-parent, to someone who was undependable, and even perceived as emotionally harmful to one's children. In other cases, the respondents' stories implied that they were perceived as harmful to their stepchildren, activating the husband's protection of his children.

Attachment injury is marked in relationships by a critical negative event (Millikin, 2000). This research finding was the basis for identifying a possible pivotal event in these stepcouples, an occurrence that clearly delineated that some formerly positive aspect of the marital relationship had changed significantly, implying an experience of loss. All but one of the respondents described a pivotal event and L (Respondent #4) identified two. These events were marked by abandonment or detachment, and were directly attributable to stepfamily problems.

Attachment injury has been viewed through therapeutic impasses revealing lack of emotional safety in a relationship (Johnson, Makinen & Millikin, 2001). Although three of this study's respondents mentioned marital or family therapy, their therapy was not the focus of the interviews. Stepcouple impasses were examined in the data, however, through recurring arguments, problems that seemed multi-layered and descriptors using extreme (i.e., always/never) language. For example, two of the respondents (T and B) noted that they argued about arguing. These respondents also mentioned pervasive, embedded, recurrent problems, about co-parenting and coalition. They diverted to arguing about the arguing, and either were afraid to (in T's case) or did not know how to (as B described) attempt to resolve the original problem.

In summary, the respondents' experiences, as described through markers of attachment injury, were consistent with the findings elsewhere in attachment injury literature. Though this inquiry was limited in size, these findings broaden the scope of the context of attachment injury, to the context of stepcouples and their unique problems.

Stepfamilies, from the context of attachment theory, may begin at risk for dissolution. This is supported by the relatively high re-divorce rate. As reflected in the academic and popular literature, most people find stepfamily formation difficult to negotiate and challenging to maintain. Even when they are ultimately successful, stepfamilies would describe their success as the trophy for perseverance.

Attachment theory, with its emphasis on the importance of both attachment and loss, provides the context for explaining the difficulties faced by stepfamilies.

Stepfamilies are usually formed in a context of loss (Martin, Martin & Jeffers, 1992). This milieu of loss potentially increases the stepcouple's vulnerability to the damaging effects of challenged attachment bonds. This affects the stepcouple in two ways: their interactions as a couple about one another, and their interactions as co-parents, related to the losses sustained by their own children (Lawton & Sanders, 1994; Martin, et al., 1992; Visher & Visher, 1979).

Parental protection against further loss for their children was a salient theme in these interviews. The respondents in this study all reported coalitions that protected their children, or coalitions of their partner that protected their stepchildren. These coalitions marked attempts to protect biological children against further loss. There was a sense of the biological parent being the only one in the stepfamily who cared enough to protect the feelings of her/his own children. This contributed to a partner's sense that s/he could not depend on the partner as a co-parent.

Conflicting loyalty is a salient challenge for stepcouples as they seek to form a new sense of family. These conflicts exist for stepcouples in their roles as co-parents, or due to the influence of an ex-spouse (Huntley, 1995; Papernow, 1993; Visher & Visher, 1979). In this study, coalitions involving ex-spouses occurred in the context of attempting to co-parent with both the ex-spouse and current spouse. This often caused strife in the marital relationship due to the perceived negativity of the ex-spouse, coupled with the power she wielded from outside the stepcouple. All but one of this study's respondents reported actively negative interference from ex-spouses, usually the husband's ex-spouse. L (Respondent #4) was an exception: she enlisted the help and acknowledged the support of her husband's ex-wife in coping with her rejecting stepchildren's behaviors. This ex-wife was herself remarried, and her new spouse was experiencing similar difficulties as the stepparent in their home.

These respondents' stories supported the prevailing stepfamily research that advises working first with the stepcouple, then the ex-partners, and finally with the children (Bray & Harvey, 1995; Ganong & Coleman, 1994; Martin, Martin & Jeffers, 1992; Papernow, 1993; Visher & Visher, 1995). The families in this study were struggling to forge a co-parenting coalition, against the forceful pull of coalitions outside of their stepcouple bond. They were vulnerable to this outside force for a variety of reasons, usually due to coalitions that involved those outside the stepcouple, and who had a different agenda. It seemed that, where ex-spouse and in-law difficulties existed for the respondent, there was not yet a point in their marriage where the couple had re-defined themselves as the center of the new family coalition. They had not yet overcome, and continued succumbing to, the pull from outside forces that increased the havoc in their lives and that of their children.

T and her husband illustrated a couple who had realized the need for a re-defined stepcouple coalition. In this way, they seemed farther along in the process of forging their bond, though not without tremendous emotional difficulties, including a marital separation. They were increasingly able, though, to see themselves as the primary coalition and at the head of their household.

In summary, the stepfamily literature relevant to this inquiry pertains to loss and loyalty issues that affect stepcouples in creating their stepfamily. These issues are

resolved or left unresolved, by the formation of coalitions, that often need to be corrected by placing the stepcouple as a united front, with appropriate input from the children's biological parents.

The respondents in this study illustrated the problems that result from weakly forged stepcouple bonds, unresolved conflicting loyalties, and the effects of loss. Attachment theory provides a context for understanding these problems, in terms of attachment injury, and also for their remediation, by encouraging the exploration of traumatized attachment bonds and their repair.

Clinical Relevance

The findings in this study are important in clinical practice for several reasons. They provide a context of attachment theory and attachment injury for relational problems in stepcouples. This suggests the attachment model would provide a relevant and significant therapeutic approach.

Emotionally Focused Therapy (EFT) is a therapeutic model that specifically addresses attachment injury (Johnson, 1996). This therapeutic model is based on attachment injury, a framework that presumes that it is the meaning, rather than the content, of the injurious event, as it is experienced by the individual reporting the injury, that is crucial to determining that attachment injury has occurred (Johnson, et al., 2001). The EFT model lends itself to the stepcouple population in its approach to repairing the couple bond through the context of each individual's experience. This could be especially helpful in stepcouples, who may have widely divergent experiences. For example, one of the couple may be a biological parent, but not a stepparent: There may be incidents challenging the stepcouple bond that are unimaginable, or even undetected, by a partner who is not in the "step" role.

Applying the EFT model, for example, L (Respondent #4) and her husband, T, would work in therapy toward understanding themselves and each other regarding feeling abandoned when they perceive rejection from their partner. They each seem to experience rejection differently. L feels unsupported and abandoned when her husband maintains coalitions with his children and his parents, excluding his wife as he attends family events without her. T feels abandoned by L's outrage and her choice to remain at home for the holidays rather than accompany him to his parents with his children. The therapy would address abandonment experienced by each, for increased self-awareness and that of the partner; ideally, the irresolvability dissolves with increased understanding of the partner.

Stepfamilies typically are based on a foundation of loss. Stepouples begin with a history of loss for at least one person in the relationship. This creates impact throughout the stepfamily, but is most effectively addressed first with the stepcouple. For each respondent in this study, the stepcouple bond was challenged or weakened by factors external to the couple. This created coalitions that placed one of the couple on the "outside." Coalitions suggest abandonment, another form of loss. The blame, anger and frustration that evolve from this loss would likely respond to a therapeutic model, such as EFT, that addresses the feelings of loss and abandonment. EFT's focus on issues of

attachment and loss could be helpful in identifying and addressing the repair of existing attachment injuries. The EFT model might also be useful, through insight and awareness of related issues, in reducing the risk of future injuries to the couple's attachment bond.

This study was informed by attachment theory and the related construct of attachment injury. The results suggest that the therapeutic interventions that are successful in mitigating attachment injury would be effective in addressing the attachment problems found in stepcouples.

The prevalence of stepfamilies, and the incidence of re-divorce, suggests that effective methods of working with stepfamilies are needed. As B said, "stepfamilies are not the same, and never will be the same" as traditional families; however, if this sample is indicative, they do experience attachment injury, albeit in a unique context. Therapy that could address attachment injuries, in the context of their unique problems, could be beneficial to challenged stepcouples.

Study Limitations

This study was originally intended to interview both men and women in stepcouple relationships. However, as only females completed the interview process, this became a study focused solely on the bio/stepmother's point of view. The sample also was biased in selecting respondents who reported that their problems were of a certain level of threat to their relationship.

Interviews were conducted via the Internet, so that there were no aural or visual cues observed by the researcher. Attachment injury in other studies often was first identified by a change of facial expression, a tone of voice or tearfulness. It was not possible to make these observations in this interview format. Without tone of voice or physical expressions as cues, the researcher also took extra care to be certain that the meaning she thought they conveyed was the intended message. Although the Internet format was useful in some ways, affording privacy and convenience to the respondents, for example, studies relative to attachment injury might be better served by the ability to directly observe the respondents.

The interviews all took place within an eight-week span in the late autumn, around the start of the traditional holiday seasons. The holidays were an important factor in some of the interviews; the timing of the interviews may have had direct bearing on this. Had the interviews been conducted at a time of year not so potentially emotionally loaded, the responses might have differed.

In two cases, the respondents noted the presence of their spouse, either through sharing interview information with the spouse or his reading over her shoulder. This may have affected their responses, which was not possible to determine. One respondent seemed distracted, in that her response time seemed longer than the length of her answers would indicate. This led to a lengthy, yet truncated initial interview, and protracted follow up; the entire interview occurred over a two-week period, affecting the flow of the "conversation," and it was the shortest interview, in terms of length of the transcript. It did, however, yield extremely helpful data.

Possible Directions for Future Research

The findings of this study would benefit from diversifying the sample, and seeking the input of male respondents, and interviews with couples. These respondents were all biological mothers in addition to being stepmothers. Studies considering the impact of other stepcouple constellations would enhance the exploration of attachment injury in stepcouples. Therefore, future studies might consider stepmothers with no biological children of their own, stepfathers with their own children, biological fathers with no stepchildren, unmarried/committed couples and homosexual couples of both genders.

Future research might focus on the resilience of stepfamilies who perceive low levels of threat to their couple bond. The respondents in this study were selected due to their perception that their problems were a significant threat to their relationship. It might be helpful to both stepfamily and attachment research to identify the factors that might contribute to stepcouples who experience difficulties, but do not perceive high levels of threat to their relationship.

Finally, future research might examine the usefulness and efficacy of “pre-remarital” programs as a preventative for re-divorce, as well as program models to mitigate problems found in existing stepfamilies. The statistical chance for divorce after remarriage is pronounced for remarriages involving children, putting those children and families at risk for other problems. Such programs, created through the attachment framework, could be profoundly effective.

Personal Observations

The strength and commitment of the respondents in this study were remarkable. All expressed some form of feeling overwhelmed by maintaining their stepfamily, some additionally challenged by factors such as illness or injury. However, they continued to use their hearts and minds to attempt to make their stepfamily function well. All of the respondents had come from the Stepfamily Association of America website: This suggests that they were of a mind to attempt to gather resources and use them. That they volunteered to participate in a research project showed their curiosity, and as each one said, they wanted to help add to the body of knowledge for the benefit of other stepfamilies.

The respondents in these interviews were asked to delve into subjects obviously emotionally difficult for them. In this way, they gave of themselves; based on the questions, it had to take its toll. It sometimes felt difficult to take them to what was, at times, a very sad place. Always there was a sense of care, to ensure that the respondent felt comfortable to continue.

Finally, this researcher was reared in, and now co-parents in a stepfamily. There was knowledge that came, not from books and articles, but from experience. Stepfamily formation is, on its best day, a joyous reward for much hard work. This personal experience enabled a level of empathy with the respondents that might not have been possible otherwise. Although every effort was made to let the respondents inform the

follow up questions, there is no doubt that the “self-of-the-researcher” had impact on the process of the interviews, and on determining the usefulness of this endeavor from the start.

REFERENCES

- Ainsworth, M.D.S. (1989). Attachments beyond infancy. *American Psychologist*, 44(4), 709-716.
- Baldwin, M.W. & Fehr, B. (1995). On the instability of attachment style ratings. *Personal relationships*, 2(1995), 247-261.
- Bowlby, J. (1988). *A secure base: Parent-child attachment and healthy human development*. New York: Basic Books, Inc., Publishers.
- Bramlett, M.D. & Mosher, W.D. (2001). First marriage dissolution, divorce and remarriage: United States. Retrieved 8/4/02, from Bureau of the Census, Advance Data from Vital and Health Statistics, No. 323 (May 31), www.cdc.gov/nchs/data/ad/ad323.
- Bray, J.H. & Harvey, D.M. (1995). Adolescents in stepfamilies: Developmental family interventions. *Psychotherapy*, 32(1), 122-130.
- Brown, S.L. & Booth, A. (1996). Cohabitation versus marriage: A comparison of relationship quality. *Journal of marriage and the family*, 58(August), 668-678.
- Butler, W.R. & Powers, K. (1996). Solution-focused grief therapy. In S.D. Miller, M.A. Hubble, & B.L. Duncan (Eds.), *Handbook of solution-focused brief therapy* (pp. 228-247). San Francisco, CA: Jossey-Bass Publishers.
- Carnelley, K.B.; Pietromonaco, P.R.; & Jaffe, K. (1996). Attachment, caregiving, and relationship functioning in couples: Effects of self and partner. *Personal Relationships*, 3(1996), 257-278.
- Chamie, J. & Nsuly, S. (1981). Sex differences in remarriage and spouse selection. *Demography*, 18, 335-348.
- Collins, N.L. & Read, S.J. (1994). Cognitive representations of attachment: The structure and function of working models. *Attachment processes in adulthood*, 5, 53-90.
- Coop Gordon, K.; Baucom, D.H.; & Snyder, D.K. (2000). The use of forgiveness in marital therapy. In M. McCullough, Pargament & Thoresen (Eds.), *Forgiveness: Theory and research and practice* (pp. 203-227). New York: Guilford.
- Dankoski, M.E. (2001). Pulling on the heart strings: An emotionally focused approach to family life cycle transitions. *Journal of marital and family therapy*, 27(2), 177-187.
- Frazier, P.A.; Byer, A.L.; Fischer, A.R.; Wright, D.M.; & DeBord, K.A. (1996). Attachment style and partner choice: Correlational and experimental findings. *Personal relationships*, 3, 117-136.
- Gaines, S.O.; Reis, H.T.; Summers, S.; Rusbult, C.E.; Cox, C.L.; Wexler, M.O; Marelich, W.D.; & Kurland, G.J. (1997). Impact of attachment style on reactions to accommodative dilemmas in close relationships. *Personal relationships*, 4, 93-113.
- Gamache, S. (1994). New perspectives on stepfamilies: Step is not a four letter word. *Stepfamilies*, (Fall, 1994), Stepfamily Association of America Website.
- Ganong, L.H. & Coleman, M. (1994). *Remarried family relationships*. Thousand Oaks, CA: Sage Publications.

- Gibbs, G.R. (2002). *Qualitative data analysis: Explorations with Nvivo*. Philadelphia, PA: Open University Press.
- Greenberg, L.S. & Safran, J.D. (1987). *Emotion in psychotherapy: Affect, cognition and process of change*. New York: The Guilford Press.
- Hazan, C. & Diamond, L.M. (2000). The place of attachment in human mating. *Review of General Psychology*, (4)2, 186-204.
- Hazan, C. & Shaver, P.R. (1987). Romantic love conceptualized as an attachment process. *Journal of personality and social psychology*, 52, 511-524.
- Hendrick, S. & Hendrick, C. (Eds.) (2000). *Close relationships*. Thousand Oaks, CA: Sage.
- Hill, E.W. (1996). Stability and change: Understanding anxiety in marital therapy from an attachment theory perspective. *Journal of couples therapy*, 6, 65-81.
- Huntley, D. (Ed.) (1995). *Understanding stepfamilies: Implications for assessment and treatment*. Alexandria, VA: American Counseling Association.
- Johnson, S.M. (1996). *The practice of emotionally focused marital therapy: Creating connection*. Florence, KY: Brunner/Mazel, Inc.
- Johnson, S.M. (2002). *Emotionally focused couple therapy with trauma survivors: Strengthening attachment bonds*. New York: The Guilford Press.
- Johnson, S.M.; Makinen, J.A.; & Millikin, J.W. (2001). Attachment injuries in couple relationships: A new perspective on impasses in couples therapy. *Journal of marital and family therapy*, 27(2), 145-155.
- Johnson, S. & Sims, A. (2000). Attachment theory: A map for couples therapy. In T.M. Levy (Ed.), *Handbook of attachment interventions* (pp. 169-191). San Diego, CA: Academic Press.
- Johnson, S.M. & Whiffen, V.E. (1999). Made to measure: Adapting emotionally focused couple therapy to partners' attachment styles. *Special edition of clinical psychology: Science and practice, affective and developmental consideration in couples therapy*, 6, 366-381.
- Lawton, J.M. & Sanders, M.R. (1994). Designing effective behavioral family interventions for stepfamilies. *Clinical psychology review*, 14(5), 463-496.
- Martin, D.; Martin, M.; & Jeffers, P. (1992). *Stepfamilies in therapy*. San Francisco, CA: Jossey-Bass, Inc.
- McFarlane, A. C. & Van Der Kolk, B.A. (1999). Trauma and its challenge to society. In B.A. Van Der Kolk & A.C. McFarlane (Eds.), *Traumatic stress: The effects of overwhelming experience on mind, body and society* (pp. 24-45). New York: Guilford Press.
- Mikulincer, M. (1998). Attachment working models and the sense of trust: An exploration of interaction goals and affect regulation. *Journal of personality and social psychology*, 74(5), 1209-1224.
- Mikulincer, M.; Florian, V.; & Weller, A. (1993). Attachment styles, coping strategies and posttraumatic psychological distress: The impact of the Gulf War in Israel. *Journal of personality and social psychology*, 64(5), 817-826.
- Millikin, J.W. (2000). Doctoral dissertation: *Resolving attachment injuries in couples using emotionally focused therapy: A process study*. Virginia Polytechnic and

- State University, Blacksburg, VA.
- Minuchin, S. & Fishman, H.C. (1981). *Family therapy techniques*. Cambridge, MA: Harvard University Press.
- Moon, S.M. & Trepper, T.S. (1996). Case study research. In D.H. Sprenkle & S.M. Moon (Eds.), *Research methods in family therapy* (pp. 393-410). New York: The Guilford Press.
- Nelson, T.S. (1996). Survey research in marriage and family therapy. In D.H. Sprenkle & S.M. Moon (Eds.), *Research methods in family therapy* (pp. 447-468). New York: The Guilford Press.
- Nicholson, J.M. & Sanders, M.R. (1999). Randomized controlled trial of behavioral family intervention. *Journal of divorce and remarriage*, 30(3/4), 1-23.
- Noller, P. & Feeney, J.A. (1994). Relationship satisfaction, attachment, and non-verbal accuracy in early marriage. *Journal of non-verbal behavior*, 18(3), 199-221.
- Papernow, P.L. (1993). *Becoming a stepfamily*. San Francisco, CA: Jossey-Bass Publishers.
- Prager, K.J. (1995). *The psychology of intimacy*. New York: The Guilford Press.
- Prager, K.J. (2000). Intimacy in personal relationships. In S. Hendrick & C. Hendrick (Eds.), *Close relationships* (pp. 229-244). Thousand Oaks, CA: Sage.
- Seidel, J. (1998). *The Ethnograph v5.0: A user's guide*. Thousand Oaks, CA: Scolaris, Sage Publications Software, Inc.
- Shaver, P.R. & Hazan, C. (1993). Adult romantic attachment: Theory and evidence. In D. Perlman & W. Jones (Eds.), *Advances in Personal Relationships, Volume 4* (pp. 29-70). London: Jessica Kingsley.
- Simpson, J.A. & Rholes, W.S. (1994). Chapter: Stress and secure base relationships in adulthood. *Advances in personal relationships*, 5, 181-204. London: Jessica Kingsley Publishers.
- Slipp, S. (1991). *The technique and practice of object relations family therapy*. Northvale, NJ: Jason Aronson Inc.
- Sprenkle, D.H. and Moon, S.M. (1996). *Research methods in family therapy*. New York: Guilford Press.
- Strauss, A.L. (1987). *Qualitative analysis for social scientists*. Cambridge: Cambridge Press.
- U.S. Census Bureau. (2000). America's families and living arrangements. Retrieved 8/24/02, from www.census.gov/population/socdemo/hh-fam/p20-537/2000/.
- Van Der Kolk, B.A. & McFarlane, A.C. (Eds.), (1999). *Traumatic stress: The effects of overwhelming experience on mind, body and society*. New York: Guilford Press.
- Visher, E.B. & Visher, J.S. (1979). *Stepfamilies: Myth and realities*. New York: Citadel Press. Reprinted 1993 as *Stepfamilies: Myths and Realities*. New York: Carol Publishing Group.
- Visher, E.B. & Visher, J.S. (1995). Avoiding the mind fields of stepfamily therapy. In D. Huntley (Ed.), *Understanding stepfamilies: Implications for assessment and treatment* (pp. 25-34). Alexandria, VA: American Counseling Association.
- Waring, E.M. (1981). Facilitating marital intimacy through self-disclosure. *American journal of family therapy*, 9, 33-42.

- Wynne, L.C. & Wynne, A.R. (1986). The quest for intimacy. *Journal of marital and family therapy*, 12 (4), 383-394.
- Yin, R.K. (1989). *Case study research: Design and methods*. Newbury Park, CA: Sage Publications, Inc.

APPENDIX A
RECRUITING ADVERTISEMENT
STEPFAMILY ASSOCIATION OF AMERICA WEBSITE

Text for SAA Website
“Research Opportunities”

I am a master’s candidate at Virginia Polytechnic and State University, writing my thesis on stepcouple relationships. Currently, I am recruiting individuals who are part of a stepparenting couple. My professional interest stems from personal experience, being part of a stepfamily, too, and acquainted with both the challenges and the rewards!

You will be asked to read and acknowledge a consent form, and complete a screening questionnaire. If you are chosen to participate, we will discuss your experience of being part of a stepfamily and the effects on your relationship with your partner. Your identity will remain confidential.

If you are interested in participating, please e-mail me at jusayre@vt.edu, and I will respond by return e-mail. Thanks!

Julie Sayre
jusayre@vt.edu

APPENDIX B

Participant Informed Consent

Title of the Study: Attachment Injuries in Stepcouples

Investigator: This study is conducted by Julia B. Sayre, master's student in the Marriage and Family Therapy Program, Human Development Department, Virginia Polytechnic Institute and State University.

I. Purpose of this Research

This study explores the conflicts that stepcouples have and how they affect the stepcouple relationship.

II. Procedures

As a participant in this study, you will be asked to complete a brief screening questionnaire, and then may be asked to complete an interview consisting of eight initial questions. It is expected the interview will take approximately one to two hours, and will be completed in an online "chat" format, telephone or face-to-face. Interviews by phone or in person will be audiotaped. Additionally, you may be asked for an additional interview to clarify your responses, which may take another 30 to 60 minutes. Total time for participation is anticipated to be 2 to 3 hours.

III. Risks and Benefits of this Project

There is no anticipated risk to participants in this study. The interview questions do focus on relational or family problems. If you find that you would like to explore these issues further, you may be referred to the American Association of Marriage and Family Therapists (AAMFT) website for a list of therapists in your area. You should be aware that the researcher has a duty to report a suspicion of child abuse, or potential harm to yourself or someone else.

You may find benefit in speaking about your stepfamily issues with the knowledge that you are contributing to relevant research. Also, you will be provided a summary of findings from the study results at your request.

IV. Anonymity and Confidentiality

This informed consent form is the only document that will contain your name; it will remain in a locked cabinet, separate from any other information you provide. Screening questions will not contain identifying information, although you are offered the option of stating your children's first names for purposes of discussion. Any identifying information in online communications will be deleted or blacked out of printed interview transcripts.

V. Compensation

There is no compensation, other than our gratitude and appreciation for your time and attention in participating. Results of this study may be provided to you at your request.

APPENDIX B - CONTINUED

VI. Freedom to Withdraw

If at any time during the study, you wish to discontinue your participation, you have the right to withdraw your consent. You have the right not to answer any questions with which you are not comfortable.

VII. Approval of Research

This research project has been approved, as required, by the Institutional Review Board for Research Involving Human Subjects at Virginia Polytechnic and State University, and by the Department of Human Development.

VIII. Participant's Responsibilities

I voluntarily agree to participate in this study. I have the following responsibilities:
~ complete a screening questionnaire with the researcher
~ if asked, conduct an online interview with the researcher
~ if asked, conduct an online follow-up interview with the researcher

IX. Participant's Permission

I have read and understand the Informed Consent, which states the conditions of this project. Any questions I have prior to beginning my participation in this study have been answered. I hereby acknowledge the above and give my voluntary consent for participation in this project.

If I participate, I may withdraw at any time. I agree to abide by the guidelines of this project.

Participant's Signature

Date

Should I have any questions about this research or its conduct, I may contact:

Julia B. Sayre
Investigator

703-538-8470

Eric E. McCollum
Faculty Advisor

703-538-8470

David Moore
Chair, IRB, Research Division

540-231-4991

APPENDIX D

Core Interview Questions (includes rationales)

Question 1: In what ways, if any, do you see your stepfamily to be different than a “non-step” family?

Rationale: This question is designed to activate individuals’/couples’ thoughts as to sources of conflict unique to the stepfamily experience.

Question 2: What have been your biggest challenges as a stepcouple?

Question 3: What issues have you and your partner found to be the most challenging in creating and maintaining your stepfamily?

Rationale: Pertains to thesis questions 1 and 2. Research indicates that attachment injury can present through problems the couple finds difficult to resolve. These questions may illuminate potential sources of conflict and attachment injury unique to stepcouples, first considering the couple, then the family. They bring to mind the most salient issues for them, preparing the participants to consider their relationship in more detail.

Question 4: What are the three (3) problem topics that occur most frequently for you as a couple?

Rationale: Pertains to thesis questions 1 and 2. The literature on attachment injury notes that couples highlight attachment injury by presenting recurring issues. This question focuses on “couple problems;” responses will be critical in exploring whether couples perceive their recurrent issues are directly related to their “step” status.

Question 5: Do you have any problems that you have not been able to resolve up until now?

Rationale: Pertains to thesis questions 1 and 2. According to the relevant literature, unresolvable conflict may signal attachment injury. However, further questions should explore whether there simply has not been time to resolve them, considering the length of their relationship.

Question 6: What similarities and differences do you see between problems in your stepcouple relationship versus those in a non-step-relationship?

Rationale: Pertains to thesis question 2. This question is designed to address issues that couples consider unique to “step” status, or that reveal possible attachment injuries related to past relationships, and are unrelated to “step” status.

Question 7: If there has been what you might call a “critical event” that particularly challenged you in your relationship, please describe it.

Rationale: Pertains to thesis questions 1 and 2. The literature on attachment injury notes this language as a marker for attachment injury. This also will reveal any critical events that are related specifically to stepcoupling.

Question 8: If you have resolved this “critical event,” how did you do so? If you have not resolved it, how do you see resolving the barriers to resolution?

APPENDIX D - CONTINUED
Core Interview Questions
(includes rationales)

Rationale: Pertains to questions 1 and 2. This question will separate potential attachment injury from salient, solvable problems. It also will highlight any seemingly unresolvable issues that are unique to “step” status.

APPENDIX E
Revised Core Interview Questions

Version 2

Question 1: In what ways, if any, do you see your stepfamily to be different than a “non-step” family?

Question 2: What similarities and differences do you see between problems in your stepcouple relationship versus those in a non-step-relationship?

Question 3: What have been your biggest challenges as a stepcouple?

Question 4: What issues have you and your partner found to be the most challenging in creating and maintaining your stepfamily?

Question 5: What are the three (3) problem topics that occur most frequently for you as a couple?

Question 6: Do you and your partner have any problems that you have not been able to resolve up until now?

Question 7: If there has been what you might call a “critical event” that particularly challenged you in your relationship, please describe it.

Question 8: If you have resolved this “critical event,” how did you do so? If you have not resolved it, what do you see as the barriers?

APPENDIX F
Revised Core Interview Questions

Version 3

Question 1: In what ways, if any, do you see your stepfamily to be different than a “non-step” family?

Question 2: What similarities and differences do you see between problems in your stepcouple relationship versus those in a non-step-relationship?

Question 3: What have been your biggest challenges as a stepcouple?

Question 4: What issue have you and your partner found to be the most challenging as a couple?

Question 5: What are the three (3) problem topics that occur most frequently for you as a couple?

Question 6: Do you and your partner have any problems that you have not been able to resolve up until now?

Question 7: If there has been what you might call a “critical event” that particularly challenged your relationship, please describe it. If you have resolved this “critical event,” how did you do so? If you have not resolved it, what do you see as the barriers?

APPENDIX G
Revised Core Interview Questions

Version 4

Question 1: In what ways, if any, do you see your stepfamily to be different than a “non-step” family?

Question 2: What similarities and differences do you see between problems in your stepcouple relationship versus those in a non-step-relationship?

Question 3: What are the three (3) problem topics that occur most frequently for you as a couple?

Question 4: What issue have you and your partner found to be the most challenging as a couple?

Question 5: If there has been what you might call a “critical event” that particularly challenged your relationship, please describe it. If you have resolved this “critical event,” how did you do so? If you have not resolved it, what do you see as the barriers?

Question 6: Do you and your partner have any recurring problems that you have not been able to resolve up until now?

VITA

Julia B. Sayre

Julia B. Sayre was reared and educated in Virginia, completing her B.A. in Psychology at the University of Virginia in 1978. She spent the next several years in eclectic professional pursuits, including the fields of psychological research, casework, human resources and business development, before beginning the master's program in Marriage and Family Therapy at Virginia Tech. While a graduate student, Ms. Sayre worked and pursued an internship at a family service agency, in addition to Virginia Tech's on-site clinical training. Ms. Sayre's professional interests in stepfamilies and attachment are influenced by her own co-parenting role in her stepfamily.