

An Ounce of Prevention

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Making Step-Families Work

The so-called "blended family" is no longer an aberration in American society: It's a norm.

Planning for remarriage

A marriage that brings with it children from a previous marriage presents many challenges. Such families should consider three key issues as they plan for remarriage:

- **Financial and living arrangements.** Adults should agree on where they will live and how they will share their money. Most often partners embarking on a second marriage report that moving into a new home, rather than one of the partner's prior residences, is advantageous because the new environment becomes "their home." Couples also should decide whether they want to keep their money separate or share it. Couples who have used the "one-pot" method generally reported higher family satisfaction than those who kept their money separate.
- **Resolving feelings and concerns about the previous marriage.** Remarriage may resurrect old, unresolved anger and hurts from the previous marriage, for adults and children. For example, hearing that her parent is getting remarried, a child is forced to give up hope that the custodial parents will reconcile. Or a woman may exacerbate a stormy relationship with her ex-husband, after learning of his plans to remarry, because she feels hurt or angry.
- **Anticipating parenting changes and decisions.** Couples should discuss the role the stepparent will play in raising their new spouse's children, as well as changes in household rules that may have to be made. Even if the couple lived together before marriage, the children are likely to respond to the stepparent differently after remarriage because the stepparent has now assumed an official parental role.

Marriage quality

While newlywed couples without children usually use the first months of marriage to build on their relationship, couples with children are often more consumed with the demands of their kids.

Young children, for example, may feel a sense of abandonment or competition as their parent devotes more time and energy to the new spouse. Adolescents are at a developmental stage where they are more sensitive to expressions of affection and sexuality, and may be disturbed by an active romance in their family.

Couples should make priority time for each other, by either making regular dates or taking trips without the children.

Parenting in stepfamilies

The most difficult aspect of stepfamily life is parenting. Forming a stepfamily with young children may be easier than forming one with adolescent children due to the differing developmental stages.

Adolescents, however, would rather separate from the family as they form their own identities.

Recent research suggests that younger adolescents (age 10-14) may have the most difficult time adjusting to a stepfamily. Older adolescents (age 15 and older) need less parenting and may have less investment in stepfamily life, while younger children (under age 10) are usually more accepting of a new adult in the family, particularly when the adult is a positive influence. Young adolescents, who are forming their own identities tend to be a bit more difficult to deal with.

Stepparents should at first establish a relationship with the children that is more akin to a friend or "camp counselor," rather than a disciplinarian. Couples can also agree that the custodial parent remain primarily responsible for control and discipline of the children until the stepparent and children develop a solid bond.

Until stepparents can take on more parenting responsibilities, they can simply monitor the children's behavior and activities and keep their spouses informed.

Families might want to develop a list of household rules. These may include, for example, "We agree to respect each family member" or "Every family member agrees to clean up after him or herself."

Stepparent-child relations

While new stepparents may want to jump right in and to establish a close relationship with stepchildren, they should consider the child's emotional status and gender first.

Both boys and girls in stepfamilies have reported that they prefer verbal affection, such as praises or compliments, rather than physical closeness, such as hugs and kisses. Girls especially say they're uncomfortable with physical shows of affection from their stepfather. Overall, boys appear to accept a stepfather more quickly than girls.

Nonresidential parent issues

After a divorce, children usually adjust better to their new lives when the parent who has moved out visits consistently and has maintained a good relationship with them.

But once parents remarry, they often decrease or maintain low levels of contact with their children. Fathers appear to be the worst perpetrators: On average, dads drop their visits to their children by half within the first year of remarriage.

The less a parent visits, the more a child is likely to feel abandoned. Parents should reconnect by developing special activities that involve only the children and parent.

Parents shouldn't speak against their ex-spouses in front of the child because it undermines the child's self-esteem and may even put the child in a position of defending a parent.

Under the best conditions, it may take two to four years for a new stepfamily to adjust to living together. And seeing a psychologist can help the process can go more smoothly.

Thanks to James Bray, PhD, a researcher and clinician at the department of family medicine at Baylor College of Medicine.

<http://apa.org/helpcenter/stepfamily.aspx>

Nine Psychological Tasks For a Good Marriage

Research on what makes a marriage work shows that people in a good marriage have completed these psychological "tasks":

- Separate emotionally from the family you grew up in; not to the point of estrangement, but enough so that your identity is separate from that of your parents and siblings.
- Build togetherness based on a shared intimacy and identity, while at the same time set boundaries to protect each partner's autonomy.
- Establish a rich and pleasurable sexual relationship and protect it from the intrusions of the workplace and family obligations.
- For couples with children, embrace the daunting roles of parenthood and absorb the impact of a baby's entrance into the marriage. Learn to continue the work of protecting the privacy of you and your spouse as a couple.
- Confront and master the inevitable crises of life.
- Maintain the strength of the marital bond in the face of adversity. The marriage should be a safe haven in which partners are able to express their differences, anger and conflict.
- Use humor and laughter to keep things in perspective and to avoid boredom and isolation.
- Nurture and comfort each other, satisfying each partner's needs for dependency and offering continuing encouragement and support.
- Keep alive the early romantic, idealized images of falling in love, while facing the sober realities of the changes wrought by time.

Thanks to Judith S. Wallerstein, PhD, co-author of the book "The Good Marriage: How and Why Love Lasts."

<http://apa.org/helpcenter/marriage.aspx>

Mixing Oil and Water

Psychologists often find that opposites attract in couples with personality disorders

By now, Florida psychologist Florence Kaslow, PhD, has seen the pattern so often among some couples that it's practically a clinical archetype: Both parties have personality disorders (PDs)--but on opposite ends of the spectrum.

The fastidious, stoic spouse with obsessive-compulsive PD clashes with the often messy, flamboyant spouse with histrionic PD. Or, likewise, the self-absorbed, self-important person with narcissistic PD spars with the needy, clingy partner with dependent PD.

It may seem like an oversimplification, but all too commonly one person with a PD attracts someone with a different one, Kaslow has found in her 30-plus years of practice. What might underlie that pattern?

"They seem to have a fatal attraction for each other in that their personality patterns are complementary and reciprocal--which is one reason why, if they get divorced, they are likely to be attracted over and over to someone similar to their former partner," Kaslow says.

And although empirical research on the pattern is generally lacking--clinical trials on it are few and far between--support for Kaslow's contention appears in a number of books and reports in the literature, such as a theory paper on narcissistic PD in couples by Paul Links, MD, that appeared in 2002 in the *American Journal of Psychotherapy* (Vol. 56, No. 4). In it, Links maintains that a narcissist's PD severity and willingness to change can make or break a couple's attempts to fix problems.

Personality schisms, however, can complicate such attempts. Even if only one partner has a full-blown PD, the other partner often shows personality tendencies in the opposite direction, notes Los Angeles psychologist Marion Solomon, PhD, who wrote a chapter on treating borderline couples for a book Kaslow edited on couples treatment (see further reading). Most often, Kaslow and Solomon see attractions between people diagnosed with Cluster B (antisocial, borderline, histrionic and narcissistic) and Cluster C (avoidant, dependent and obsessive-compulsive) personality disorders.

Kaslow offers a theory on the attraction between Clusters B and C: "Someone in Cluster B or C will more likely seek a polar opposite they see as exhibiting qualities they lack and assume this will make them feel more complete or whole," she explains. "So, for example, the histrionic is attracted to the OCD perfectionist because of the histrionic's need to be stabilized, and the OCD person is fascinated by the histrionic's devil-may-care attitude. But after a while they start to rub each other the wrong way."

Fatal attraction

Problems derive from each partner's unexpected reaction to the other, Kaslow says. She explains: "These people often literally see the other person as 'their other half.' But that half is one they have cut off in themselves, so they're essentially attracted to the thing they've rejected or have a negative attitude toward."

Exacerbating the situation is the fact that each partner stirs up some unconscious, unresolved developmental issue in the other, says Joan Lachkar, PhD, a Los Angeles practitioner who writes on partners who exhibit certain traits and characteristics of narcissistic and borderline PDs. For example, explains Lachkar, an instructor at the Southern California Psychoanalytic Institute, the borderline's neediness chips at the narcissist's armor against intimacy, and the narcissist's rejection stokes the borderline's abandonment anxiety, reaction to shame and tendency to feel shunned or abused.

Such partners are frequently developmentally arrested, forming a pattern that Lachkar calls "the dance" in a narcissistic/borderline relationship. The dysfunction in that dance--the narcissist's emotional withdrawal and the borderline's need for rejection and emotional upheaval--can stem largely from childhood attachment problems, a hallmark of personality disorders, Lachkar argues.

In adult relationships, Solomon adds, people with PDs may act out early abuse, neglect, violence and other forms of childhood attachment failure--although, as pointed out in the literature on PD underpinnings, it's not clear how much these failures stem from parental abuse, already existing childhood pathology that elicits negative parental reactions or an interplay of both.

Causes aside, Solomon maintains that the ingrained PD mechanisms form early: "When a child is terrified at 0 to 18 months, the left brain--the rational language part of the brain--has not yet developed, so the right brain either puts up a shield or views the self as flawed," Solomon says.

Treatment approaches

Combating those right-brain reactions by adding left-brain cognitive functions is key to treating couples battling PDs, Solomon says. However, practitioners lack research on how to effectively do that, says Links, author of the article on couples' treatment prospects for people with narcissistic PDs. In that paper, Links drew on his own

clinical experience to argue that, when the partnership involves a narcissist, its survival depends on that person's ability to:

- Curtail acting-out behaviors, such as using drugs or alcohol, overspending, acting in sexually compulsive ways or physically or verbally abusing a partner.
- Reduce levels of defensiveness and show vulnerability.

In addition, says Links, the Arthur Sommer Rotenberg Chair in Suicide Studies at the University of Toronto, the couple needs to "rebalance" itself so that that the narcissist's partner--likely a more masochistic, dependent type--still gratifies the narcissist's need for admiration, but also can glean increased love, approval and support from the narcissist. By comparison, in a borderline rebalancing, the other partner needs to stop feeding the borderline's impulsivity and emotional volatility, notes Links in other writings.

It's challenging enough to achieve such rebalancing when one person is personality-disordered and the other is relatively healthy. But when both parties have PDs, treatment can only work if it pinpoints where the PDs interlock, then pries the disorders apart to fix the dysfunctional system, argues Governors State University psychologist Jon Carlson, PsyD, EdD, in the *Family Journal: Counseling and Therapy for Couples and Families* (Vol. 8, No. 2).

Weighing the odds

But what are the chances of fixing that system and saving the couple?

The odds are best, say Kaslow and Lachkar, when three critical ingredients exist:

- **Both partners are willing to change themselves.** Otherwise their problem behaviors will continue plaguing the current relationship or any future ones they attempt.
- **Each person is committed to working on the relationship.** "There has to be positive motivation, good sharing of values and beliefs, and a foundation strong enough to handle the personality differences," Kaslow explains.
- **The intervening professional is skilled both in personality disorders treatment and couples therapy.** "The therapist needs to express empathy for each *individual* in the couple and at the same time must really bond with the couple and form a *team*," says Lachkar.

As for whether to treat the couple separately, together or both, many experienced practitioners favor joint treatment, at least at first. Not only does it shed more light on the couple's interaction, but it prevents "he said, she said," or "she said, you said" situations, says Kaslow.

At this point, however, mental health professionals know considerably more about treating PDs in individuals than in couples, notes Links.

"We need to bring research on personality disorders and concepts of personality functioning together with research on couples therapy," he says. "It's not so much about inventing new couples therapy interventions as actually testing our hypotheses on appropriate couples therapy for people with personality disorders."

<http://apa.org/monitor/mar04/mixing.aspx>

Net News

Here are some web sites you & your family may find helpful.

5 Tips For Feeling Healthy Inside and Out

<http://www.livehappy.com/self/wellbeing/5-tips-feeling-healthy-inside-and-out>

How to Achieve Greater Mental Balance

<https://www.psychologytoday.com/blog/think-well/201007/how-achieve-greater-mental-balance>

For information or links to health tips, visit:

www.canadian-health-network.ca

Parents, The Anti-Drug Website:

www.theantidrug.com/advice/

Self- Help Corner:

Alcoholics Anonymous: [780-424-5900](http://www.alcoholics-anonymous.org)

www.alcoholics-anonymous.org

Al-Anon/Alateen: 780-433-1818

Support Network / Referral Line: 211

Distress Line: 780-482-4357

Cocaine Anonymous: 780-425-2715

Informative Links:

The National Women's Health Information Center:

<http://4woman.gov>

Active Living Website:

<http://www.centre4activeliving.ca>