

## Treatment of Remarried Families: Demography and Outcome

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*Behavioral profiles . . . provide a ready typology of how partners interact with one another . . . it is here that we most clearly see complementarity and game playing. There are seven types of behavioral profiles: each of which can be well within normal limits or can be pathologic or pathogenic . . . equal partner, romantic, parental, childlike, rational, companionate and parallel . . .*

THIS is a report on the demographic and outcome findings of 100 remarried (step) families treated at the Jewish Board of Family and Children's Services of New York City. The population was unselected, except for their recognition and ours, that they needed therapeutic help and that they accepted entering a treatment program. Religion was self-designated. No attempt was made to develop matching control groups.

The Remarried Consultation Service of the Jewish Board of Family and Children's Services treated more than 350 remarried families from October, 1977 through May, 1981. Among these families there were 700 custodial or visiting children. In addition, 425 more families or couples were seen in consultation and for brief counselling but were not in the treatment program. By remarried (Rem) we refer to families in which one or both adults had been married previously and had been divorced or widowed. Those living together in a committed relationship in one domicile

without legal marriage are also included.

The evaluative and treatment services are the base on which we built our clinical studies of the structure of remarried families, the development of relevant theory, our therapeutic approaches and techniques, family life education programs and other preventive measures. These have been reported on elsewhere (Walker et al 1979, Sager et al, 1980, 1981, 1983, Crohn et al 1981, 1982, Perlmutter et al 1982) and are included as bibliography at the conclusion of this article.

The families treated were residents of New York City. The research aspects of the overall project detailed in this report were designed to be hypothesis finding. A more rigorous research design and its implementation were far beyond our modest resources. For example, data were collected by the staff member who had treated the case and outcome was judged on a five point scale by the clients' own therapist. This limits the validity of the data for research purposes. Although some cases had three to 12 month follow-up evaluations, others did not. However, since so little has been published regarding Rem (stepfamily) populations who have sought family treatment, we thought our data might be of interest to others.

We cannot be sure of the factors that led to the selection of our agency by the

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non-Jewish clients, aside from the agency reputation for providing excellent services. Our non-Jewish clients do not necessarily represent a fair sample of the urban population of their religious groups anymore than do our Jewish clients. The much greater number of Rem or stepfamilies who do not need professional attention remained unknown to us as were the families in trouble who were not moved to seek assistance. Hence the findings are specific for our population and cannot be generalized to the larger population of New York or elsewhere.

**Demography**

The following data are based on 100 random, consecutive cases that were accepted for therapy between October 1979 and April 1981. Those who were screened out, or offered other services, are not included. Identification with one of the three major religious groups was claimed by 87%. Three percent claimed other religions, 1% no religion and 9% did not identify their religion. Of the 87 families who identified religions, 70% were Jewish, 16% Protestant, and 14% Catholic. The Madeleine Borg Consultation Service (the mental health community clinics of the agency) has about the same proportion of Jewish clients in their overall population but is slightly higher for Catholics and lower for Protestants than in our sample. Eighteen of the marriages of the total group of 100 were inter-faith couples wherein one of the spouses was Jewish.

*Educational Levels*

The educational levels of the adults in the study were appreciably higher than anticipated and are somewhat higher than the M.B.C.S. population. The data are presented in the following table:

TABLE 1  
Educational Level

	Male %	Female %
Some High School	5	9
Completed High School	22	26
Some College	13	21
Completed College	28	25
Master's Degree	27	19
Doctorate degree	5	0
Total	100	100

Twenty-seven per cent of men had received master's degrees and 5% doctorates whereas only 19% of the women had master's degrees and none held a doctorate.

*Income*

Income was classified in terms of total household income of the biological father's household, and, separately, the total household income of the mother's household. Thus, the male's household income could include his income, plus his new wife's (if remarried) and any child support if she had children from a previous marriage. The female's household could include her income plus any alimony and/or child support or income of her husband (if remarried). Income was appreciably higher for this Rem group than for the agency's clinic population as a whole. For example, the M.B.C.S. clinics have 12% of clients with an income over \$20,000, compared to slightly over 50% for the study population. Table 2 details the data on household income.

*Vocational*

Vocational categories were roughly similar to the M.B.C.S. clinics as a whole. Twenty-four percent of men and 20% of women were in unskilled work, 18.5% of men and 16.3% of women were skilled workers; 20% of men and 16.5% of women were in managerial po-

TABLE 2  
Male and Female Household Total Income

Income Level	Male Households %	Female Households %
Poverty level (\$0-7,499)	8	13
Low level (\$7,500-19,999)	37	34
Middle level (\$20,000-29,999)	22	27
Upper level (\$30,000 and over)	33	26
Total	100	100

sitions; 27.5% of men and 26% of women were professional; no men were homemakers, whereas 17.2% of the women were; men had 10% in other scattered categories, women 4%.

The average number of years the Rem partners were remarried at the time of application for service was 3.9; the average number of children in these Rem units was 2.1.

#### *Religious Groupings*

Seventy percent of all couples were self designated as Jewish. However, there were 18 couples (18% of the 100 consecutive cases) of interfaith marriage who had only one Jewish partner. These 18 came from all religious groups but predominately from the "unknown" and Jewish cohorts. When the Jewish partner of a religious intermarriage was a male, the characteristics of the couple, and the outcome of treatment, did not vary significantly from the Jewish couples, however when the wife was Jewish and the husband not, these couples did differ somewhat in regard to interpersonal characteristics and outcome.

There was only one Orthodox Jewish women in the population; no Orthodox males. The low incidence of the Orthodox probably is due to two factors:

- a) Orthodox couples, although not immune to divorce and remarriage, do divorce much less commonly than "other than Orthodox" Jews and
- b) the vast majority of our Orthodox clients are seen in the agency's Boro Park office where only Orthodox clients are seen and the staff is Orthodox. These clients were not likely to be referred to the Remarried Consultation Service.

#### *Initial Contact With the Service*

Sixty-three percent of the initial contacts with the Remarried Consultation Service were made by fathers. This appears to be contrary to the common belief that fathers are less concerned about their children when they divorce or remarry.

Mothers, usually the custodial parent, made the initial contact in 16% of cases. Stepfathers made the contact 10% and stepmothers 6% of the time. Four percent of contacts originated with one of the adult's biological parents, usually the mother-in-law of the custodial parent (grandparent of a child). One was initiated by an adolescent child.

Slightly more of the biofathers were remarried than the biomothers and often both were remarried. Despite common belief, 83% of divorced men in the general population remarry, as do 75% of divorced women (U.S. Bureau of the Census, 1981).

#### **The Marital Couple**

##### *Reasons for Divorce from Prior Spouse*

The most frequently stated reasons for divorce were the same for men and women. In order of frequency these were: poor communication, partner's

infidelity, and that their former spouse had been a hostile, inconsiderate, and/or destructive partner. For men, the fourth most frequent reason was having developed a relationship with a new, exciting partner, while the fourth for women was intellectual differences. A new exciting partner was the fifth most frequent response from women.

*Expectations of Remarriage*

Jewish and Protestant men and women most commonly shared the same expectation of remarriage: a love-sexual, romantic relationship. For the Protestant and Jewish women acquiring a parent for their children was second in frequency. Of second importance is the assumption of responsibility for her mate's children. For Protestant and Jewish women financial security was third. For Catholics child-care was the overriding consideration.

*Marital Conflict*

Marital conflict, severe and moderate, totaled 84% in the Jewish sample, 85% in the Protestant and 84% in the Catholic. Although there are differences among the religious groups between severe and moderate the total incidence is the same. Thus marital conflict is a common concomitant to troubled remarried families, a finding that is no surprise. When these data are further broken down we find some interesting trends. Conflict between marital partners tends to be slightly greater than the average in interfaith couples when the wife is Jewish. It is lower for non-Jewish couples. The total of 18 couples (11 Jewish husbands; 7 Jewish wives) for interfaith marriages in this item is too small to make the data statistically significant.

*Household Support Systems*

Under primary support systems, the categories of extended family members including child's grandparents, parents and adult friends were considered to be the main support system in 56% of cases; 19% counted work as their main support and 9% psychotherapy. Smaller numbers listed babysitters and male or female spouse.

The constellation of supports that is composed of parents (children's grandparents) work and therapy did somewhat better on outcome of treatment; however this was only a trend with no clear, statistically significant pattern emerging. No clear difference emerged among the different religious groups in regard to support systems.

*Presenting Problems*

Presenting problems were noted as set forth in Table 3 below:

TABLE 3  
Presenting Problems (Percent)

1. Problems Between Spouses	
a. Marital dysfunction with current spouse	31
b. Relationship with former spouse has negative impact on current marriage	7
Sub-Total	38
2. Problems with Children	
a. Child's dysfunctional relationship with custodial parent	18
b. With stepparent	4
c. Child dysfunctional at school	11
d. Child dysfunctional with peers	7
Sub-Total	40
3. Individual family member— <i>anxiety or disturbed behavior</i>	7
Variety of other complaints	15
Total of 1, 2, 3	100

Equally divided between the adult partners and the children, complaints tended to be seen by them more as individual problems rather than related to the Rem family system or other subsystem of the larger suprafamily system.

There appeared to be no relationship

between the present problems and outcome of treatment, although more couples who complained of a dysfunctional marital relationship seemed to have fewer positive outcomes. Perhaps these couples faced their problems more directly than those who maintain some stability by means of scapegoating a child. (i.e. some of these couples may have been at a point beyond pseudo-mutuality and closer to terminating this marriage by the time they sought treatment.)

#### *Power Struggle Issues*

Children, sex and decision-making rule-setting appear to be slightly more important for Jewish men than for others, while unclear boundaries, roles and tasks seem to be somewhat less important than for the non-Jewish group. Overall, Jewish men appear to have more power struggle issues with their wives.

Data are only suggestive that as for the men, children, decision-making/rule-setting, and general competitiveness with one's mate seem to be more pertinent issues for Jewish women than for the women of the other major religious groups.

#### *Sex Satisfaction Before and After the Rem Marriage*

Many male and female partners reported to their therapists that sex was more satisfactory before or early in this marriage than at the time of application for clinic services. Seventy-nine percent of males found sex to be satisfactory to highly satisfactory early on, whereas only 48% found sex to be so later on, at the time of entering treatment. Similarly for women, 60% early-on and 41% later. The difference in sexual satisfaction between earlier and later marriage may be explained by two factors:

1) the commonly observed phenomenon of a couple's diminution of sexual desire and pleasure as time goes on. This is due to factors beyond the scope of this report, and

2) those whom we treat are families and couples who are in trouble. In view of the disturbances in these families and their couple systems, the 48% and 41% who find sex satisfactory is higher than might have been expected. The N reporting on this question was low (slightly over half) so these data can be taken only as suggestive of a trend.

#### *Marital Tasks*

Jews and Protestants (36%) share the same commitment to productivity, work, friends and marriage as being of primary importance among their marital developmental tasks. For Catholics this is of second importance. For them the most frequently listed prime task is to make the shift from his or her family of origin, if not married before, or from a previous marriage. This is of second importance (33%) to Jews and Protestants. Commitment crises (an uneasy and restless commitment with divided loyalties) is next for men of all 3 categories. Otherwise there are no significant differences regarding how marital tasks are seen.

#### *Individual Developmental Tasks*

These were determined by staff using agreed upon criteria. For 20% of Jewish males there was a lack of love commitment to spouse and a similar number had a poor work commitment, while deepening commitment to the marriage (17%) was next. Of equal importance (16%) was developing intimacy and occupational identity and the "fit" between aspiration and environment. Following this was developing autonomy, difficulty accepting the parental role and rebel-

lion against one's mate. Then came re-stabilizing and reordering priorities. Of least importance was dealing with age, illness, death.

Developing autonomy (21%) was of primary importance to Jewish females. Deciding about commitment to work and the marriage was next (18%). Following this was the development of intimacy and occupational identity and then (15%) deepening commitments. The N was too small for Catholics and Protestants to suggest any trends among the large variety of responses.

### Typology

Behavioral profiles as defined by Sager<sup>1</sup> provide a ready typology of how partners interact with one another in order to fulfill their conscious and unconscious goals in their relationship. It is here that we most clearly see complementarity and game playing. There are seven types of behavioral profiles; each of which can be well within normal limits or can be pathologic or pathogenic. These profiles are descriptions of each partner's style of interaction and adaptation with the other. One may function very differently in other relationships and in other situations e.g. at work. The seven behavioral profiles are: equal partner, romantic, parental, childlike, rational, companionate and parallel. As a convention, using the male designation first, one can then describe or classify a couple, e.g. as a rational-romantic couple. The first term describes the male's adaptation; the second the woman's.

Jewish male's major adaptation to their mates was child-like (31%), parental 29% and parallel\* 14% whereas

50% of Jewish women had a childlike adaptation, 21% were parental and 14% parallel. Others were distributed through the other categories. Protestant and Catholic men and women were similarly closely represented in each category as were their Jewish counterparts, except there was a higher proportion of parallel partners in the non-Jewish groups.

Most partners have a secondary behavioral adaptation that they fall back on or call into play under certain conditions. Jewish men (41%) and Jewish women (47%) fall back on a parallel adaptation when their prime adaptation did not work well for them. Protestant and Catholic men and women do so too but to an appreciably lower degree.

### Modalities used in treatment

A wide range of modalities were used which can be divided into individual and family modalities. Of the total of sessions reported relevant to modality choices, 63% were forms of family therapy, predominantly couple sessions (50%) (bio-parents, Rem couples, couples' groups, co-parenting team). The remaining 13% were full family sessions. 35% of the total were individual sessions of various types of therapy and/or guidance; these often were for a child, parent or stepparent alone. 2% included sessions for medication.

Of interest here is the variation in number of sessions of the different groupings, with the interfaith couples in between the Jewish and non-Jewish. The data clearly indicates that Jewish couples did avail themselves of more sessions, which usually meant they were in treatment over a more lengthy period. Reasons for this could not be researched in this study. Whether the greater number of sessions, of itself, is positive, negative, or a non-significant factor is not clear from these data.

<sup>1</sup> See Sager, "A Typology of Intimate Relationships" included in the bibliography at end of this article.

\* The parallel partner's major characteristic is emotional distancing.

TABLE 4  
Number of Sessions

Average number of sessions per couple/family	
Jewish	43 sessions
Male, Jewish, female not	23 "
Female Jewish, male not	23 "
Non-Jewish and all other couples	16 "

### Outcome

For the entire sample approximately 51% of terminations of treatment were planned together by clients and therapists, whereas 59% of terminations by Jewish families were planned jointly with the family. The remaining terminations were decided unilaterally without the therapist.

It was unexpected to find that each of the five categories of outcome, "worse", "unchanged," "mild improvement", "moderate" and "great improvement", had the same number of sessions on the average as did the others. Of course, some clients may have improved greatly over 6 sessions, others may have become worse over 20 sessions, still others may have had the same outcome after 45. Thus, on the average, the number of sessions of itself did not appear to be a factor in determining the quality of the outcome.

Sixty-seven percent showed some improvement from "mild" to "great", while 11% were unchanged and 22% were worse. We are not surprised at these results. We should, of course, prefer a shift to the great improvement end of the spectrum. However, in view of the fact that so many couples were despondent, on the verge of separation, and the Rem family so chaotic, we consider the outcome to be quite positive. This position is further supported by the fact that it was clear in the assessment period that the quality of many of these second marriages was based (for whatever rea-

sons) on unfortunate mate selections that were not likely to work out well. Among these were the chaotic families in which the Rem adults had not been able to consolidate and establish a viable *modus operandi*.

In some instances "worse" meant a dissolution or impending dissolution of the Rem family. Some of those that separated might be considered to have had a positive outcome in view of the mismatching of the couple or for other factors. Most "worse" or "no change" situations were tragic because additional trauma fell on those adults and children who had entered the new relationship with hope and affection after having had their lives deeply disrupted in the past. When dealing with these families the therapeutic staff had to be satisfied that with the help of treatment the couple might learn why their marriage failed so they might have a better basis for success in a future relationship. The staff often had to focus their prime efforts on trying to minimize the damage to the children as well as the adults.

The small number of non-Jewish couples and interfaith marriages make comparisons by religious groups dubious and indicate the need for further investigation. The trends suggested by this study can only provide hypotheses for a more methodologically sound investigation.

### *Outcome by gender*

Women, in general, seemed to gain a more positive result from therapy than did their male partners. 77% of all wives improved, 12% were unchanged and 11% were worse than before treatment. On the other hand 56% of men improved, 17% were unchanged and 27% were worse. This difference is due possibly to the fact that males tended to view progress more in terms of their

relationship with their own children and how their new spouse and children fared together. The greater dissatisfaction with the outcome is possibly a measure of their inability to achieve unrealistic goals of having a "healthy, normal family."

In the breakdown by religions, the women's groups all had similar outcome to that found for the combined average, as did the men's groups. There were no significant differences by religion but those by gender are significant.

#### *Outcome for Children*

In chaotic family situations results were approximately 60% improvement; in better functioning families improvement was about 80%. Some of these data were not apparent on print-out analysis but did emerge in case discussions with the therapists.

Younger children (5-12) fared somewhat better in school and in peer, parent and stepparent relationships than did the 13-year and older group who did not do quite as well in parent, stepparent relationships. This is possibly due to the post-puberty child's increasing involvement with peer relationships and his ambivalent struggle for individuation. This is heightened whenever the Rem situation tends to increase parental (and stepparental) efforts to make the child an integral part of the adults' image of an idealized family. Some biofathers act as if they had forgotten the time that has elapsed since the child lived in a family household situation with him and treat the child as if he or she were several years younger. Some bio-mothers take a new husband whom they then call on to discipline their adolescent children when the mother is unable to do so. Here, too, the child is caught in a bind between normal drives to individuate, and parental and

stepparental demands to be more centripetal.

An interesting, if somewhat contradictory note, is the outcome of therapy as evaluated for the family. This may well be due to the fact that some evaluators appear to have overlooked the fact that in some instances a Rem family that can't coalesce as a functional unit may still have a positive outcome for one or more of the adults and/or the children.

#### **Conclusions**

The findings set forth in this report should be regarded as indicative of trends, and as hypothesis finding for future investigations. There are several interesting facets noted in the text of the report that may stimulate a desire for more definitive research. The findings, in view of the uniqueness of this self-selected sample, cannot be generalized to other populations.

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