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Women's Perception Of Major Life Changes and Family Closeness During The Pregnancy Of A Subsequent Child In First Married And Remarried Families

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Jennifer Boucher

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**WOMEN'S PERCEPTION OF MAJOR LIFE CHANGES AND FAMILY  
CLOSENESS DURING THE PREGNANCY OF A SUBSEQUENT CHILD IN  
FIRST MARRIED AND REMARRIED FAMILIES**

**By**

**Jennifer Susan Boucher**

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## **ABSTRACT**

### **WOMEN'S PERCEPTION OF MAJOR LIFE CHANGES AND FAMILY CLOSENESSE DURING THE PREGNANCY OF A SUBSEQUENT CHILD IN FIRST MARRIED AND REMARRIED FAMILIES**

**By**

**Jennifer Boucher**

The Roy Adaptation Model was used as a theoretical framework for this exploratory secondary data analysis which examined the perceptions of women from 29 first married families and 35 remarried families about recent major life changes and the impact of the pregnancy of a mutual child on family closeness. Differences in the developmental stages of the two family types appear to have contributed to the major differences in the type of major life changes experienced and the factors perceived as important to family closeness by the women from the two family types. Despite the more complex family structure and experiencing more major life changes, remarried families were not more at risk for dysfunctional adaptation in the interdependence mode and were found to be as close or closer than first married families.

## DEDICATION

The number and types of alternative family types has increased to the point that alternative family structures have become the norm rather than the exception in today's society. The myth of the ideal traditional family has been a source of tension and stress to families with variant structures for decades. It is hoped that one day there will no longer be any societal biases towards alternative family types and each family can be judged by how well it meets the needs of its individual members. This study is dedicated to all families because every family structure is unique.

## ACKNOWLEDGEMENTS

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## TABLE OF CONTENTS

<b>LIST OF TABLES</b>	vi
<b>LIST OF FIGURES</b>	vii
<b>INTRODUCTION</b>	1
<b>REVIEW OF THE LITERATURE</b>	4
Conceptual Definitions	4
Theoretical Framework	15
Review and Synthesis of Existing Empirical Literature	23
<b>METHODS</b>	34
Research Design	34
Sample	34
Operational Definitions	34
Procedure for Data Analysis	35
Reliability and Validity	36
Protection of Human Subjects	37
Assumptions	37
Limitations	37
<b>FINDINGS</b>	38
Findings Related to Demographics	38
Findings Related to Major Life Changes	39
Findings Related to Family Closeness	44
<b>DISCUSSION</b>	49
Implications of the Findings for the Existing Literature	50
Implications for RAM	56
Implications of the Findings for Advanced Nursing Practice	58
Limitations and Recommendations for Future Studies	64
Summary	66
<b>APPENDICES</b>	
Appendix A: Original Study Sample Collection Criteria and Procedure for Recruiting Subjects	68
Appendix B: Original Interview Process and Interview Questions	69
Appendix C: Original Data Collection Procedures	76
Appendix D: UCRIHS Approval for the Current Study	71
Appendix E: Tables	72
<b>LIST OF REFERENCES</b>	81

## LIST OF TABLES

Table 1. Developmental Stages of First and Remarried Families	72
Table 2. Percents of Women Who Perceived No Major Life Changes by Family Types	72
Table 3. Percents of Perceived Work Transitions & Strains By Family Types	73
Table 4. Percents of Perceived Financial Changes by Family Types	73
Table 5. Percents of Perceived Legal Changes by Family Types	74
Table 6. Percents of Perceived Transitions In & Out by Family Types	74
Table 7. Percents of Perceived Illness/Dependency Changes by Family Types	75
Table 8. Percents of Perceived Marital Changes by Family Types	75
Table 9. Percents of Perceived Childbearing Changes by Family Types	76
Table 10. Percents of Perceived Intra-Family Relationship Changes by Family Types	76
Table 11. Percents of Perceived Differences in Family Closeness Since the Pregnancy by Family Types	77
Table 12. Percents of Positive Factors Perceived as Important for Developing and/or Maintaining Family Closeness	78
Table 13. Percents of Negative Factors/Areas of Adjustment Perceived as Important for Developing and/or Maintaining Family Closeness	79
Table 14. Percents of Perceived Adjustment Areas Unique Remarried Families	80

## LIST OF FIGURES

Figure 1. The Roy Adaptation Model as it applies to the family system	17
Figure 2. The Roy Adaptation Model as it applies to the present study	20
Figure 3. Frequencies of first married families who experienced the various quantities of major life changes	40
Figure 4. Frequencies of remarried families who experienced the various quantities of major life changes	40

## INTRODUCTION

"There is no way to have a baby and not have lives dramatically change" (Aranoff & Lewis, 1979, p. 52). Whether these changes are considered to be positive or negative depends on the family's perception of the pregnancy and surrounding events. If the changes are of significant magnitude to require some adjustment in the regular pattern of family interaction, it can result in maladaptive family functioning where the affectional and emotional needs of individual members are not adequately met. The purpose of this study was to explore women's perceptions of major life changes during pregnancy and to describe their impact on family closeness in two different family types.

Historically, family theorists and clinicians have speculated that remarried families expecting their first child together experience more major life changes in a shorter span of time than do first married families expecting a subsequent child. The average time remarried families are married before procreating together is similar to that of first married couples--approximately one to four years (Albrecht, 1979; Dietz-Omar, 1991; Ganong & Coleman, 1988). Therefore, recently formed remarried families can be expected to experience major life changes similar in number and magnitude to those of traditional families when expecting their first mutual child. Recently remarried families will most likely have a higher complexity of relationships and diffuse or undetermined boundaries which will create even more expected life changes in a shorter period of time. This proposed greater number of cumulative life changes has lead researchers to hypothesize that

remarried families will have lower levels of family closeness during the pregnancy of a subsequent, or mutual, child (Albrecht, 1979; Peek, Bell, Waldren, & Sorrell, 1988; Pink & Wampler, 1985). Other clinicians and researchers have hypothesized that having a mutual child would "cement" bonds between remarried family members and create even greater perceived family closeness (Beer, 1989; Duberman, 1973; Ganong & Coleman, 1988). Although the prevalence of remarried families is rapidly increasing in our society, relatively little data has been collected on their functioning. The research that has been done, has provided contradictory results which support both lines of thought.

"All pregnant families experience a degree of stress, anticipation, and change involving intrapersonal, interpersonal, and intrafamily boundaries and relationships" (Mercer, Ferketich, DeJoseph, & Sollie, 1988, p. 268), but more attention needs to be placed on what these changes may be so that appropriate anticipatory guidance can be provided for families expecting a subsequent child and for families with different family structures. Appropriate anticipatory guidance and knowledge of normative patterns of adjustment can help identify those families who may need additional interventions to prevent maladaptive levels of family closeness.

Assessment of a family's perception of major life changes associated with, or occurring concurrent with pregnancy should begin with the mother at the time the pregnancy is diagnosed so that early intervention and anticipatory guidance can occur to promote optimal family closeness and, therefore, promote optimal individual member functioning. Mercer et al. (1988) found that negative life stress during pregnancy negatively affected family functioning eight months after the birth of the infant. High levels of perceived life change during pregnancy have been linked to child abuse (Conger, Burgess, & Barret, 1979; Dzurec, 1995). These are just a few examples of how major life changes during pregnancy can not



only have a detrimental impact on family closeness at that time, but also contribute to dysfunctional patterns of family interactions resulting from unmet needs for love, nurturing, trust, and mutual respect which endure throughout the stages of family and individual member development.

Family nurse practitioners (FNP's) see families, or family members, on a regular basis and often have established therapeutic relationships with entire families, so they are in a unique position to assist families heighten their awareness about their patterns of interaction and each others' emotional and affective needs to promote optimal family health and closeness throughout normative and unexpected transitions in each phase of family development. The importance of promoting family closeness during pregnancy and other major life change is essential to family well-being. Family closeness is integral to successful adaptive responses so that family members' needs of nurturing, affection, love and belonging can be met. How family closeness is affected during the pregnancy of a subsequent child in different family types has not yet been explored to a sufficient extent for FNP's to perform adequate assessment, planning, intervention and evaluation of families' perceptions the pregnancy and concurrent life changes.

Because the woman is typically the family member with whom the initial and most frequent ongoing contact with the health care system is made during the prenatal period, this study focused on women's perception of major life changes and the impact of pregnancy on family closeness in both first married and remarried families. Minimal data is available on these concepts, so descriptive data is necessary before possible relationships between the concepts of family closeness and their perception of life change can be determined. The specific research questions of interest in this study were:

- 1.) What are women's perception of the type and number of major life changes families experience during the pregnancy of a subsequent child?

- 2.) What are any similarities and/or differences in the women's perception of major life changes in first married and remarried family types?
- 3.) What are women's perception of the impact of the pregnancy of a subsequent child on their family's closeness?
- 4.) What are the similarities and/or differences in the women's perceptions of family closeness in remarried families and in first married families?

## REVIEW OF LITERATURE

### Conceptual Definitions

Family types. The evolution of the purpose/function of families in today's society is closely related to the evolution of alternative family types, such as the remarried family, and must be understood in order to clearly define different types of families. Families are and have always been the basic unit of society, functioning to perpetuate the human race and cultural traditions through socialization of the young. These functions of the family have not changed. The changes that have occurred in the priority of the functions of families reflect the changes in our society. When our society changed from a primarily agricultural society to an industrial society at the turn of the century, families were no longer bound by economic necessity because both men and women were working outside the home (Bahr, 1988).

"Such challenges are met by families by varying their structure to maintain function" (Boss, 1980, p. 449). The industrial revolution was the catalyst which changed the primary function of families to switch from economic survival to meeting the affectional needs of its members. A direct consequence of this change in family function is an increase in the number of people marrying later in life, deciding not to marry, simply living together and having children, deciding not to have children at all, separating and divorcing if the marriage is not meeting their

emotional needs, raising children in single parent households, and remarrying for companionship and love (Gilliss, Highley, Roberts & Martinson, 1989).

"Almost every one out two recent marriages will end in divorce" (Norton & Miller, 1992, p. 2). From 1921 to 1989 the rate of divorce in women ages 15 to 44 years increased from 10 per 1,000 to 37 per 1,000 (Norton & Miller, 1992). The rate of remarriage for women in the same age group and during the same time period increased from 98 per 1,000 widowed and divorced women to 109 (Norton & Miller, 1992). This translates into 16 percent of all children living with a stepparent or, "about one in every six children living with two parents is living with a stepparent" (Lugalia, 1992, p. 38). If there are children, they usually live with the mother in single-parent families. About three quarters of these custodial parents will remarry and these children will live with a step-parent (Lugalia, 1992). Two thirds of remarried mothers have a child with their new husbands(Lugalia, 1992). Of children living with two parents in 1990, sixteen percent lived with a step-parent and one in five of these children have a half-sibling living in their home (Norton & Miller, 1992). These societal trends resulted in the a large variety of structures and types of families in today's society.

Traditionally, families have been thought of as a heterosexual adult couple, joined in marriage for the first and only time to one another, and their children. For the purposes of this project, the term "first-married family" was employed to refer to this traditional concept of "family". Over the years society has created a mythical ideal with the implication that if a group of people did not fit this first-married family mold, they were not really a family. Therefore, the prefixes "step" and "half" carry many negative connotations. These prefixes infer that the relationships between family members should be like that of a biological parent-child, or intrasibling relationship, but that these relationships are not quite the equivalent, not quite as good; that they are "step" or "half" relationships.

An example of how step and biologically related families have traditionally been differentiated conceptually is found in Beer's Strangers in the House (1989). From his anecdotal clinical experiences, Beer concludes "when remarried parents have a child in common, they have transformed a couple with legally related dependent children into a biologically related family" (Beer, 1989, p. 105). The birth of a mutual child has consequences for the quality of relationships between spouses and the children. Before the birth of a half-sibling, who creates a biological link to the step-parent, the biological parent assumes responsibility for the children. After the birth, new patterns of interactions are established because both parents feel responsible for the mutual child, which eventually results in mutual authority over all the children. In this way, Beer believes remarried families are converted into biological families, and are "fused in a way that stepfamilies without one [mutual child] are not" (p.105).

Beer's traditional way of thinking about family types does not reflect the attitudes and perceptions expressed by remarried families in the few descriptive studies which have been done and suggests that societal bias and not empirical research has predominated the remarried literature for several decades. Much of the descriptive research reflects how families attempt to overcome these negative societal biases of "step" relationships by avoiding the use of these prefixes. They employ terms such as "my wife's children," "my father's wife," to indicate acceptance of the exact nature of their relationships rather than a pseudo, "half as good," or "step" relationship (Ambert, 1986). Ganong and Coleman (1988) found that when distinctions as "half" were not made by the children, that they often objected to the interviewer's use of the prefix. In fact, "eighty-two percent of the adults indicated that the older children did not distinguish between siblings and half siblings" (p. 696). The terms biological, traditional, nuclear are seen frequently in the less recent literature to refer to families where both husband and

wife have only been married once; the terms step, reconstituted, and blended are used to refer to families where one or both of the spouses have been previously married.

To avoid societal bias, for the purposes of this study, the term, 'first-married families,' was used to refer to families where both spouses have only been married once. The term, 'remarried families,' was used to refer to families where one or both of the spouses have been married and divorced prior to entering into the current marital relationship.

Family closeness. Whether it is a first, second, or any subsequent marriage, individuals create a family system for the same purpose--to meet each others' interpersonal needs for affection and nurturance to promote individual members' growth and development into effective members of society (Aranoff & Lewis, 1990). Some families function to achieve this purpose better than others. Many theorists have attempted to define healthy family functioning. Although definitions may differ in terminology, the major conceptual components are similar--all include some aspect of family closeness related to meeting members interpersonal and affectional needs.

Pill (1990) and Boss (1980) discuss family closeness in terms of boundaries within the theoretical framework of family systems. Pill (1990) acknowledges that family form and cultural background influence what amounts of closeness or degree of boundary regulation are optimal for different families. Pill uses the term, cohesion, stating that, "The concept of family cohesion concerns the emotional connectedness within a family with particular emphasis upon alignment and boundary arrangements between family members and subsystems" (p. 187). Extremes in family closeness, which are characterized by low bonding or high fusion, compromise family functioning.

Cowan et al. (1985) defines affective structure (the terminology used for the concept of family closeness) as, "a sociogramtic concept referring to the family's pattern of positive and negative feelings about one another...It is similar to the amount of emotional bonding occurring between individuals" (1980, p. 130). According to Cowan et al. (1985), the affective dimension is consistent with other family system approaches and reflects the level of other family processes.

Smilkstein (1978) compares healthy family functioning to that of a body's organ system, "each component has a unique function, yet is interrelated to the whole" (p.1233). Smilkstein applies the acronym "APGAR" to the five components of family functioning: **A**daptation, **P**artnership, **G**rowth, **A**ffection, and **R**esolve. A family with healthy functioning and optimal closeness is one that is a nurturing unit and that demonstrates integrity of the five components. Of these five components, all but one, adaptation, relate to the affectional aspect of family function including sharing of decision making, mutual support, caring, loving, and commitment to devote time to other members of the family for emotional nurturing.

Dzurec (1995) refers to "the notion of 'fit' as a general sense of connectedness and supportiveness that families generate. It is a tuning-in between and among family members, an emotional context that allows for growth and development of each family member as an individual" (1995, pp. 277-278). Within this context, a family with healthy levels of family closeness, is one with a comfortable fit where the family is supportive, gives and receives love from one another but encourages individual members to think independently even if their views differ from those of other family members. Similarly, Griffith (1976) defines interpersonal compatibility as "the relationship(s) between two or more people that leads to mutual satisfaction of the interpersonal needs of enclusion (interaction with others), control, and affection" (p. 35). Families with interpersonal compatibility

live in harmonious coexistence and have the ability to work together and, therefore, have optimal levels of closeness.

Olson, Sprenkle, and Russell (1979), the authors of the Circumplex Model, noticed the conceptual similarities among so many different authors' multiple terms, clustered concepts from the social sciences literature into two main dimensions of family behavior, cohesion and adaptability. Cohesion is the term applied to the concept of family closeness and is defined as the "emotional bonding members have with one another and the degree of individual autonomy a person experiences in the family system" (Olson, et al. 1979, p. 263).

Beavers and Voeller (1983) also synthesized concepts in the existing family function literature into two similar conceptual dimensions of family functioning when creating the Beavers Systems Model of family functioning. Beavers and Voeller postulate that families have either centripetal or centrifugal relationships and perception of interpersonal satisfactions which reflect varying degrees of family closeness. "Centripetal family members view most relationship satisfactions as coming from within the family rather than from the outside world. Conversely, centrifugal family members see the outside world as holding the most promise of satisfaction and the family as holding the least" (Beavers & Voeller, p.89 & 91). Families who are the most functional are neither totally centripetal or centrifugal--they are a well structured group of integrated individuals who share intimacy and closeness as well as respect for separateness of individual members.

The Circumplex Model and Beavers Model also share the characteristic of being dynamic. Both models postulate that different levels of family closeness are more advantageous at different stages of family growth and development. For example higher levels of family closeness are necessary in the premarital stage and when the first child is born. Less family closeness is more functional during the

stage of early marriage and, again, when there are adolescents in the family (Beavers & Voeller, 1983; Olson, Russell, & Sprenkle, 1983).

For the purpose of this study, the term family closeness was defined as the degree of emotional bonding between family system members, such that they are committed to the family as a whole, working together to solve problems, and to nurturing one another to meet each individual's affectional needs of unconditional mutual acceptance, support, and respect. Family closeness is dynamic such that degrees of closeness will adjust to normative and unexpected events throughout the family's growth and development. Families with extreme degrees of closeness and ones who are not close at all are both at risk during periods of great life change for unhealthy family functioning where affectional needs of the members may not be met.

Major life changes. The impact of life changes, normative and unexpected, has been studied by many researchers. Holmes and Rahe (1967) are the forefathers of the psychobiological research. They were followed by Sarason, Johnson and Seigal (1978). These early researchers determined that life changes stress organisms' steady states and require both physiological and psychosocial readjustment to maintain homeostasis. If there is a perceived imbalance between the cumulative environmental demands (life changes) and the individual's capacity to meet these demands, the individual is more prone to illness or unhealthy functioning.

Similarly, Hill (1958) describes a family system's response to life change in the ABCX family crisis model: "A (the stressor event)--interacting with B (the family's crisis meeting resources)--interacting with C (the definition the family makes of the event)--produce X (the crisis)..."(p.141). Changes stress the family system's ability to carry out its homeostatic functions, just as in the individual, and



can precipitate a crisis period of dysfunctional family functioning. Hill (1958) defines such crisis precipitating stressor events as:

...a situation for which the family has had little or no prior preparation and must therefore be viewed as problematic...no crisis precipitating event is the same for any given family; its impact ranges according to several hardships that may accompany it (p. 140).

Hardships may be thought of as the changes or complications associated with the crisis event. Major life changes are categorized into five classifications: 1) the source of trouble as intra or extra-family events, 2) the loss of a family member (dismemberment) or addition of an unprepared-for member (accession), 3) loss of moral and family unity (demoralization), 4) sudden change in family status (i.e., floods, wars, sudden impoverishment or fame and fortune) and, 5) conflict among family members in the conception of their roles (Hill, 1958). Hill's focus of major life changes all involve drastic negative changes in families' lives.

Reiss and Oliveri (1980) focus on uncomplicated aspects of major life change and consider only, "those events and circumstances that are relatively brief and circumscribed, lasting weeks or at most months, but not years" (p. 437). They also only look at extrafamilial events that are "beyond the control of the family" (p. 437).

Boss (1980) recognizes some gaps in the previous definitions of major life changes and, therefore, looks exclusively at normative life-span stress and related family boundary changes. "Normative stress in families results whenever components are added or subtracted from a family system. From birth to death, family boundaries change and remain ambiguous during the process of reorganization after acquisition or loss of a member" (p. 445). Like Hill, Boss includes associated changes, but in this case, the changes are internal rather than

external and relate to changes in family structure to facilitate the accomplishment of family functions.

McCubbin and Patterson (1987) are credited as the first researchers to empirically apply the concept of cumulative major life changes to the study of family behavior in response to stress. They define "pile-up" or cumulative life changes as "...the sum of normative and non-normative stressors and intra-family strains" (p. 82). Thus, they incorporate all the definitions from the previous family literature by including internal and external family life changes as well as the changes associated with these major life events. They conceptually group life changes into eight categories: family development, work, management, health, friends, social activities, law, and extended family relationships

The major life changes of interest in this study are those experienced by first married and remarried families who are expecting a baby. Examples of major life changes associated with expecting a baby may include a change in number of arguments as a result of fluctuating hormone levels and moods of the expectant mother, revision of personal habits (i.e., diet, sleep, tobacco use, sexual relations, etc.) change in employment and financial status, and change in living conditions or residence to accommodate increasing family size. Remarried families who are expecting a baby may experience additional major life changes associated with this early stage of family formation and related to their family form. Such changes may include the death of a spouse or divorce or both, marital separation, remarriage, gaining of new family members (i.e. step-siblings, step-children, etc.), negotiation of disciplinary and boundary issues related to the merging of families. Although, not by any means do all these stressors occur with every pregnancy in every remarried family, it is easy to see the enormous potential for the cumulative effect of possible stressors to tear apart any form of family with dysfunctional patterns of interaction.

For the purposes of the present study, major life changes included both internal and external changes resulting from either normative or unexpected situational events. Major life changes in a year's time span was the focus because the stress producing effects of family life changes are cumulative and it has been shown that the more changes that occur in a short time, the more the family system will be taxed.

Perception of major life changes. If a life change is considered major or not can only be determined by each family's perception of the event. Referring back to the early family life change work of Hill, factor C in the ABCX Model is the primary influence on the family's degree of resilience to crisis proneness. Hill explains,

A family's definition of the event reflect partly the value system held by the family, partly its previous experience in meeting crises and partly the mechanisms employed in previous definitions of events. This is the meaning aspect of the crisis. The interpretation made of it (1958, p. 145).

Families who are prone to crises have negative outlooks and see events as crisis-provoking rather than challenging.

Like Hill, McCubbin (1993) proposes that "In family crisis situations, the family's positive appraisal of the situation is related to family adaptation and this is a positive relationship" (p. 54). McCubbin further develops family perception and applies it to three levels of appraisal in the family's overall response to major life change. The first level is that of stressor appraisal and is equivalent to Hill's definition of the family's subjective definition of the specific stressor event. The second level of appraisal is that of the situation or the family's subjective definition of the total demands they are experiencing in relation to their resources and capabilities. The third level refers to a global level of appraisal based on the family's basic beliefs, values, shared identity and goals. McCubbin has found that

"the family's ability to perceive the overall situation as coherent, one that 'makes sense' and is a 'fit' between the family the family and their circumstances, was of value to the family in facilitating adaptation" (p.55).

Reiss and Oliveri's "family paradigm" is equivalent to McCubbin's global level of family appraisal. Reiss and Oliveri postulate that families develop a set of shared beliefs or constructs about social phenomena and its position in the world. When faced with a major change, families are forced to revise their system of framing assumptions. Reiss and Oliveri (1980) refer to the new approach or perspective of problem solving in daily life as the "family paradigm...[which] serves as a stable disposition or orientation whenever the family must actively construe a new situation" (p. 435). Each family's unique paradigm is what determines the magnitude of stress inherent in the event and how the family will respond to the change. It is the paradigm that determines whether a family life change is perceived as a major stressor or a minor challenge.

The importance of family perception is not only emphasized in relation to life change events as stressors; its significance is also stressed in the relation to family closeness. Boss (1988) states, "The family's perception of who is inside or outside the family system is significantly related to the interaction within the system as well as between that system and the outside world" (p.445). Olson et al. (1983) also emphasize the importance of assessing the family's perception of closeness. These authors also hypothesize that "Couples and families will function most adequately if there is a high level of congruence between the perceived and ideal descriptions [of cohesion and adaptability] for all family members" (p.74). Kanoy, Cunningham, White, and Adams (1984) completed a study which examined the interrelationships between patterns of family interaction and individual well-being and found that "In general, mothers' perceptions of self and family relationships were predictive of children's self-concept, perception of parents' behaviors, and

perceptions of family relationships" (p. 97). They emphasize the importance of understanding family life change (especially boundary changes associated with the addition or loss of a member) as a time of redefinition and focusing on the process of family interaction rather than on family structure. Kanoy et al.'s (1984) findings synthesize the multiple aspects of family perception when a family system is experiencing a major life change. It is the perception, not only of the change that matters but, of how the major life change affects their family's interactions.

The main focus of perception in this study was to determine the pregnant woman's perception of family closeness. The family's perception influences and is incorporated into what was reported as "major" life changes. The pregnant women's perspective of family closeness and major life changes was examined since it is typically representative of the family system's perceptions of these concepts (Kanoy et al., 1984). In addition, most of the contact with the health care provider is with the pregnant women for prenatal care during the developmental transition of a pregnancy of a subsequent child into the existing family system.

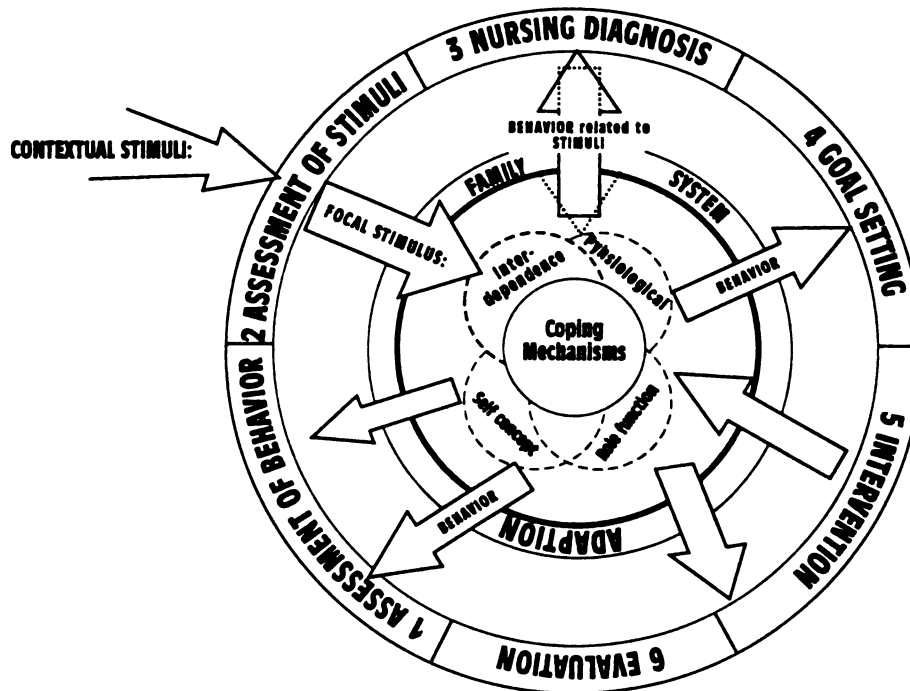
### Theoretical Framework

The Roy Adaptation Model. Roy's Adaptation Model (RAM) (see Figure 1) focuses on environmental stimuli that influence the adaptive system's responses in four modes: physiological, self concept, role formation, and interdependence (the four interlocking rings in the center of Figure 1). The adaptive system may be an individual, a family, or other group. The circle outlined in bold print represents the boundary of the adaptive family system. All types of adaptive systems have internal control and feedback processes to regulate input and output (illustrated by the arrows entering and exiting the adaptive system in Figure 1). The first two steps of the nursing process are assessment of these inputs and outputs. "The inputs for the family as an adaptive system include the entire complex of stimuli that affect

the family as a group, both internal to each person and those coming from the external environment" (Whall & Fawcett, 1991, p. 22). Alteration in one mode of adaptation can act as an input to the other modes of adaptation (i.e., developmental tasks of the members of the family system). For family adaptive systems, the output behavior of survival is equated with the physiologic mode, the output of continuity with the role function mode, the output of growth with the self-concept mode, and the output of transaction patterns (behaviors which directed at mutually determined goal attainment) in the interdependence mode (Whall & Fawcett, 1991).

Another word for inputs into the adaptive system, or family, is stimuli (step 2 of the nursing process illustrated in Figure 1). Roy (1991) defines stimuli as that which provokes a response. Roy elaborates, "Stimuli can be internal or external and influences surrounding and/or affecting the development and behavior of the person [or family]. A collective term for all internal and external stimuli is environment" (p. 33). Stimuli are delineated into three categories. "The focal stimulus has been defined as the internal or external stimulus most immediately confronting the person [or family]" (p. 34). The second category of stimuli is that of contextual stimuli or "all other internal or external stimuli evident in the situation" (p. 34). Roy also mentions the importance of consideration of factors related to the developmental stage of the family when assessing possible contextual stimuli affecting adaptation. The third category of stimuli described by Roy is that of residual stimuli, which are "those stimuli having an undetermined effect on the person's behavior" (Roy, 1991, p. 29). Nursing diagnoses are determined from assessment of behavior related to stimuli (step 3 of the nursing process illustrated in Figure 1).

Control processes of input and output within a system are described by Roy (1991) as coping mechanisms (the solid center ring which intersects and unites the



**Figure 1. The Roy Adaptation Model as it applies to the family system (Roy, 1991, p.30).**

four rings which represent the four adaptive modes in Figure 1) which are "innate or acquired ways of responding to the changing environment" (p.13). Inputs are channelled into the regulator subsystem of the coping mechanisms which have a role in the forming of perceptions. The other major subsystem of the coping mechanisms is the cognator subsystem. "This subsystem responds through four cognitive-emotive channels: perceptual/information processing, learning, judgement, and emotion. Perceptual/information processing includes the attitudes of selective attention, coding and memory...through the person's [or family's] emotions, defenses are used to seek relief from anxiety and to make affective appraisal and attachments" (Roy, 1991, p. 14). According to Roy, the perceptions the family members have about stimuli are a result of coping mechanisms and have impact on adaptation in each of the four modes. The goal of nursing is to promote adaptation by enhancing interaction of the family with their environment, thereby, producing health. The goals for nursing interventions (steps 4 and 5 in of the nursing process illustrated in Figure 1) are mutually set with the family and are focused at managing the stimuli to allow the family to maintain or make an adaptive response (refer to the small arrow in the assessment step 1, which, after evaluation, completes and re-initiates the feedback loop illustrated in Figure 1).

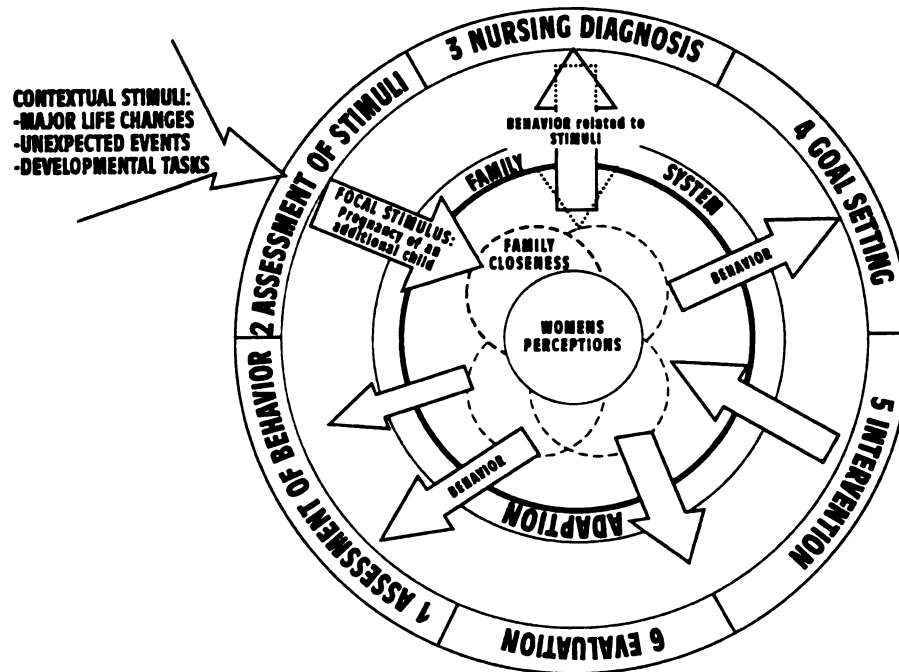
The Roy Adaptation Model as applied to the present study. Within the context of RAM, the goal of this study was to describe how each woman cognitively copes or perceives the focal stimuli of the pregnancy of a subsequent child (represented by the small arrow in Figure 2) into her family system (the dark circle in Figure 2), any contextual stimuli or major life changes such as family developmental tasks (the larger arrow in Figure 2), and her perception of any differences in her family's closeness or adaptation in the interdependence mode (the dark slashed inner circle in Figure 2) since pregnancy. The circle outlined in bold print represents the family system, whether it be a remarried or a first married



family system. As mentioned previously, family systems are dynamic and regulate their boundaries to allow for the transition of members in and out of their open system.

For this reason the model applies all types of families with all types of various structures. The interdependence mode is the adaptive mode of primary interest in this study for several reasons (refer to the dark slashed inner circle in Figure 2). First, the interdependence mode can be equated to family closeness when the adaptive system of interest is a family. "Interdependence is defined as the close relationships of people" (Roy, 1991, p. 386). The purpose of these relationships is to achieve affectional adequacy through in depth interactions with other persons in mutually satisfying relationships, thus the formation of families. "Affectional adequacy is the feeling of security in nurturing relationships...These relationships involve the willingness and ability to love, respect, and value others and to accept and respond to love respect, and value given by others" (Roy, 1991, p. 386-387). The first nurturing relationship an individual develops during infancy is with the people in his/her family, usually their parents and siblings.

"The quest for affectional adequacy is part of today's culture. Intact families try to spend time together, divorced people remarry, social groups for young and old proliferate" (Roy, 1991, p. 390). This quest for affectional adequacy may partially explain why people in today's society are less willing to stay in a relationship where their affectional needs are not being met, even at great costs, and explain the rising rates of divorce and remarriage; this is the second reason for focusing on the interdependence mode. Another rationale for focusing on the interdependence mode is that "People who are ill or in a state of change usually experience an increased need for love, respect, and affirmation" (Roy, 1991, p. 392). The subjects in this study all share the common experience of the pregnancy



**Figure 2. The Roy Adaptation Model as it applies to the present study (Roy, 1991, p.30).**

of a subsequent child and, therefore, according to RAM the subjects are all inherently in a state of change which augments their affectional needs.

Roy emphasizes the importance of assessing an adaptive system's perception because the cognator subsystem gives meaning to events and influences adaptation, and therefore, has more importance than an external view of a family's closeness. What may appear as weak and problematic interdependence for one family may actually be beneficial and adaptive for their perception of their circumstances. For this reason, this study focused on how the women cognitively coped or perceived the stimuli in their family's environment and how they perceived their family's interdependence, or closeness.

Roy delineates seven stimuli that are most important when assessing in the interdependence mode:

- (1) expectations of the relationship and awareness of needs, (2) nurturing ability of both persons, (3) level of self-esteem, (4) level and kinds of interactional skills, (5) presence of the other in the physical environment, (6) knowledge about friendships and relationships, and (7) developmental age and tasks (Roy, 1991, p. 395).

These stimuli can be grouped into three categories--stimuli inherent in the environment, stimuli inherent in the people in the relationships based on past experiences, and lastly, stimuli which the people determine throughout their interactions.

Stimuli in the environment include the fifth and seventh stimuli identified by Roy. The fifth stimuli, "presence of the other person in the physical environment" (Roy, 1991, p. 395) includes the amount of contact and physical proximity of the persons in the relationship. Frequent contact facilitates the development of attachment and maintenance of any relationship. For example, custody and visitation arrangements may have significant impact on remarried family affectional

adequacy. The other stimuli inherent in the environment is that of "developmental age or developmental tasks or crisis" (Roy, 1991, p. 397).

Theories of human and family development (i.e., Erickson, 1963; and Duvall, 1977) are particularly relevant to understanding how interdependence behavior develops and what tasks or changes a family may be facing.

Three of the stimuli identified by Roy are ones that the people bring with them to the relationship based on their past experiences. The first is "nurturing ability of other persons" (Roy, 1991, p. 395). Past experiences and quality of past relationships and amount of physical energy influence a person's present ability to provide growth-producing care and attention. The second stimuli inherent in the individuals is level of self-esteem " is a basic contextual factor for the person to handle the circumstances in life in which the opportunities for receiving love, value, and respect change" (Roy, 1991, p. 396) for example, in divorce. The last stimuli inherent in the individuals is the stimuli of "knowledge about friendship and how to build or maintain a relationship" (Roy, 1991, p. 397). Activities of significance here include priority of the relationships, expression of affection, communication, space for autonomy, affirmation, and acceptance of each other's episodes of anger and shortcomings.

The third and final category includes the other two stimuli which are determined by the individuals' current interactions and can be modified. The first in this category is "expectations of the relationship and awareness of needs" (Roy, 1991, p. 395). This encompasses how the people in the relationship expect each other to express affection (i.e., physical proximity, spending time together, physical contact), how much self awareness they have of their own needs, and how well they communicate these expectations to one another. The other stimuli in this grouping is "the level and type of interactional skills" (Roy, 1991, p. 396), such as

open communication and sensitivity to other's verbal and nonverbal behavior. Roy believes interactional skills can be learned.

Because all the women were in the third trimester of the pregnancy of a subsequent child and this was the stimuli of interest, it was considered to be the focal stimulus. How the women were cognitively coping or perceiving any contextual stimuli was also assessed because there may be other changes occurring which may also have increased their affectional needs. Contextual stimuli of any major life change, such as family developmental tasks, in the year prior was explored and described. Since the effect of the third and final category of stimuli, residual stimuli, cannot be validated, it was not described in this study.

Clearer understanding of women's perceptions of the focal and contextual stimuli they were facing, as well as a clearer understanding of their perception of family closeness or interdependence mode functioning will enable family nurse practitioners to assist families as clients to learn to elicit the nurturing each individual member needs and to reciprocate love and caring for improved quality of life. Better understanding of the Roy Adaptation Model as it applies to families as adaptive systems will also enhance the discipline's body of knowledge for future research and clinical practice.

#### Review and Synthesis of Existing Empirical Literature

The majority of the literature on the women's perception of the impact of pregnancy and other major life changes on their family's closeness is fragmented, with most researchers looking at one of these concepts at a time rather than the whole picture. For this reason, this section was subdivided into three sections according to concept clusters in the existing literature: the impact of pregnancy on family closeness, the affectional functioning of different family forms, and the impact of a subsequent or mutual child on family closeness.

Impact of pregnancy as a stressor on family closeness. The majority of research looking at the impact of pregnancy on family closeness has focused on the pregnancy and birth of a first child in first-married families. Mercer et al. (1988) found that stressors during pregnancy, such as obstetric risks and unexpected events, have a negative effect on interpersonal and family relationships. However, when uncomplicated (low risk) pregnancy of a first child was the only variable studied, Shereshefsky and Yarrow (1973) found that pregnancy of a first child enriched the interpersonal relationship between the family members (the husband and wife). The majority of the studies focus on the transition to parenthood and indicate a negative relationship between spousal perceptions of family closeness and the birth of the first child (Belsky, Lang, & Rovine, 1985; Belsky, Spanier & Rovine, 1983; Cowan et al., 1985; Harriman, 1983; Miller & Sollie, 1980). Although a significant decline in quality of family interactions has been documented by most researchers, it is important to note that the change is of a relatively small magnitude (Cowan & Cowan, 1988).

The majority of these studies which report a negative impact on family closeness with the birth of the first child were all short term studies (at maximum, looking at periods of several months). A longitudinal study by Grossman, Eichler, and Wienickoff (1980) found that although perceptions of family closeness did decline initially, by one year after birth, parents' perceptions returned to previous levels of satisfaction. A study which spanned many stages of family development found that on average, perceptions of family closeness are higher early in the marriage, they decline when the first child is born, and they improve again later when the children mature into young adults and begin to leave the home (Anderson, Russell, & Schumm, 1988).

There are only a few studies which actually focus on the pregnancy of a subsequent child. Tomlinson, White and Wilson (1990) concluded that positive

family interactions may better be explained by availability of resources, previous coping experiences, and societal approval of their family form than by whether it was a first or subsequent pregnancy. Hall, Wulff, and Wilson (1994) determined from their research that second-time parents do not require less support than first-time parents, but a different type of support. Both studies suggest that the pregnancy of a subsequent child may be equally as great a stressor as the pregnancy of a first child on a family system because it necessitates equal amounts but different types of changes in family boundaries and interactions and, therefore, family closeness.

An overall analysis of the childbearing literature reviewed which looked at family closeness suggests a curvilinear relationship between perceptions of family closeness and developmental transitions. As suggested by Beavers and Voeller (1983) and Olson et al. (1983), different degrees of family closeness are more suitable for different developmental tasks. In accordance with RAM, each of these major developmental events require the family system to reorganize and accommodate change in the interdependence model by renegotiating system and subsystem boundaries, the interpersonal hierarchies of power, and the degree of emotional closeness in the interpersonal relationships. The childbearing literature reviewed suggests that in the earliest stage of family development, the couple is very close. When the first child is born the couple must loosen their boundaries to make room for the addition of a new member and are less close. After a year the family has adapted and regained its initial degree of family closeness.

Family closeness in remarried families. The predominant attitude in the remarried family literature has been that remarried families by the nature of their more complex network of extended family member relationships are inherently different from first married families. Because remarried families are presumed to be so different, it is also presumed that a different theoretical model for research and

clinical practice may be required for use with remarried families. The majority of the research which compares the degree of remarried family closeness to that of first married families does show that remarried families are significantly less close than first married families (Pill, 1990; Pink & Wampler, 1985; Waldren, Bell, Peek & Sorell, 1990). What is mentioned in only one of these studies is that the magnitude of the differences in family closeness is very small (Waldren et al., 1990). In the past, many clinicians speculated that emotional closeness was less important to remarried family happiness. Pill's (1990) research disputes this and shows that remarried families desire similar levels of cohesion to that of first married families. Remarried families made continuous and deliberate effort to spend time as a family (similar to first married families in the early stage of family formation) and when unable to achieve greater closeness, they changed their perceptions and derived pleasure from looser family boundaries (Pill, 1990).

Few studies have to this point attempted to determine what causes the lower levels of family closeness in remarried families. Crosbie-Burnett (1984) attributes the difference to unwanted nurturant behaviors on the part of the step-parent and concludes that the cornerstone to achieving adaptive levels of family closeness is the step-relationship. Kurdeck (1989) found that the presence of step children had a weak, but positive, effect on marital satisfaction when other factors were controlled. Therefore, the step-relationship was shown not to be the most significant cause for varying degrees of family closeness. Waldren et al. (1990) added the variable of major life changes, or family stress, to the analysis of differences between the degree of family closeness in the two family forms. They determined that the patterns of relationships between family stress and family closeness were similar for the two family types. Pill's (1990) research showed that major life events, both positive and negative, contributed to the development of family closeness in remarried families. Waldren et al.'s (1990) overall conclusion



(which was the opposite of other literature which did not look at stress and its relationship with family closeness) was that in spite of stepfamily member needs to maintain ties with noncustodial parents and others, higher rather than lower cohesion may be more important to stepfamilies than to intact [first married] families.

Impact of a mutual child on remarried family closeness. There are many clinicians who have made assertions about the impact of a mutual child on remarried family functioning, but there are only six research studies which incorporate the impact of a mutual child on remarried family closeness as part of their focus (Duberman, 1973; Albrecht, 1979; White & Booth, 1985; Ambert, 1986; Ganong & Coleman, 1988; Omar, 1989; Kelley, 1992). There is only one study which looks at the impact of the pregnancy of a subsequent child as the main purpose of the study (Omar, 1989). Like the literature on remarried family closeness, the findings from these studies have conflicting findings. Some report a positive effect (Duberman, 1973; Kelley, 1992), one a negative effect (White & Booth, 1985), one no effect (Ganong & Coleman, 1988), and others which show a positive and negative effect based on gender perception (Albrecht, 1979; Ambert, 1986; Omar 1989).

Two studies report a wholly favorable and statistically significant impact of a mutual child on remarried family closeness. The first was completed by Duberman (1973). The purpose of that research was to study step-kin relationships, especially between sibling and stepparent/stepchildren. Duberman found that of those remarried families who had a child together, the percentage of couples who reported on excellent relationship between step-kin was 78 percent compared with 53 percent of those who did not have children together. Kelley (1992) obtained similar results in terms of better family functioning in those families with mutual children. Kelley further analyzed the differences between remarried families with

mutual children, those without mutual children, and those seeking counselling for problems with family interactions and discovered that the families with mutual children and those not currently in treatment had been married for longer periods of time.

The opposite impact of a mutual child was determined by White and Booth (1985). Although they did find that mutual children did help lessen these positive attitudes to divorce in first married families, they found this was not the case in single or double remarriages. Mutual children in remarried families with stepchildren residing with them were actually associated with decreased satisfaction with family closeness and with increased positive attitudes towards divorce. Although attitudes toward divorce is not an exact measure of family closeness, it can be inferred that if all the family members' needs for emotional bonding were being met, that they would not desire a divorce.

The findings of Albrecht (1979) and Ambert (1986) both indicate that there is a gender effect relative to the perceived impact of having a child together. In both studies a mutual child was perceived as having a positive impact on the degree of family emotional closeness by the men while the women perceived a decreased quality of family interactions and family closeness.

Ganong and Coleman (1988) collected qualitative data as well as quantitative data on the effect of the presence of a mutual child on marital adjustment, step- and parent-child relations, and stepfamily closeness. The descriptive data collected from the parents and stepparents indicate that approximately a fifth of both the stepparents and the parents felt that the birth of a mutual child made them feel closer to the older children in the family. The quantitative data did not support this finding. From analysis of control variables, Ganong and Coleman (1988) suggest that any effects of a mutual child are likely to be related to motivations and influences prior to the pregnancy such as the number of children in the home,

income, age, feelings of obligation to their spouse, and wanting to have a child together with their partner.

Only one study focused on the impact of the a pregnancy of a subsequent or mutual child. This study by Omar (1989) was based on the quantitative data collected concurrently with the qualitative data for analysis in the present study. The gender effect found by Omar during pregnancy is the opposite of that found in the studies conducted after the birth of a mutual child: first married and remarried family wives both viewed their families as more cohesive and together than did their husbands (Dietz-Omar, 1991). Family closeness was slightly greater in first married families for both spouses when compared to remarried spouses, but these differences by family type were not significant. The only significant difference between the two family types was in the type of coping strategies they preferred. Omar (1989) found stepfamilies were more satisfied with more internal family coping strategies (verses external support) than their first married family counterparts. This could in part be due to their attempts to establish themselves as a family through developing greater emotional closeness between members. Thus, like Pill (1990), Dietz-Omar (1991) concludes that remarried families having a mutual child are most likely to still be in the early stages of family formation and desire greater emotional closeness, similar to first married families in the early stages of development when they are having their first mutual child.

Overall, Omar's (1989, 1991) results indicate that first married families and remarried families are more alike than different. The two types of families perceive and desire higher levels of emotional closeness in their families. The gender effect for both family types is the same, with the woman having a more optimistic outlook. The small difference in degree of family closeness may be due to the fact that first married families had been together longer and achieved a higher level of development than remarried families rather than to expecting a mutual child. First

married families may have already "developed and established satisfactory bonding, boundaries, roles, and rules from managing prior family life experiences together" (Omar, 1989, p. 119). Thus, these findings indicate that multiple other factors, such as major life changes, can influence the perceived impact of the pregnancy of a subsequent child.

Critical evaluation of the literature. To determine if length of time since family formation, or marriage, and the number of major life changes managed together by a family, and the pregnancy of a mutual child are significant factors in the development of family closeness, more research must be done. The studies reviewed differ in sample size, appropriate control or comparison groups, length of the study, measurement instruments and whether they controlled for variables other than family type and having a mutual child. These differences may account for the conflicting findings and conclusions.

As discussed earlier, Pill (1990) reported that shared life experiences increase family closeness in remarried families. This is the one weak area in Omar's (1989) study, other factors (major life changes) which may influence the degree of family closeness were not included in the quantitative analysis. Omar's (1989) study is the only one which looks at the impact of expecting a subsequent or mutual child. This highlights the biggest gap in the literature--the difference of expecting and actually introducing a mutual child into the home. The literature on pregnancy strongly indicates that pregnancy (whether it is the first, second, third, or fourth) is a major family life event and worthy of considerable attention, yet only the one study exists on the topic in remarried families.

Omar's (1989) study may lack the conceptual piece about the type and number of major life changes experienced by families, but unlike many of the studies which lack appropriate comparison groups, sample sizes, and/standardized tools of measurement, the study is empirically sound. Both qualitative and quantitative

data were collected (although only the quantitative data was analyzed at that time) from 40 first married families and 40 remarried families. Standardized instruments (F-COPES, FACES III, and the FLSS) were utilized to measure the concepts of interest.

Ganong and Coleman's (1988) study is one of the studies conceptually focused on after the birth of the mutual child, but which is also empirically quite sound. This study did not support any differences in family closeness between family forms, and was also one of the few studies to control for other variables which may influence quality of family interactions, in this case the importance of influences on the emotional relationship between members before the pregnancy. The study was adequately large (106 remarried families) and an equally large comparison group of first married families was utilized. Both qualitative and quantitative data were collected. A widely accepted standardized instrument for measuring positive affect in relationships (IFF) was used to collect data on family closeness.

Albrecht (1979) obtained a significantly large random sample (369 remarried subjects). The major weakness of this study was that it did not use standardized measures to obtain the data. Ambert's (1986) study was not actually large enough for significant quantitative data to be reported on the different types of families-- only 25 couples had remarried, were stepparents, and had at least one child together. This study also did not use established, standardized, reliable measures. These studies are of interest conceptually because they contribute to the variance in perception of the impact of having a mutual child in remarried families which is dependent on the gender of subjects.

White and Booth's (1985) study also obtained a large random sample of remarried subjects and a control group of first married subjects. The study was longitudinal (subjects were interviewed at two points in time three years apart),

therefore, it captured a larger picture how mutual children are associated with decreased satisfaction with family closeness over time. The importance of time frame is demonstrated by the curvilinear relationship between perception of satisfaction with family closeness and developmental transitions in the first family childbearing literature. The weakness of White and Booth's (1985) research is that no data was collected on the relationship of children in the home, children were coded as being stepchildren if they were older than the respondent's current marriage. The researchers also report quantitative statistical results but do not mention the use of any standardized measurement instruments for questioning the respondents.

Duberman (1973) made an early attempt to determine if mutual children had a favorable impact on remarried family closeness and analyzed a random sample of 88 subjects obtained from reviewing marriage licenses from 1965 to 1968. This study reported a statistically significant, positive impact of mutual children. These results must be questioned due to the lack of a standardized measurement tool for family affect.

Kelley's (1979) exploratory research is insightful about the coexisting relationship of length of marriage and mutual children to increased remarried family closeness, but not generalizable to the population because out of the small sample of six remarried families with a mutual child. Also, there was no "normal" comparison group. Well functioning remarried families were compared to six families who were in treatment for family problems.

The problems found in the study designs and methodologies are problems which are commonly cited when discussing the difficulties in researching remarried families. It is difficult to obtain samples of sufficient quantity to report significant quantitative results. Even when large samples are obtained, it seems the studies are lacking in the areas of reliable, standardized measurement instruments, for

appropriate comparison groups, or in the area of possible covariates. A possible explanation for the conceptual gaps in the remarried family literature is the lack of descriptive studies and the small sample size of the few studies which have been done. Without descriptive data to identify possible covariates and influencing factors of the perceived impact of the pregnancy of a subsequent child in first married and remarried families, doing large scale quantitative studies may be causing researchers to leap to erroneous conclusions influenced by societal biases.

Qualitative, exploratory research on substantial numbers of first married and remarried families must be done to determine not only how expecting a subsequent or mutual child impacts families perception of their emotional closeness, but to determine what other concurrent factors may also impact this affective area of family functioning. To prevent insignificant sample sizes of remarried families expecting a mutual child and to ensure an appropriate comparison group, quota sampling rather than random sampling is more appropriate. The only way to answer the question of whether remarried families are more similar to first married families expecting their first mutual child is by doing more descriptive research. Descriptive analysis of multiple remarried families is necessary to determine if remarried families really are different, or at higher risk for maladaptive family closeness, than first married families and to determine what factors, if any contribute to this higher risk. This information is necessary for earlier assessment and intervention to occur with these families during the prenatal period before the child is born to promote optimal affective functioning for each family as a whole and thereby, promoting optimal growth and development of each individual family member.

This study used quota sampling to ensure adequate representation of both remarried and first married family types. It will explore and describe women's perceptions of any major life changes in the last year and attempt to determine any

similarities and/or differences between remarried families and first married families, and any similarities and/or differences in women's perception of family closeness in first married and remarried families.

## METHODS

### Research Design

This study was a secondary data analysis of the qualitative data collected as part of a larger quantitative study (Omar, 1989). For this part of the study, a qualitative design using semi-structured interview questionnaire was used to collect data at one point in time.

### Sample

The sample included the women from the 40 remarried and 40 first-married families originally recruited and interviewed in 1989 as part of the larger study by Omar (see Appendix A for a copy of the original study's sample selection criteria). Although the original study did collect qualitative and quantitative from both the men and the women, the present study used only the interview data from the women.

### Operational Definitions

The first variable/concept of interest, "major life changes" was operationalized by identifying themes in the text from the women's responses to the original interview question, "Within the last year, have any major changes occurred in your life?" The other major concept/variable, "family closeness" was operationalized by looking for themes in the text from the women's responses to the original interview question, "Have you noticed any difference in your family's closeness since this pregnancy?"

### Procedure For Data Analysis

This study focused on a small portion of the data collected as part of a larger study by Omar (1989). A semi-structured questionnaire consisting of eleven broad



open-ended questions was the instrument used by the principal investigator of the original larger study to interview one spouse (see Appendix B for a copy of the original interview process and interview questions) while the other spouse completed the self administered quantitative questionnaires. Data collection occurred in the subjects' homes (see Appendix C for a copy of the original data collection and management procedures). The responses to the interview questionnaire were already transcribed into text and prepared for the computer program, the *Ethnograph* (Siedel, Friese & Leonard, 1995), for data management. The present study consisted of a content analysis of the women's responses to two of open-ended interview questions. Trends in similarities and differences between and among cases were then described so that tentative hypotheses could be formulated for further study.

Based on the literature review, themes related to family emotional bonding, affectional function, commitment to the family as a whole, working together to solve problems, and to meeting one another's affectional needs of nurturing, love, respect, and unconditional acceptance were sought in the text excerpts from the responses to the first question on family closeness. Answers to the question of whether women from remarried families use similar language to describe differences in their families' closeness were sought by comparing the responses of women from the different family types.

The literature review on major life changes served as a basis for determining themes from the text of the women's responses to the second interview question, "Have you experienced any major life changes in the last the last year?" Responses of the women from the two different family types were compared in attempt to answer the research question of whether remarried and first married families believed to be at similar stages of family development experienced similar types and numbers of major life changes. The women's responses from the two

family types were also compared to determine if women from remarried families perceived major life changes similarly to how women from first-married families perceived similar events.

### Reliability and Validity

Reliability that each category or theme of the content analysis was mutually exclusive was established by checking for agreement between two or more of the researchers involved in the study analyzing this data set. The current researcher did the initial coding then, a random sample of the data was analyzed by two members of the current researcher's thesis committee, Rachel Schiffman and Mildred Omar. Face validity, or the extent to which each category or theme found in the content analysis looked as if it represented the theme or concept on which it was based, was established by explaining where these categories came from based on the literature reviewed. Each category or theme found was explained as to why it fit the Roy Adaptation Model and was supported by the apparent relevance of the themes to the research questions. Each theme was coded and frequencies of the codes were tabulated to provide a better description of the sample characteristics.

### Protection of Human Subjects

The proposal was reviewed by the University Committee on Research Involving Human Subjects of Michigan State University (see Appendix D for UCRIHS approval for the current study). Several strategies were utilized to protect the rights of the women who agreed to participate in this study. First, the original study was approved by UCRIHS and no physical, psychological, social, legal, or economic risks were identified for subjects participating in the study. Second, the interview questions were already asked by another member of the research team, and were already organized and coded by subject identification numbers so the current researcher had no contact with the subjects or had access

to their names, addresses, or any other information which could inadvertently lead to the identification of any of the subjects.

#### Assumptions

It was assumed that the subjects actually met the sample requirements outlined in the original study. It was assumed that the original investigator asked each subject the same questions in a non-leading manner. It was assumed that the subjects answered the interview questions honestly and their responses accurately depicted their true feelings. It was assumed that the original investigator and collector of the data took accurate notes during the interview process and that these notes were accurately transcribed into text.

#### Limitations

The present study only looked at the women's perceptions. The men's and children's perceptions may differ from the women's perceptions. Convenience sampling includes the risk of self-selection bias. Most families in the sample were Caucasian, middle-class, and well-educated, therefore, the findings can only be generalized to this population. The study looked only at women's perceptions at one point in time. Perceptions may change from day to day, or over a period of years.

### FINDINGS

The group of women from first married families and the group of women from remarried families shared many similarities, as well as differences. These differences and similarities are presented in three sections: findings related to demographics; findings related to perceptions of major life changes experienced in the last year; and findings related to perceptions of family closeness.

The original investigator did not realize that the topic of major life changes was going to be an area of interest for this exploratory study until after several interviews. The cases for which this question was not asked, were excluded from

the current study. There were several other cases for which only the demographic and quantitative data were obtained and the qualitative interview questions were not asked. This left 29 women from first married families and 35 women from remarried families who were ultimately included in the present study.

#### Findings Related to Demographics

The women from the two family types shared many demographic similarities. It is known from the original sample and data collection that, "Both groups were predominantly Caucasian, Protestant, middle class, well-educated, with one to two children in the household" (Dietz-Omar, 1991, p.7). Although the average age of the women from both groups was the same (30 years; the range for remarried women was 19-39 years and 21-36 years for first married women) and both family types were expecting the birth of a subsequent child into their family system, there were other major developmental differences between the two family types. Developmental age and tasks are one of the stimuli Roy identified as important for assessment of the interdependence mode.

The couples from first married families had been married longer, an average of 6.5 years (range: 2-12 years), while the remarried family couples had been married for an average of only 1.4 years (range: 4 months to 3 years). Remarried families could then be considered to be in the early stages of family formation. The first married families could be considered to be established as families based on the average years of marriage.

There were some interesting developmental differences between first married families and remarried families when family developmental stages were based on the developmental stages of the children (see Table 1). Almost all of the first married families were in the preschool developmental stage. The remarried families were more likely to have older children and be in multiple developmental stages at the same time. For example, several remarried families had children in

school and adolescent developmental stages, were recently married, and would soon have an infant which would place them in four of the traditional stages of family development at one time.

### Findings Related to Major Life Changes

On average, remarried families experienced a greater number of major life changes in the last year than first married families (see Figures 3 & 4) and, thus, had more contextual stimuli confronting them during equal periods of time. Remarried families not only experienced more changes, in some cases they experienced different types of major life changes (types of changes will be discussed later). These contextual stressors, or types of major life changes, were categorized based on the main categories in the Family Inventory of Life Events (FILE) (McCubbin & Patterson, 1987). Because of the open-ended nature of the responses, some text had possible implications for multiple categories. To avoid making any false inferences, codes for major life changes were tabulated based only on women's perception, or exact responses (for example if a woman said she had remarried in the last year, but did not mention the addition of a new immediate family member, the change was tabulated only for getting married), therefore, some categories may be falsely under-represented. The nine categories of change identified were: (1) no major life changes, (2) work transitions and strains, (3) financial strains and changes, (4) legal problems or changes, (5) family membership transitions, (6) illness/dependency changes, (7) marital changes, (8) childbearing changes, and (9) intra-family interactional changes (see Tables 2-10).

There were several areas where the women from the two family types perceived strikingly different types of major life changes. The first area was that of no changes. The women from first married families were more likely to have perceived no major life changes (see Table 2). The second area of interest, moving, is one where the perceived changes could have implications for other

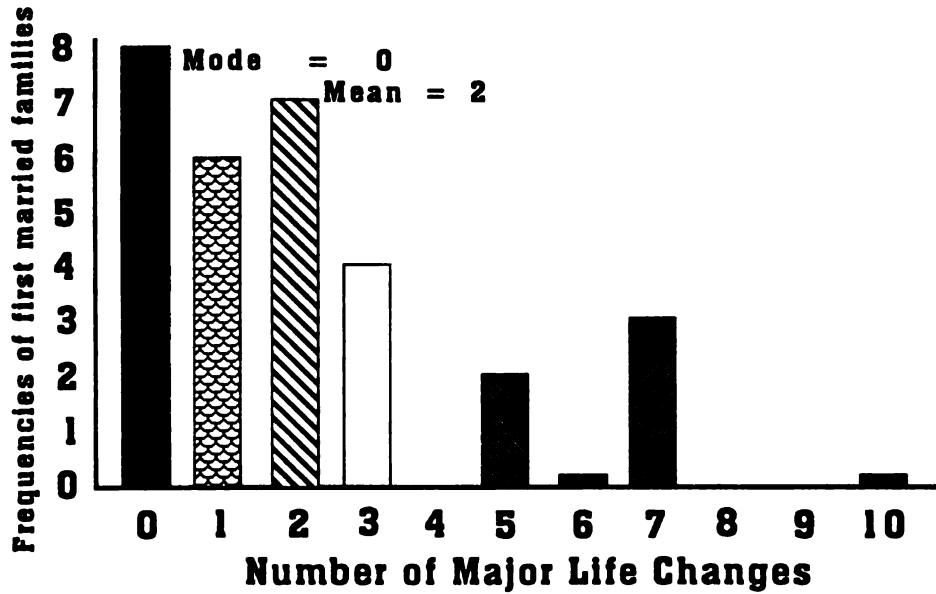


Figure 3. Frequencies of first married families who experienced the various quantities of major life changes in a year's time.

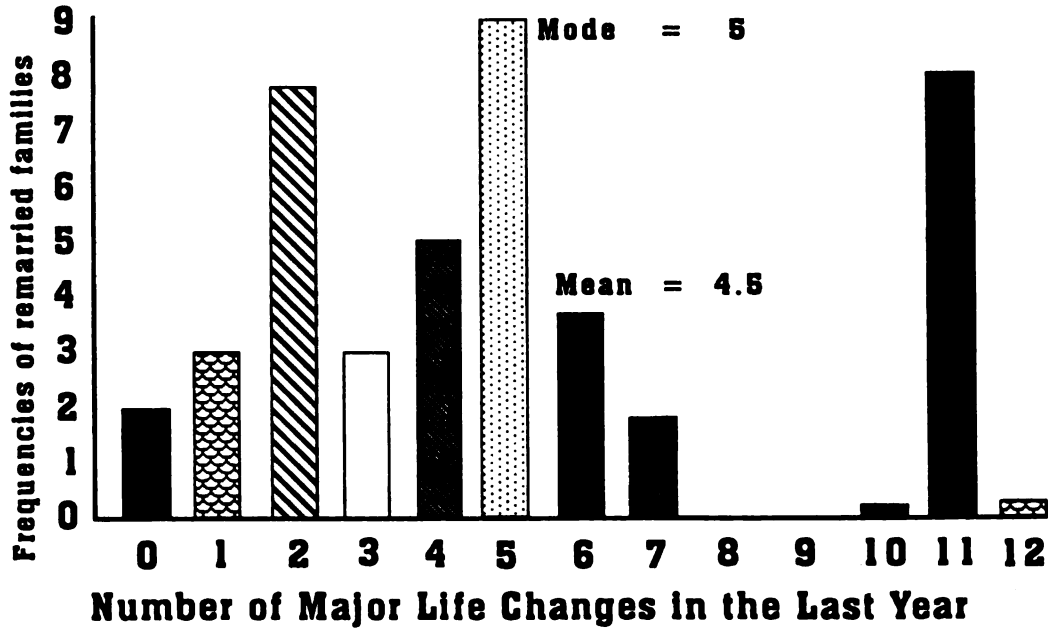


Figure 4. Frequencies of remarried families who experienced the various quantities of major life changes in a year's time.

areas of the families' lives, or other change categories. Lastly, moving was perceived as a major change by 37% of the women from remarried families yet, only approximately 10% perceived buying or selling a house as a major change. For this reason, the financial change category may be under represented (see Tables 3 & 4). The women from first married families perceived changes in their husband's work more frequently than women from remarried families, and remarried families moved more frequently than first married families, but otherwise, the pattern of perceived work transitions and strains by family types was fairly similar (see Table 3).

There were differences in both the number and the type of financial changes experienced by the women from the different family types (see Table 4). Women from remarried families perceived more financial changes than women from first married families in all three categories. Women from remarried families perceived financial changes related to the merging of the couple's individual financial responsibilities and in some cases related to child support and the splitting of the former couples' finances. The financial change category is another category of change which may be under-represented because women from both family types mentioned changes in the work category, which most likely impacted family finances as well, but they did not always mention a financial change.

Legal problems were perceived to be a major life change by 11% of the women from remarried families and by none from first married families. All of these legal changes, except the example in Table 5, were related to court battles with ex-spouses over issues such as child support and custody.

As mentioned earlier, many more women from remarried families mentioned marriage in the last year than mentioned gaining a new family member, therefore, although Table 6 does not show this difference between the family types, women from remarried families experienced more changes in the composition of their

immediate families. Women from first married perceived changes in the composition of their extended family as major life changes more often than women from remarried families (see Table 6).

Women from first married families were more likely to perceive changes in the health of extended family member as a major life change. Women from remarried families perceived changes in childcare as major life changes slightly more often than women from first married families. The rest of the patterns of perceived illness/dependency changes were similar for the two family types (see Table 7).

All the women who perceived major life changes related to marital status were from remarried families. This is related to the differences in the time the couples from the different family types had been married. All the first married families had been married long enough to have one child in the home and be expecting a subsequent child, therefore, could not have possibly experienced any marital changes in the last year (see Table 8).

Even though all the subjects in the study were expecting a subsequent child, it appears that the remarried families were also more likely to have more childbearing changes occurring (see Table 9). For example, a greater percentage of remarried families were experiencing an unplanned pregnancy. This information was obtained from the demographic section of the interview text in response to a direct question. None of the women mentioned whether the pregnancy was planned or unplanned in response to the major life change question, most likely due to the sequence of the questioning. Many of the women mentioned "getting pregnant" knowing that the investigators already knew whether or not the pregnancy was planned. Also, for almost a quarter of the women from remarried families, the current pregnancy was their first pregnancy experience.

Although, miscarriages are an additional unexpected major life change and a cause of great sorrow, it appears that women were able to perceive some beneficial



aspects of this change. This is one women's perception, "The miscarriages have brought us closer this pregnancy. We're nervous, it's really brought us closer as time passes by.....going through so much together, a stronger bond helps get us through the rough spots" (woman from a remarried family). This example also illustrates an intra-family relationship change, the shared experiences of the spontaneous abortion brought the couple closer together. Table 10 shows that remarried families experienced more changes in their intra-family relationships.

As Roy identified in the seven stimuli important for assessment of the interdependence mode, the importance of assessing the developmental stages of the family and it's individual members is demonstrated by the fact that many of the responses which fell into this intra-family relations category frequently included some aspect of developmental tasks, especially when referring to difficulty managing children. It appears that the older school age children were often perceived as having a more difficult time adjusting to a new step-parent or family situation, or that they objected in a more outwardly way with behavior changes and vocal outbursts.

An unexpected area of similarity was that while a quarter of the remarried women were experiencing a first pregnancy they perceived difficulty managing children as a major life change at a rate similar to that of the women from first married families. This could be due to the sequence of the interview questions. Many women had already discussed family interaction issues in response to previously asked questions in the interview schedule.

#### Findings Related to Family Closeness

Almost all of the women from both groups began their response with some statement affirming that their family was close whether or not they went on to discuss problems or adjustment areas related to their family's closeness. From this, it could be considered that all the women desired family closeness. After affirming

that their family was close, a third of the women from both groups went on to make a direct reply to the question of whether they had noticed any difference in their families' closeness since the pregnancy (i.e., it brought them closer, it was disruptive, or it did not affect closeness). The remainder of the text responses to the interview question "Have you noticed any differences in your family's closeness since this pregnancy?" were extremely varied in what aspects of closeness women chose to comment. The two main themes which emerged were classified as factors which positively or negatively affected family closeness. The findings regarding each of these types of responses are presented.

There were some negative areas of family closeness, or areas of adjustment, which were unique to remarried families; these findings are presented separately.

Direction of perceived impact of the subsequent pregnancy on family closeness. There were basically no differences in the number of women from the different family type groups who perceived increased family closeness, or who perceived that their family's closeness was unchanged since the pregnancy (see Table 11). There were differences in how often women from the two family types perceived a negative impact on family closeness and how often they discuss areas of family closeness without relating them to the pregnancy (see Table 11).

Women from remarried families discussed other areas of family closeness unrelated to the pregnancy more often than women from first married families. The reason for this difference is unclear. It is possible that women from remarried families are reluctant to mention that the pregnancy may be causing any problems because they were working so hard to develop a sense of family closeness. Another possibility is that they were too preoccupied with all the other major life changes confronting them, to focus on the impact of the pregnancy. The following is an example of a response which does not ever directly mention

any change/difference in family closeness since the current pregnancy:

We are very close. We are growing up together and spending time together. My husband and my stepson are very close. My husband had to decide how much quantitatively he loved everybody; me as an adult, his wife, and the child his son, and I love him so much and he loves me. We all work out this love thing so there is no jealousy on anybody's part. He [the stepson] feels his mom loves him more than I do (his real mom), but he know his dad loves him...We just sort of go with the flow and it's very comfortable between the houses. We can have time with him and still have time alone. We try organize and share our life. We do normal things. He goes to sports even if I am not with him. He goes to the games and we play games and cards. I'm very close to my [step]son; he is to both of us. Sometimes not sure where I fit in. Sometimes I felt like I was an outsider, but not for long. Sometimes he does call me mom and that's okay. Sometimes he can butter us both up and he knows very well what buttons to push. We do things as a three family. He does have two sets of parents and he fights for his rights when he has to. We're as close as we can be. We share in parents scheduled time. We sit down in a group and we talk and we work things out. It does take a lot of effort. So far it has worked out well. His real mom has just remarried also. As for as changes in the pregnancy, it's a lot more to think about and a new person to relate to. My husband is aware of the amount of work involved with having little babies and he knows how to care and is willing to help and how special it will be (36 year old woman from a remarried family, experiencing her first pregnancy, time married is two and a half years).

From this woman's response, it is obvious that this woman desires family closeness and that the family has a lot of contextual stimuli to cope with at this time.

Factors perceived as important for achieving and maintaining family closeness.

The most noted aspect of family closeness by both groups of women was that of spending time together as a family (see Table 12). This is a component of Roy's "presence of other in the environment" stimulus important for assessment of the interdependence mode (1991, p.397). It was mentioned by 58% of women from first married families and by 40% of women from remarried families. In general what they did together was not included. This suggests that what they did

was not as important as the fact that they did spend time together as a family. "Presence of other in the physical environment" (Roy, 1991, p. 397), or time together as a family, appears to be of special importance when assessing the interdependence mode of remarried families who may have members living in other homes, children who have other parents, and visitation issues impacting their development of family closeness. For example one woman from a remarried family included this in her response to the family closeness question, "Well we're sort of close to the three of us in the house--the other two are not as close, we love them, but they're not there...proximity certainly helps."

A second theme which women from first married families mentioned more frequently than women from remarried families was that of spousal support (28% compared to 3%). Spousal support is a component of Roy's "expectations of the relationship and awareness of needs" (1991, p.395) interdependence stimulus. Comments such as the following, exemplify this stimulus: "We've been close always anyway, we know each other's moods," "My husband seems sensitive to my needs....," and "my husband was always attentive and increased with this pregnancy" (these comments were all made by women from first married families). These examples demonstrate awareness of one's own needs, the ability to communicate these needs to one's significant other so that they can be met.

The first theme that repetitively occurred in the women from remarried families' responses was that of a sense of family unity. The dictionary definition of unity is "An arrangement of parts that will produce a single, harmonious effect, ...constancy or continuity of purpose, action, etc." (Guralnik,1974, p. 810). Themes of constancy and stability and a feeling of belonging together as one were mentioned by 17% of women from remarried families, but by none of the women from first married families. Affection was another factor mentioned by 17% of women from remarried families, but by none from first married families. Roy

believes that expression of affection is another activity of significance to the sixth interdependence stimuli, "knowledge about friendships and relationships." This example of the importance of affection is also excellent example of this stimulus, "I was related to a family that wasn't too close...we weren't raised with hugs and kisses. Wanted to bring that back and have my children know what that's like (woman from a remarried family)."

A strong marital relationship or strong emotional bond between the spouses was the third theme which reoccurred more in the remarried responses. This is also component of Roy's sixth interdependence stimuli, "knowledge about friendships and relationships" which is demonstrated by this woman's comment, "We appreciate our togetherness which we didn't have in our previous marriages." The fourth theme, which a greater proportion of women remarried families discussed, was the importance of open communication for developing and maintaining family closeness. Open communication is a major component of Roy's fourth interdependence stimulus, interactional skills.

Negative factors/areas requiring adjustment to achieve and/or maintain family closeness. The areas of adjustment perceived by women from both family types were strikingly similar in regards to couple relations, family relations, and biological parent-child relations (See Table 13). Women from first married families discussed issues related to extended family relations, negative physical changes and sibling adjustment more often than the women from remarried families. Negative physical and emotional changes related to the pregnancy appear to have a great impact on Roy's second interdependence mode stimulus, nurturing ability. An example of how these changes can affect nurturing ability is, "I have been so tired and have more of a temper and I have less tolerance with the kids" (woman from a first married family).

One fifth of the women from remarried families perceived concerns about sibling adjustment to the expectant child as important to family closeness compared to only 6% of the women from remarried families. First married women were also more likely to be concerned with extended family relations.

Adjustment areas important for achieving and/or maintaining family closeness unique to remarried families. The first recurrent negative theme, or area requiring adjustment, found only in the women from remarried families' responses was that of allowing the children their own space and time to adjust at their own pace. This is a component of Roy's interdependence stimulus, "knowledge about friendships and relationships." The first example of this theme in Table 14 demonstrates knowledge about communication, allowing the children autonomy and showing acceptance of their feelings by allowing them to make their own decisions. Women from remarried families frequently mentioned being friends with step-children and allowing the children to call them by their first names rather than by "mom". This type of no pressure friendship relationship with a step-child is illustrated by this excerpt, "My step daughter confides in me, she goes to school, she tells me who calls, which is unusual. She doesn't really tell anyone, then explains. She asks for my opinion regarding her clothes and hair, it's really nice" (woman from a remarried family).

Another area requiring adjustment found only in the women from remarried families' responses is that of simply requiring time to adjust to one another and live in harmony, as seen the first example in Table 14. The last theme unique to remarried families was that of difficulty coping with the fact that biological bonds between parents and children were formed before the bond between the couple (as seen in the example of exclusion, the second example in Table 14).

## DISCUSSION

There were some major differences between the first married and remarried family types in regards to major life changes and perceptions of family closeness. Most of these differences in both the type and number of life changes and perceptions family closeness can be explained in part by differences in the developmental stages of the two family types. According to RAM, both developmental tasks and major life changes are classified as contextual stimuli. Because developmental stages are determined by demographic information such as time married and ages of the children in the home, findings related to demographic differences are discussed with major life changes. The implications of the findings are discussed as they relate to the existing literature on major life changes, perceptions of family closeness, and the RAM. Lastly, recommendations for future research and implications for advanced nursing practice and primary care are discussed.

### Implications of the Findings for Existing Literature

Major life changes. Couples from first married families had been married for longer periods of time, on average, 6.5 years. Couples from remarried families had only been married, on average, one year. Almost half of the remarried family couples had been married for less than a year at the time of the study. From this, it can be concluded that first married families were established families who had probably progressed through the early stage of couple formation to later stages of family development. Couples from remarried families were in the early stages of couple formation.

If developmental stages of the children are used as the basis for determination of family development, a different picture of developmental differences emerges. Almost all of the children from first married families were in the preschool

developmental stage. The majority of children from remarried families were school age. Another quarter of the remarried families had even older children. From this it could be concluded that remarried families were in a later stages of family development. Both methods for determining family developmental stages are correct and must be taken into consideration. The rationale for determining developmental stages is to predict what developmental tasks a family may be confronting at a given point in time. If a family has the demographic characteristics which place them in multiple stages, they will also be facing developmental tasks associated with multiple stages of family development at one point in time.

When developing Family Inventory of Life Events (FILE), McCubbin and Patterson (1987) found that pile-up of stressors was generally highest for families in the launching and adolescent stages of family development, followed by preschool, then school age and lastly by the couple stage. Therefore, by developmental differences alone, the remarried families can be predicted to be experiencing more major life changes and, therefore, coping with more contextual stimuli at one time. Tables 2 and 3 show that this prediction is valid. Remarried families on average experienced 4.5 major life changes in the last year compared to an average of two for first married families. These findings are in concurrence with Waldren et al.'s (1990) findings that remarried compared with first married families experience higher levels of family stress based on the number of life events and changes as measured by FILE.

Remarried families experienced different types of major life changes. Remarried families perceived more financial and legal changes. More women from remarried families had not planned this pregnancy (28% compared to 10% of first married families). Obviously remarried families experienced more changes in marital status. Forty-three percent of remarried couples had been married less than



a year compared to the minimum time married for first married family couples of two years. Women from remarried families experienced more changes related to childrearing. Most of these changes can be linked to developmental tasks related to role negotiating confronted in the early period of couple/family formation. These major life changes had probably already been addressed and resolved by first married families who had been together longer.

Remarried families moved slightly more often, which was expected due the merging of two families, but first married families were moving frequently as well, probably to accommodate the increasing size of their families. Because not nearly the number of women who perceived moving as a major life change mentioned buying or selling of their house, the financial change category may be under-represented. This tells us that for most women, financial changes were not perceived as top priority, instead, other areas which more directly affect their family interactions appear to be perceived as having greater priority. This supports Lowman's (1980) conclusion that the affective dimension reflects the level of other family processes.

Approximately three quarters of the women from remarried families had custody of their children and, therefore, the step relationship was between their new husband and their biologically related children. The opposite was true for the quarter of women from remarried families who were experiencing their first pregnancy. In these cases the step relationship was between the women and their husbands' biologically related children. These women had even more changes confronting them than the rest of the women from other remarried families because of their limited knowledge of the emotional and physical changes associated with pregnancy in combination with becoming instant parents of their husbands' children. According to the finding of Mercer et al. (1988), these families with high levels of perceived life changes are at greater risk for dysfunctional family

functioning after the birth. The women who never mention how the pregnancy impacts family closeness may not be able to focus on the pregnancy as much as other women and, therefore, spend less time bonding with the expectant child. According to Dzurec (1995), this could place them at higher risk for child abuse.

The only major life change experienced more by women from first married families than from remarried families was that of illness of an extended family member. This was perceived as a major life change by 13% of women from first married families perceived and by none of the women from remarried families. What is not known is whether the remarried families interviewed had no extended family members who were ill, or if remarried families were too preoccupied with all the major life changes confronting their immediate family to perceive the illness of an extended member as a major life change affecting them.

Family Closeness. The findings regarding perception of family closeness are nearly opposite those from the literature reviewed. A third of both groups of women from the current study perceived an improvement in family closeness. Another third of the women from first married families perceived pregnancy of a subsequent child as disruptive to their family closeness. Almost none of the women from remarried families felt that their family closeness had declined. Therefore, it can be concluded that more women from first married families perceived a decline in family closeness than women from remarried families during this developmental transition.

The majority of the past research showed remarried families to be less close than their first married family counterparts (Pink & Wampler, 1985; Pill, 1990; Waldren et al., 1990). The findings of this study also support the quantitative data collected by Omar (1989) from the same sample population which showed no statistically significant difference between remarried and first married family closeness.

Pill (1990) found that 44% of couples from remarried families who had developed a sense of family unity reported that the factors which contributed the most to this were sharing major life events, either positive or negative. This concept of shared experiences bringing families together and bonding them emotionally, suggests that it is possible that after a few years time, remarried families may become closer than their first married family counterparts because they will have shared the experiences of so many major life changes together.

Because 42% of women from remarried families made no direct mention of the impact of the current pregnancy, the possibility that these women were placing so much effort into establishing a sense of family closeness that they were afraid or even unaware of the impact of the current pregnancy. This concept of an energy intensive concentrated effort to establish themselves as a family in the early stages of family development may be a part of why Waldren et al. (1990) found that high levels cohesion are equally, if not more important for first married families.

The fact that so many women from first married families found this subsequent pregnancy to be disruptive support the findings of Hall et al. (1994) and those of Tomlinson et al. (1990) that the pregnancy of a subsequent child can be equally as stressful as the pregnancy of a first child. The finding that a third of the remarried women perceived that the pregnancy of a subsequent child brought their family closer together supports Dubermans's (1973) findings that mutual children improve intra-family relations.

There were not only differences between the family types as to the direction of the impact of the pregnancy, but also in the type of positive and negative factors mentioned which were perceived as important for developing and maintaining family closeness. As with major life changes, the differences can be explained by differences in developmental stages of the two groups. There are more people involved in the early stages of remarried family formation than in the early stages

of first married family formation. Remarried family members must contend with ex-spouses who are still involved with their family because they are still parents of the children. The children are present and very strong forces in these family interactions because they are older. The factors mentioned more frequently by women from remarried families included a strong marital relationship, family unity, showing affection, making an effort to be close, and open communication.

The focus of women from first married families was on spending time together as a family, family supportiveness of one another, and spousal support. The factors mentioned by women from the first married families are of a higher order than the factors mentioned by the women from the remarried families. For example, you cannot provide emotional and role support for another person until open lines of communication and a strong enough relationship between the people that a clear understanding of their affectional needs are and how the other can help meet these needs; one set of factors comes before the others.

The negative factors mentioned more often by the women from first married families included negative physical changes related to the pregnancy, extended family relationships, and concern about sibling adjustment to the expectant child. These findings support Hall et al.'s (1994) premise that second-time parents do not require less support than first-time parents, but a different type of support. The negative factors mentioned more often by women from remarried families were areas of adjustment unique to remarried families such as step-parent-child relations, needing time to adjust and assimilate, and not pressuring children to feel a false sense of family closeness, and for a few, feelings of exclusion. These adjustment areas appear to be related to the issues of the greater complexity of the remarried family structure.

Papernow (1984) concluded that a different model of family development was needed for remarried families based on the unique characteristics of the remarried

family structure. Some of the reasons remarried families are unique are that parent-child bonds precede rather than follow the formation of the couple relationship and there are more people involved than just the couple, adults and children are coming together at very different places in their individual, marital and family cycles. Lastly, there is a biological parent in another household whom the children may live with part of the time. These unique structural characteristics account for the unique areas of remarried family adjustment related to family closeness found in this study.

The theme of remarried families needing time to adjust supports Papernow's (1984) finding that it takes four to eight years for remarried families to establish themselves as a family. Part of the usual sequence of events after a divorce is that single parents look to their children to meet their own affectional needs. Because the children are overly close to their parent(s) it takes time for the children to relinquish fantasies of parental reconciliation and readjust subsystem boundaries to make room for a new step-parent, thus theme related to not pressuring family closeness and concern about step-parent-child relations. This theme is in congruence with Crosbie-Burnett's (1984) conclusions that unwanted nurturant behaviors on the part of the step-parent are the etiology for the lower levels of family closeness in some remarried families. The few women who felt excluded from their new families exemplify the fact that the parent-child bond precedes the couple bond. This is the opposite for what Kurdek (1989) felt to be true for the majority of remarried families with step-children present in the home.

#### Implications Of The Findings For The Roy Adaptation Model

The findings support the model to the extent it could considering the secondary nature of the study. The original interview questions were not developed with the purpose of assessing the RAM and, therefore, did not include assessment of all of the seven stimuli Roy identified as important for assessing

functioning in the interdependence mode. Several of the stimuli did emerge as extremely relevant stimuli in the present study.

Developmental stages of the families and the individual family members were crucial factors related to the similarities and differences found in types and numbers of major life changes experienced and in the types of positive and negative factors which the two family types perceived as important for developing and/or maintaining family closeness, or successful functioning in the interdependence mode. First married families were generally more established as a family. First married couples were in later stages of development compared to remarried couples. Remarried families were facing many more concurrent developmental tasks because of the various developmental tasks facing the more complex remarried families. These differing stages of development impacted other areas such as interactional skills, physical presence of the other in the environment, nurturing ability, and knowledge of relationships which were also relevant stimuli.

One area of family closeness which RAM did not address was that of family unity. This could be due to the fact that the seven stimuli were developed for assessment of an individual as the adaptive system. It is also possible that family unity would be more appropriately be categorized as an aspect of family adaptation in another mode, such as self concept. Future application of RAM to families as adaptive systems may require incorporation of some other family oriented stimuli for assessment of the interdependence mode.

The findings support Roy's (1991) statement that "People who are ill or in a state of change usually experience an increased need for love, respect, and affirmation" (p.392). The women who were experiencing negative physical changes related to the pregnancy were quick to mention how their spouses were supporting them and being attentive to their increased emotional needs. The women from remarried families who experienced more change also readily

mentioned their own affectional needs. According to this premise of RAM, the remarried families experience increased number of major life changes, therefore, they should experience greater affectional needs. This premise supports the conclusion that in spite of the greater number of stimuli facing remarried families and their greater complexity, these families are just as close if not closer than the first married families.

The cognator subsystem which controls perceptual /information processing was shown to be important for determining which major life changes the women mentioned. How changes affected family interactions, or family closeness were mentioned more often than how these changes affected the financial aspect of their families' functioning. How women cognitively coped, or prioritized determined which changes were perceived as major life changes which were not. How women cognitively coped determined if they were able to perceive any impact the current pregnancy might have had on their families' closeness, as was seen in the example of the woman's response who mentioned many other stimuli confronting her family and never mentioned any differences in her family's closeness since the pregnancy. In this case, the pregnancy may not have been perceived as the focal stimuli, because she was coping with so many other stimuli.

RAM guides the assessment of other changes, or contextual stimuli which proved to be of great concern to the families in this study. Many of these contextual stimuli also necessitate changes in the family system's affectional needs and interdependence functioning. Because RAM does incorporate major life changes and developmental tasks of families as stimuli important for assessment of the interdependence mode, it proved to be especially applicable to the assessment of first married families and remarried families alike.

### Implications for Advanced Nursing Practice And Primary Care

RAM provides an excellent blue print for applying the nursing process to families expecting a subsequent child. Roy states, "it is the nurse's responsibility to help persons [or families] adapt to these changes. She [or he] must be able to identify the person's [or family's] level of adaptation and coping abilities, to identify difficulties, and to intervene to promote adaptation" (Roy, 1991, p.27). Because advanced practices nurses in primary care have established relationships with some or all members of families, they are in a unique position to heighten families' awareness about their patterns of interaction and to help families identify interventions which promote optimal levels of family closeness throughout different each phase of family development.

Family structure and quality of relationships should be assessed from the perspective of each individual family member as part of the routine initial assessment of any client new to the practice. Having the client draw or fill in a family tree form and complete an established reliable family assessment tool such as the Family APGAR (Smilkstien, 1978) are two methods for easy and rapid assessment.

This findings from this study illustrated areas of adjustment or potential problems to family closeness for both first married families and remarried families. One of the areas of adjustment for first married families included concerns about sibling adjustment. Family nurse practitioners routinely assess how families are promoting sibling adjustment to the future member of their family and provide information and resources for parents to help provide their children anticipatory guidance about how to incorporate the expectant baby into their family system.

Another area the findings indicate as an important area for assessment with first married families expecting a subsequent child is that of spousal support. FNP's can assist clients to become more aware of their expectations of significant



others and assist them to improve their communication of these expectations. If a woman's nurturant ability is temporarily diminished secondary to the physical and emotional changes of pregnancy, the FNP could help the family to identify ways of providing the woman with respite childcare and household duties, which would enable her to meet her increasing demands for rest and, thereby, improve her emotional capability to nurture other family members. Providing expectant fathers with material on the physical and emotional changes associated with pregnancy could be an effective means of making the men more sensitive to the woman's needs and recruit their support.

Lastly, the findings indicate a fair proportion of women from first married families had concerns about dependency issues related to illnesses of extended family members. FNP's need to include this in their assessment. Resources in the community to help provide respite relief for caregivers, home health aides and nurses and time management skills may interventions of value to these clients.

The findings of this study also indicate areas of importance for assessment and intervention may be necessary for remarried families. Educating clients who are new step-parents about respecting each other's autonomy will prevent unwanted nurturant behaviors which may actually drive members away. The findings indicate that assessment of expectations about remarried family integration and assimilation are important. Remarried families may need anticipatory guidance about the usual time frames for members to adjust to living with one another. The fact that 42% of remarried families did not mention the impact the pregnancy of the expectant child had on their family's closeness may have implications for bonding with the child after the birth. Further probing to assess how well the family is bonding with the unborn child are necessary. Remarried families may also benefit from counseling related to the integration of the new family member and assistance with sibling adjustment.

A brochure about realistic expectations for remarried family integration and development of family closeness is another way to provide anticipatory guidance for these families. The brochure should be made available at sites of state required premarital counselling, in health care provider waiting rooms, schools and daycares. A blank space on the back which could be filled in to include where to obtain additional information and counselling and locations of support groups should be included.

Information which should be covered in the brochure based on the findings of this study includes five topics. The first is "realistic expectations". Families need to know that the usual time periods for remarried family integration and for parents to achieve full co-management status has been proven to be between four to six years so that they do not set themselves up for frustration and failure when instant family closeness is not achieved. The second topic, "how to get along with your step-child" is a concern of most step-parents. Adults need to know how to be a friend to their spouse's child until a time (if ever) when the child sees the new adult member of the family as a parent. The option for the child to call the new parent by their first name, or by "mom" or "dad" is crucial for not forcing unwanted nurturant behaviors, especially with older children. The third topic, "The importance of consistent disciplinary rules between households" is necessary for households where visitation is an issue to prevent the child(ren) from "pushing the right buttons..to fight for their own needs" as one woman from a remarried family stated. The fourth and fifth topics, "What to call new family members" and "the myth of the traditional/ideal family" are closely related. Family members need to understand that every family is unique. There is no ideal family mold to try to fit into. Family members should be encouraged to assess how they feel about one another and their roles in the family system and call members by first names or by the relationship title without prefixes. The last topic which should be included,

"spending time as a family" because this was found to be the single biggest factor identified by both family types as important for developing and maintaining family closeness. Families need to work plan family time to regularly include members who are not always present.

Facilitating focus/support groups is one way to reach a greater population of families than interaction with individuals during office visits. The group format described by Aranoff and Lewis (1979) to "stimulate couples to become aware of their communications and support systems as the necessary building blocks for health family emotional development" (p. 51) could be applied to families experiencing the birth of a subsequent child to improve parenting skills and communication and support between partners. Aranoff and Lewis' pilot project consisted of groups of six couples meeting for eight weeks in a small discussion group for two hours. A lecture/discussion format focused on a variety of issues about pregnancy and infancy, such as what couples' expectations were of themselves and of each other as parents, the changes in the relationship during pregnancy, and how to best meet the emotional needs of an infant. The objectives of the facilitators were to present new information, facilitate communication between each couple in areas they had not yet explored and to help establish a supportive problem-solving system between each couple. These focus groups were evaluated positively by the participants.

This focus group format could be adapted for any, or many types of family developmental transition(s). Focus groups specialized to the transition of remarried family integration needs to include issues unique to remarried families such as: (1) respecting children's autonomy; (2) discussing what the couples' expectations are of themselves and of each other as parents and as spouses to facilitate a strong marital relationship; (3) how to establish a relationship with a spouse's child by becoming friends first; (4) dealing with the multitude of major life

changes, or external stimuli confronting the family system; and (5) the importance of setting aside couple time and family time. Anticipatory guidance on the stages and usual time periods for remarried family integration (Papernow, 1984) needs to be included as well, to help develop realistic expectations, especially related to the numerous developmental tasks which face newly formed remarried families.

Papernow (1984) found that families with older children require 5-6 years to achieve integration and co-management status between spouses. This will prevent tensions from trying to instantly fit into the "ideal" family mold. Focus groups/sibling preparation classes for older children and supervised play or childcare needs to be provided concurrently to increase attendance and to target improved family adjustment from every angle. Participants for the focus groups could be recruited from the back of the brochures mentioned above and by advertising in a associated health system's newsletter sent out to residents of the community it serves.

Health care providers and the general public need to be educated about the negative connotations remarried families feel towards the terms "step" verses "natural" or "traditional" needs to occur. These terms and prefixes imply a step or half relationship that is some how inferior to a real biological relationship. Four of women from remarried families identified themselves as "natural" families when asked to choose their family type from the terms "step-family" or "natural family". One woman made this statement in her response to the question about family closeness, "We do struggle for a family relationship here. We're not going to mention half-brother, we don't question that." Eliminating the use of these terms and prefixes with such negative connotations is one way to help eliminate the bias towards remarried families.

Another way to help eliminate societal bias towards alternative family types, such as remarried families, is to dispel the myth of the traditional/ideal family

which does not and never really did exist. This can be done by conducting and then publishing more remarried family research in professional journals. Articles published in popular women's magazines would reach large percentages of the general public. Speaking at conferences of health care providers and educators is another way to share findings of research. Reaching other professionals and educators of higher learning through the above means will enable them to educate future health care providers, counsellors, ministers, and educators that needs for affectional adequacy can be met through interactions with significant others no matter who they are or how, if at all, they may be related. By dispelling the myth of the "ideal/traditional" family, societal bias towards "alternative" family forms can be eliminated. With so many various family structures emerging in today's society, knowing that there is no perfect family type to strive for will eliminate a lot of unnecessary tensions and unrealistic expectations, and help all people achieve affectional adequacy.

#### Limitations and Recommendations for Future Studies

Many of the differences found between the responses of the women from first married and remarried families appear to be related to differences in family developmental stages. This is most likely due to the difficulty obtaining an appropriate comparison group for remarried family research. It would be of interest to repeat the study this study with a comparison group of first married families who had been married one to two years and who were also expecting their first mutual child. Unfortunately, there is no way to control for the greater complexity of remarried family formation due to the presence of children from previous marriages. It is also not possible to control for patterns of interaction developed in previous relationships.

Collecting data at multiple points in time would increase the reliability and validity and generalizability of the findings for two reasons. The first is that

perceptions change from day to day and this study design would verify that how the subjects responded was what they were really feeling. The second is that this would help control for developmental differences between the two family types. Because the remarried families are confronted with developmental tasks from multiple stages of family development at one time, this would enable the researchers to compare how both of the family types dealt with the different developmental tasks.

There were some limitations due to the fact that this was a secondary data analysis. Both of the interview questions were not asked of all the subjects thus, the unequal number of subjects in the two different groups. The open-ended semi-structured interview format allowed the subjects to respond to what they perceived to be most significant to them and their family situations. The disadvantage of the format is that subjects may answer about topics irrelevant to the question or may forget or not realize some information that is relevant. The brevity of some responses raises questions as to whether or not the subjects were completely honest and complete with their responses. Some of this guess work could be eliminated by asking a broad open-ended question, such as the questions studied here, then having several sub-questions to help direct, clarify and elaborate on the information desired. For example, after asking and allowing the subjects to respond to question about family closeness, questions pertaining to the assessment of the seven stimuli Roy identified as important for assessing in the interdependent mode could be asked. A second limitation related to the qualitative nature of the data is that the coding of responses needs to be verified by independent readers. Some verification of random sections of the text was verified by two members of the thesis committee, but all the text was not verified which limits the reliability and validity of the findings.

The convenience sampling resulted in a very homogenous sample which limits the generalizability of the findings to families of other culture, religions, races, and socioeconomic status's. The other factor which limits the generalizability of the findings is that only the women's perceptions were studied. To be more representative of family closeness and major life changes impacting a family, perceptions of all the members of a family should be examined. The ideal study design would be a longitudinal study of all the members of the families from the two family types. The study should begin in the early stages of family formation and extend through the entire childbearing period. This would provide a more accurate description of family closeness and how a new life is incorporated into and how it impacts the different types of families and their closeness.

#### Summary

The findings of this study may help dispel the myth that because remarried families are more complex and experience more major life changes that they are less close and more at risk for dysfunctional adaptation. Although remarried families did experience more major life changes, they appear to be as close as or closer than first married families. The two factors which are hypothesized to help remarried families compensate for the added stress of the increased number of major life changes in this study were energy intensive effort placed on becoming a family in the early stages of family formation/development and secondly, that the increased number of shared life experiences caused by the higher number of major life changes may contribute to greater emotional bonding.

Developmental stage differences between the two family types appear to have had a large contribution to the differences in the type and number of perceived major life changes in the last year and to the differences in the type of factors important to family closeness discussed by the women from first and remarried families. Future studies which match families by the number of years of marriage

are necessary to determine if the unique differences in the structural formation of remarried families make them more similar than different from first married families. Research guided by the RAM helps control for other variables/contextual stimuli which may also impact family closeness, or functioning in the interdependence mode. The findings from the current study show that all families, regardless of their family type, desire family closeness. RAM also can serve as a guide for FNP's to apply the nursing process to assist families as adaptive systems improve and maintain optimal functioning in the interdependence mode.



## APPENICES

## APPENDIX A

## APPENDIX A

Original Study Sample Collection Criteria and Procedure for Recruiting Subjects

A convenience sample consisting of 40 stepfamily couples and 40 traditional nuclear family couples was used. Obstetricians and other physicians, nurse midwives and nurses providing prenatal care, and childbirth educators throughout southern Michigan were contacted by the investigator who explained the study and elicited permission to identify potential participants for the study.

All couples who met the following criteria were admitted to the sample: (a) stepfamily and traditional nuclear family couples in which the wife was in the third trimester of pregnancy; (b) stepfamily couples who were experiencing a joint-birth for the first time; (c) traditional nuclear family couples who were not experiencing a first-time birth; (d) couple who were married and living together with at least one child under the age of 18 who was living in the home; (e) husband and wife couples' who were able to understand, read, and write English in order to give consent, participate in the in-home interview discussion, and willing to participate. Specific exclusion criteria included couples in which the woman was identified as being medically high risk during her pregnancy.

## **APPENDIX B**

**APPENDIX B****Original Interview Process and Interview Questions****Interview Process**

I want to ask you some questions about your relationship with your spouse, about your children, and your family life. All the information you give me will be held in strict confidence. You will be identified only by a code number and that information will to appear in the study. If you should experience any undue stress or anxiety after the interview, I will be available for counselling. Please call me at (517) 339-1921.

**Interview Questions**

1. How do you feel about having this new baby?
2. How do you think your spouse feels about having this new baby?
3. How do you think you children/stepchildren feel about having this new baby?
4. Have you noticed any difference in you family's closeness since this pregnancy?
5. Have you noticed any difference in how your family handles family situations since this pregnancy?
6. What do you think will be the biggest change for your family with the new baby?
7. What gives you the most satisfaction with your family now?
8. What makes you the least satisfied with you family now?
9. What helps you the most?
10. Within the last year, have any major changes occurred in you life?
11. What advice would you give to other expectant couples?

## APPENDIX C

## APPENDIX C

### Original Data Collection Procedures

Data collection occurred in the families' homes. During the home visit both spouses were given more information about the study. Interview data was collected as part of a larger study. Wives and husbands were interviewed separately. While one spouse completed the quantitative questionnaires used in the larger study, the other spouse was interviewed by the principal investigator to obtain additional data. All interviews were conducted by the principal investigator. The principal investigator took extensive notes during each interview. The interviews were not taped. The total home visit lasted about one hour, with on-half hour needed to complete the questionnaire, and the other half-hour for the interview.

## APPENDIX D



## APPENDIX D

UCRIHS Approval for the Current Study**MICHIGAN STATE  
UNIVERSITY**

March 6, 1996

TO: Jennifer S. Boucher  
5317 Marvard Rd.  
Detroit, MI 48224RE: IRB#: 96-122  
TITLE: WOMEN'S PERCEPTION OF MAJOR LIFE CHANGES AND  
FAMILY CLOSENESS DURING THE PREGNANCY OF A  
SUBSEQUENT CHILD IN FIRST MARRIED AND REMARRIED  
FAMILIES  
REVISION REQUESTED: N/A  
CATEGORY: 1-E  
APPROVAL DATE: 03/04/96

The University Committee on Research Involving Human Subjects' (UCRIHS) review of this project is complete. I am pleased to advise that the rights and welfare of the human subjects appear to be adequately protected and methods to obtain informed consent are appropriate. Therefore, the UCRIHS approved this project and any revisions listed above.

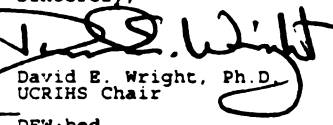
**RENEWAL:** UCRIHS approval is valid for one calendar year, beginning with the approval date shown above. Investigators planning to continue a project beyond one year must use the green renewal form (enclosed with the original approval letter or when a project is renewed) to seek updated certification. There is a maximum of four such expedited renewals possible. Investigators wishing to continue a project beyond that time need to submit it again for complete review.

**REVISIONS:** UCRIHS must review any changes in procedures involving human subjects, prior to initiation of the change. If this is done at the time of renewal, please use the green renewal form. To revise an approved protocol at any other time during the year, send your written request to the UCRIHS Chair, requesting revised approval and referencing the project's IRB # and title. Include in your request a description of the change and any revised instruments, consent forms or advertisements that are applicable.

**PROBLEMS/  
CHANGES:** Should either of the following arise during the course of the work, investigators must notify UCRIHS promptly: (1) problems (unexpected side effects, complaints, etc.) involving human subjects or (2) changes in the research environment or new information indicating greater risk to the human subjects than existed when the protocol was previously reviewed and approved.

If we can be of any future help, please do not hesitate to contact us at (517)355-2180 or FAX (517)432-1171.

Sincerely,



David E. Wright, Ph.D.  
UCRIHS Chair

DEW:bed

cc: Rachel F. Schiffman



OFFICE OF  
**RESEARCH  
AND  
GRADUATE  
STUDIES**

University Committee on  
Research Involving  
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## APPENDIX E

## APPENDIX E

Table 1

**Developmental Stages of First and Remarried Families**

<b>Developmental Stages</b>	<b>%First Married Families (n=29)</b>	<b>%Remarried Families (n=35)</b>
Preschool	90%	14%
Preschool & Early School	20%	20%
School	3%	51%
School & Adolescent	0%	9%
Adolescent	0%	11%
Adolescent & Launching	0%	3%

Table 2

**Percents of Women Who Perceived No Major Life Changes by Family Types**

<b>First Married Women Who Perceived No Change (n=29)</b>	<b>Remarried Women Who Perceived No Change (n=35)</b>
24%	6%

**Example: "No major changes" (woman from a first married family).**

## APPENDIX E

**Table 3**  
**Percents of Perceived Work Transitions & Strains by Family Types**

	First Married (n=29)	Remarried (n=35)
Wife's Work	28%	34%
Husband's Work	23%	9%
Quit School	0%	3%
Complete Education	0%	7%
Major Trips	3%	3%
Start School	0%	3%
Move	20%	37%

**Example (Husband's Work):** "My husband's been off his job since September--employment is kind of scary. It's uncertain for the past year. No idea of the turnover. It's a very scary time but we're having a new baby and my husband having no job" (woman from first married family).

**Example (Wife's Work):** "Well as far as job hours have changed. I work now from 1 to 9, and that is a pain, because I hardly have any time with the kids and visitation" (woman from a remarried family).

**Table 4**  
**Percents of Perceived Financial Changes by Family Types**

	First Married (n=29)	Remarried (n=35)
Sell House	3%	11%
Buy House	3%	6%
Other	10%	27%

**Example (Other):** "I stopped working. Finances are a big problem. We've sold the business" (woman from a first married family).

**Example (Other):** "We sort of wath support" (woman from a remarried family).

**Example (Other):** "We moved around Thanksgiving. Finance planning, income tax, IRA, and investments we pooled our resources, got new vehicles, changed over titles, names, it's been a lot" (woman from a remarried family).

## APPENIDIX E

**Table 5**  
**Percents of Perceived Legal Changes by Family Types**

	First Married (n=29)	Remarried (n=35)
	0%	11%

**Example:** "...my ex-husband was on trial for two months and I couldn't stand it. It was just very difficult" (woman from a first married family).

**Example:** "...we were coping with the ex-wife...Initially, she used the courts effectively" (woman from a remarried family).

**Table 6**  
**Percents of Perceived Transitions In & Out by Family Types**

	Remarried (n=29)	First Married (n=35)
Loose an Immediate Member	3%	6%
Gain an Immediate Member	7%	14%
Child with Visitation	0%	3%
Gain an Extended Family Member	7%	6%
Lose an Extended Family Member	3%	8%
Divorce in the Extended Family	3%	3%

**Example (Lose an Extended Member, Gain an Immediate Member):** "The death of my mom. I'm the oldest. I have a younger brother. I have one brother now living with me. He's 20 years old and a little slow. I have another brother on his own, but needs watching over. I'm watching my brothers adjusting on their own. But they come to me with their ups and downs. I incorporate them into my family here" (woman from a first married family).

## APPENDIX E

**Table 7**  
**Percents of Perceived Illness/Dependency Changes by Family Types**

	First Married (n=29)	Remarried (n=35)
Illness of Self	3%	6%
Illness of Immediate Member	3%	3%
Illness of Extended Family Member	14%	0%
Childcare	3%	11%

Example (Illness of Extended Family Member): "I quit my job to help take care of my dad last May..." (woman from a first married family).

Example (Childcare): "I worry about having a baby and having to work. The grandmother right now watches our stepdaughter" (woman from a remarried family).

**Table 8**  
**Percents of Perceived Marital Changes by Family Types**

	First Married (n=29)	Remarried (n=35)
Marriage	0%	43%
Divorce	0%	6%
Problems with Ex-spouses	0%	6%

Example (Marriage): "It has thrown me into some what of a whirlwind. Getting married, having a child, moving.....lot of big changes in a short time."(woman from a remarried family)

Example (Marriage, Divorce): "Got married, got pregnant. The divorce finally went through." (woman from a remarried family)

Example (Problems with Ex-Spouses): "...we were coping with the ex-wife..." (woman from a remarried family).

## APPENDIX E

**Table 9**  
**Percents of Perceived Childbearing Changes by Family Types**

	First Married (n=29)	Remarried (n=35)
Unplanned Pregnancy	10%	28%
Planned Pregnancy	90%	72%
Spontaneous Abortion	3%	6%
First Pregnancy Experience	0%	23%

**Example (Spontaneous Abortion):** "...I've had two miscarriages" (woman from a remarried family).

**Table 10**  
**Percents of Perceived Intra-Family Relationship Changes by Family Types**

	First Married (n=29)	Remarried (n=35)
Closeness	3%	14%
Communication	3%	0%
Difficulty Managing Child(ren)	3%	14%
Witnessed A Traumatic Event	3%	3%

**Example (Change in Closeness and Communication):** "My niece lived with us for five years, I was her guardian. She moved out and went to college. This was a big change. It's a lot better, because now we communicate more and increase the sense of closeness" (woman from a first married family).

**Example (Difficulty Managing Children):** "The 14 year old is sort of a challenge...They [her two children] were challenging everything with me being home, very stressful. I try to be sensitive to what's going on, but they don't seem to know what they're putting me through. They keep testing me" (woman from a remarried family).

**Example (Witnessed a Traumatic Event):** "...I witnessed a 17 year old girl getting shot, I'm worried about the baby, I was 14 weeks at the time, it was a big shock." (woman from a first married family).

## APPENDIX E

**Table 11**  
**Percents of Perceived Types Differences in Family Closeness Since the Pregnancy by Family Types**

<b>Type of Difference in Family Closeness</b>	<b>First Married Women (n=29)</b>	<b>Remarried Women (n=35)</b>
Increased Closeness	31%	34%
Disrupted Closeness	27%	3%
Unchanged Closeness	20%	22%
No Direct Mention of Impact	22%	42%

**Example (Closer):** "I feel like this pregnancy has brought us closer together. We share now in the planning of it, of a new baby and the permanency" (woman from a remarried family).

**Example (Disruptive):** "Well, actually we seem to be further apart with everything going on...We used to be close" (woman from a remarried family).

**Example (Unaffected):** "No major change since the Pregnancy" (woman from a first married family).



## APPENDIX E

**Table 12**  
**Percents of Positive Factors Perceived as Important for Achieving and/or**  
**Maintaining Family Closeness by Family Types**

<b>Positive Factors</b>	<b>First Married (n=29)</b>	<b>Remarried (n=35)</b>
Shared Experiences	3%	6%
Sharing the Pregnancy Experience	17%	23%
Strong Marital Relationship	10%	20%
Sense of Family Unity	0%	17%
Sense of Commitment to Family	14%	12%
Affection	0%	17%
Open Communication	17%	29%
Spending Time Together as a Family	58%	40%
Having Time to Oneself	3%	3%
Spending Time as a Couple	17%	17%
Making an Effort to be Close	7%	14%
Family Support	10%	3%
Spousal Support	31%	3%

**Example (Commitment, Family Time, & Family Support):** "Well, we're very close, we're committed. Not just by word, but by actions. We spend time together, we're caring and concerned" (woman from a remarried family).

**Example (Effort, Spousal Support, Open Communication, Couple Time, Affection):** "Everyone is working toward a family that works. My husband plays with the kids a lot and pays attention to them. and my husband and I talk a lot and spend a lot of time together cuddling..." (woman from a remarried family).

**Example (Sense of Family Unity):** "It has brought us unity and a sense of peace" (woman from a remarried family).

**Example (Sense of commitment to Family, Sharing the Pregnancy Experience):** "The child is giving us some new goals, direction, and focus. It has brought us close together is Some aspect, through sharing a new life" (woman from a remarried family).

## APPENDIX E

Table 13

**Percents of Negative Factors/Areas of Adjustment Perceived as Important for Achieving and/or Maintaining Family Closeness by Family Types**

<b>Negative Factors/ Adjustment Areas</b>	<b>First Married (n=29)</b>	<b>Remarried (n=35)</b>
Couple Relations	10%	17%
Family Relations	14%	9%
Biological Parent/Child Relations	24%	21%
Extended Family Relations	17%	3%
Negative Physical Changes (Related to the Pregnancy)	34%	17%
Negative Emotional Changes (Feeling Less Tolerant r/t Preg.)	17%	9%
Decreased Marital Intimacy	7%	0%
Sibling Adjustment	20%	6%

Example (Sibling Adjustment): "I concentrate on my daughter being the older sister" (woman from a first married family).

Example (Biological Parent/Child Adjustment): "I'm having a little bit of difficulty letting go. Her father puts her to bed and I'll be putting the baby to bed" (woman from a first married family).

Example (Negative Physical and Emotional Changes, Less Intimacy, Disruptive): "Changes regarding the pregnancy, it's put a strain on our closeness. I'm more grouchy...I've been sick...I'm more uncomfortable, and I have a sore back, and it's a pain to do things, and I don't want to move and, therefore, it puts a strain on our closeness" (woman from a first married family).

Example (Extended Family Relations): "My parents are closer, his parents are not happy about this pregnancy. They said, 'Oh no, not an accident...' My parents and others sort of pull together to get us through" (woman from a first married family).

## APPENDIX E

**Table 14**  
**Percents of Perceived Adjustment Areas Unique to Remarried Families**

<b>Adjustment Areas</b>	<b>Remarried Women Who Mentioned These Areas (n=35)</b>
Step Parent/Child Relations	60%
Time to Adjust to Each Other	26%
Not Pressuring Family Closeness	20%
Feeling Excluded From the Family	6%

**Example (Time to Adjust to One Another, Step Parent/Child Relations):** "Just in the last year, my son and my stepdaughter seem to be getting along better...My husband and son share when they have to."

**Example (Excluded):** "...he [husband] and Eric [stepson] are close, but I'm not in it. I feel like an outsider. I'm not doing anything to be excluded, it's just between them."

**Example (Not Pressuring Family Closeness):** "The boys sort of keep their distance, they do their own thing and go their own way. We try to allow them space. We invite them to dinner and trips if they are interested. They make the decision."

**Example (Not Pressuring Family Closeness):** "My stepson calls me Jane. There's no pressure there."

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