

Fostering Respect as the Therapeutic Basis
of Healthy Family and Couple Relationships

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ABSTRACT

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This work proposes fostering respect as the therapeutic basis for creating a healthy ecology of all human systems ranging from the individual, to the couple, family, community and beyond. A review of literature provides a history of the concept of respect, an operational definition of respect, a foundation for a theory of respect within relationships and within the practice of couple and family therapy.

Preface

The thought presented in this work had its genesis in research on sustainable agricultural systems. One summer day, several years ago, my colleague, a soil microbiologist, and I made a four-hour journey to visit a farm in southwestern Minnesota. This particular farm was unique to modern food production in that no toxins or human-made chemicals, including fertilizer, had ever been introduced into the farm system. Our research procedure was to gather as much data -- biological, functional operational, financial, and farm history -- as we could. As a part of this research process soil tests were taken for analysis, observations of the crops and livestock were made, and an extensive interview was conducted with the farm family.

Our trip to visit this family was in late summer of 1988, a year that is remembered in the upper Midwestern U.S. as the year of the drought. We traveled through mile after mile of parched fields that would yield little or no crops. The federal and state governments, in an attempt to lessen the losses suffered, would supply several billion dollars in disaster relief to farm families that year. The family we were visiting that day was a family that did not qualify for any of those dollars. The reason they did not need the government relief was that, while most farmers around their area, farming with conventional methods, were suffering, this family had a crop to harvest. This raised the question of course -- what was so unique about this farm system that gave it such resiliency?

During the visit, the farmer, a middle-aged man, and his late-adolescent/early-adult son were standing together with my colleague and me in the middle of a cornfield where we had been taking soil samples. What happened there was something that would have a profound effect on me because I recognized it as something that was also very rare and unique. The son started to speak to us of his great respect for his father. He spoke at great length of his deep appreciation for his father. And, the father just listened, as if it were only natural. He did not minimize or deny his son's judgments or reward the sentiments of appreciation in any way that could have minimized his son's expression of respect. It was simply a part of the conversation.

Later that same day, my colleague and I were on another farm about a hundred miles drive away from our first site visit. There also, the farm family practiced unconventional production methods, what are sometimes referred to as organic methods. My colleague and I went through the same research procedures at this farm. As we were completing our visit, we were standing together with the farmer in his large machinery shop when his father showed up, delivering some tractor parts from town. The son was a man in his mid-fifties. The father, who was nearing eighty, had retired with the mother five years previous and now lived in town a few miles away, but traveled to the farm almost every day.

Again, a scene of family interaction took place, very similar to the one earlier in the day. The son told us how much he respected his father. He spoke at length of his appreciation for his parents and his family. Again, the father just listened. Again, there was the mutual showing and allowing of respect.

That day will always remain in my mind. I had visited and worked with hundreds of farm and rural people and families. My work attempts at creating an environmentally and socially sensitive agricultural system, as an idealistic vision shared by many in the sustainable agricultural movement, was, and in most ways still is, based on approaching problems in the system, figuring out the part of the system that is defective, and then fixing or eliminating it.

However, my experience of that day, witnessing those expressed acts of unsolicited respect within those families, left me wondering if there was something left out in our analytical approaches to changing systems involving humans. Our accurate assessment of systems involving humans may have to do, not with what we see as symptomatic signs of function and dysfunction, and/or healthy and unhealthy. What I was awakened to that day was the possibility that the human psyche* in the system may determine its optimal functioning, and that in systems that involve human relationship (and there are increasingly few in the world that do not), it is likely that the most necessary aspect of the human psyche is active respect.

* The term *psyche* is used here in the Neo-Platonic definition [Webster's Encyclopedic-Unabridged Dictionary], which refers to the animated soul, as mind, body, and spirit, of a being and its environment. It could also be thought of in the ecological sciences holonic concept, in which the whole (human being) is part of a larger whole (relationship) and is not considered as separate.

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Dedication

To my father and mother, Anton and Lila,

To my wife, Janis,

To my son, Luke;

who made it possible for me to
become a conduit for love and respect.

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Chapter I

Introduction

“Why can’t we just get along?” – So go the lyrics of popular anti-war ballads. This is also the question often posed to the marriage and family therapist by family members and couples. As helping professionals, Marriage and Family Therapists have participated in an evolution of techniques and procedures to help people establish goals (Feldman, 1976) and guidelines for getting along, and have some relative success at doing so. According to Karen S. Peterson of USA TODAY (Health page, 6/29/1999), University of Washington psychologist and researcher Neil Jacobson’s studies suggest “about 35% couples see a meaningful improvement in their marriages as a result of traditional couples therapy based on solving conflicts. And a year later, less than half – 18% of all couples who entered therapy – retain the benefits.”

Essayist Wendell Berry (1977) wrote in the Unsettling of America about the early settlers plowing up the prairies as an example of their not knowing what they were doing because they “did not know what they were undoing.” In ways, an analogous logic may be applied to how we humans often approach other systemic interactions, including those we have with other humans, and specifically within family systems. Psychologies of the self which tend to emphasize personal control and firm self/non-self boundaries (Sampson, 1988) have evolved. What have also evolved are therapy approaches based on individual

cognitive and behavioral assessments and assumptions. These interventions are aimed at fostering individual internal locus of control, defined as freedom, and at eliminating external locus of control, defined as lack of freedom (Sampson, 1988, p. 20). Individualistic-focused interventions, practiced even by therapists who profess a systems approach and intervene with multiple clients in a joint setting, have in some cases become explicitly and exclusively deliberate treatments of the self as a precursor to relationship change (Schnarch, 1991).

Taking a pragmatic position, some therapists feel “it is of little or no value to the therapist to distinguish between critical issues as to which are deeper and which are superficial” (Zuk, 1976, p. 302). Individual cognitive and behavioral assessments and assumptions are often the focus of therapy, even by many ‘systems therapists,’ with little concern for or understanding of the intricate complexity of the system or its micro and macro environments (Zuk, 1976). Therefore, when the question of “why can’t we just get along?” is asked, solutions are proposed before there is much investigation of the question from the “we,” or relational perspective (Fishbane, 1998; Sampson, 1988).

For purposes of this discussion, in this paper the investigation of the types of human relationships will be limited to those that might be addressed as the normal focus in the professional Marriage and Family Therapy (MFT) practice, especially the relationships of couples, and the relationships of parents and children. A position taken in this work is that, in their well-meant attempts to simply assess and diagnose symptoms and treat the personal hurts that result from patterns of chronically unhealthy human relationships, therapists may often

actually be doing very little to foster healthy family and couple relationships. A purpose of this paper is to question and challenge the popular approaches of assessment, diagnosis, and treatment practices underpinning the field of Marriage and Family Therapy, by looking through the lens of respect. The objective of this work is the development of a theory of Respect Therapy, built on the language of relationship, and of relationships founded and maintained by the expressed attitude of respect; specifically, respect for and toward the other in the relationship, as well as toward the self.

The objective of developing an approach of Respect Therapy is to greatly broaden both the base and the scope of MFT thinking and practice, as well as to challenge negative perceptions of current effectiveness of MFT treatments. Additionally, this work proposes that it would be beneficial to begin a significant shift away from the current MFT approaches of assessment, and diagnosis, and treatment based on individual and unit problems, toward fostering respect as the therapeutic basis for creating a healthy ecology of all human systems.

A dominant approach within the realm of psychology has been to analyze and atomize all issues and problems (Roszak, Gomes, & Kanner, 1995). What is needed in couple and family therapy is to create a relationship-based approach, moving away from an individual focus to a science of connectedness in which we see that all forms of isolation are artificial (Roszak, 1995). Using Arthur Koesler's concept of the holon, Sarah A. Conn (1995) takes this idea further. She describes the holon as the dual nature of any system, and highlights the fact that a system exists within a system within larger systems. Conn also says that we in this

culture have looked on the self as a whole, and separate, – “a bounded, masterful agent who is separate from and prior to the “outside” world, including the natural world” (In Roszak, 1995, p. 161). “We need to see the self as a part of larger wholes. Any system is both a whole in and of itself, and at the same time, a part of a larger system” (Conn, 1995).

This new paradigm compels the couple and family therapist to move from focusing on the individual to seeing all therapy from a relationship perspective. And inherent in that paradigm shift is an awakened emotional and sympathetic understanding of the parts of relationships, and expressions of respect. In this way, respect becomes an interactive focal element of therapy, and of the relationship between therapist and clients, similar to Erich Fromm’s (1956) condition of love being an active process.

Respect is used here, as it was used in Erich Fromm’s work, in accordance with the root of the word, *respicere* = to look at. Fromm (1956) defined respect as “the ability to see a person as he [or she] is, to be aware of his unique individuality” (p. 26). This work also draws on Fromm’s (1956) idea that “respect is not fear and awe” (p.26), and expands the object of the act of respect beyond other individuals to include the necessity of respect in one’s relationship with oneself and one’s environment.

In support of these proposals, a review of the literature gives operational definition of respect within relationship, covers a history of respect as an issue of therapy, and presents the need for active respect within couple and family relationships, and therapy relationships. A supposition presented within this paper

is that unless Marriage and Family Therapists understand and know what respect is – what respect looks like within relationships and within individuals, and what lack of respect looks like within all relationships—we will likely continue in current ways of symptomatic treatment, without knowing the true potentials of a family's, or a couple's, relationship. As Isreal W. Charny (1980) stated in his address to family therapists, “Many personal and family problems grow out of our not knowing how to process an intricate network of dualities, contradictions, dilemmas, paradoxes, and momentums that are intrinsic to the human condition” (p. 37). Knowing more about the role respect has within relationships is important to Marriage and Family Therapists in fostering respect in their practice.

Chapter II

Literature Review

Respect and the History of Systemic Therapies

Being grounded as they are in psychology, all human development sciences have come to a pretty clear consensus – that roots of most of our behavioral manifestations are learned in our families (Roszak, 1995). It seems likely then, that Marriage and Family Therapy is poised in an unique position to implement some significant cultural changes. M. Scott Peck (1997) states, “the primary determinant of whether we consider ourselves valuable and important is whether our parents treated us as if we were truly valuable and important” (p. 179). Similarly, Borysenko (1996) writes, “the difficulties encountered in our most intimate relationships don’t occur in a vacuum. They often have their roots in a history of past hurts and erroneous beliefs that literally become part of our nervous systems” (p. 123). It is through her or his family’s influence that a person’s development of attitudes of respect in their relationships with self, others, and their environment, enable that person to become emotionally attuned. Emotional attunement, or what psychologist Daniel Goleman (1995) terms “emotional intelligence,” occurs together with “a synchrony of moods” (p. 116).

Family therapy developed as an expansion of individual psychological therapy. Since it’s beginning in the 1950's, family therapy has evolved into

several major theories and accompanying therapeutic techniques. Theoretically, these therapies differ in emphasis of focus on the individual or on the family and the family's structure or function. However, the different family therapy approaches all have one common unifying thread, that of treating a family as a system, and treating an individual within the family as a subsystem of that family system. All family therapy disciplines consider the family as the primary unit and consider all members of the family as important functional contributors (Rigazio-DiGilio, 1993). Family therapy developed as an attempt to understand the self and also the system, and family therapy techniques were developed with the express purpose being to produce change within the system (Stanton, 1981).

Murray Bowen was one of the first therapists to consider the systemic approach to treatment and to develop a methodological approach for family therapy. Bowen's approach was quite deterministic as to the power and control dynamics within the family. Bowenian approaches view the intense emotional oneness in a family as problematic, causing emotionality that interferes with thinking and preventing the individual's differentiation from the family (Walsh & McGraw, 1996). Bowenian family therapy is designed as an intergenerational approach with the central concept of the family as an emotional system, where feelings, biological needs, and reactions to the family relationships and environment govern the system.

Murray Bowen contended that there is a togetherness force, or fusion, pulling family members toward each other. There is an opposing force that drives the individual family members to seek their individuality. Healthy and mature

individuals can differentiate and are able to avoid being overwhelmed by the family emotional system. Bowenian theory contends that dysfunctional symptoms manifest in the family system, and in the identified patient as a result of failure of the patient to differentiate from the family, and thus lead to being overwhelmed by the family emotional system (Kerr, 1977). Research on family dynamics shows that specific sets of parenting behaviors, as well as an aggressive approach to social interaction in general is transmitted across generations (Simons, Whitbeck, Conger, & Wu, 1991). This failure to differentiate, according to Bowen, is an intergenerational pattern, and Bowen's treatment involves breaking this family pattern of behavior (Nichols & Schwartz, 1998).

Along with a historical focus in his intergenerational therapy, Murray Bowen included the 'emotional system' into systems thinking, as the governing dynamic that controls the functioning of the system (Nichols & Schwartz, 1998). He proposed that as all individuals have their own emotional system, all families have a collective emotional system. It is this 'family emotional system' that governs reactions to the environment, relationships, biological needs, and feeling states.

The conceptualization of the self within the family context of Bowenian therapy is quite different from family therapy approaches developed later, during influences of post-modern thought. From Bowen's intergenerational theory, the field of family therapy evolved next to an object relations perspective, which also was based on historical theories which viewed the family as shaped by past forces and events. A host of family therapy approaches called interactional approaches

came next and have remained in the forefront of practice until recently. Salvador Minuchin's structural therapy stands out in this approach, as does Paul Watzlawick's strategic therapy (Nichols & Schwartz, 1998).

The existential MFT therapies evolved next, their focus being on understanding and expanding each individual's subjective experience. Models of these approaches were the symbolic/experiential therapies of Carl Whitaker, and also August Napier. Another model was Virginia Satir's process/communication therapy. Two more models, Client-Centered and Gestalt Therapy were also part of the existential family therapy approach (Walsh & McGraw, 1996).

Experiential family therapy, solution-focused therapy, and narrative therapy, all have developed in the most recent decades and have broadened the scope of therapeutic approaches and techniques available to the family therapist today. Although family therapy developed following distinct theories of family behavioral change, family therapy is moving toward an integration of the various techniques (Rigaslo-DiGillo, 1993).

As family therapy theories have evolved, the relevance of experience of mastery and the attribution of cognitive control has become more central to the conceptual theory of how to practice family therapy. The movement toward more internal locus of control of self, or self-influence in contrast to family control, seems to be the direction of development of the more solution-focused, experiential and narrative therapies. Bowen's historical and intergenerational theory view the family as shaped by past events, forces, and influences. As contrasted to the earlier Bowenian theory, structural and strategic theories look at

present interactional behaviors and patterns of family rules and structures, and the influence those factors have on individual family members and on the family system (Nichols & Schwartz, 1998).

According to theory of practice of structural therapy, correcting or eliminating the symptoms of family dysfunction comes as a result of structural change. In structural therapy, the family structure consists of interacting subsystems. Minuchin's structural therapy is accomplished with the production of a more adequate family organization of the subsystems (Nichols & Schwartz, 1998). The most adequate family structure is reflected in the traditional hierarchical family organization, structural roles, spouse subsystems, parental subsystems, and sibling subsystems, and boundaries. Minuchin sees this traditional hierarchical structure as universal (Rigaslo-DiGillo, 1993).

Like other family therapies, structural therapy focuses on maximizing the growth potential of the individual family members, thereby strengthening the family system. Structural therapy, however, is specifically done with an intention to restructure the system by reestablishing or loosening boundaries within the family system. In structural therapy, problems are seen to result from rigid, dysfunctional, structures of the family. Changing these structures allows the dysfunctional elements of the problem to disappear. The thrust of structural therapy is to increase the involvement of couples that are disengaged, and to help enmeshed members of the family to differentiate (Stanton, in Sholevar, 1977, p. 305). In the practice of structural therapy, family dysfunction and problems are solved indirectly through the changing of the family structure.

Solution-focused therapy has become the most popular and widely practiced treatment approach (Nichols & Schwartz, 1998) used by family therapists. In contrast to structural family therapy's focus on the problem as the presenting dysfunctional family and/or the identified problem-client member, solution-focused family therapy was developed as a treatment protocol of avoiding focusing specifically on the presenting problem or problems, and developing a negotiated achievable goal for moving beyond the problem. Additionally, in contrast to individual psychotherapy with its focus on the past, family therapy theories have always been characterized by a focus on the present in its various theories.

According to most family therapy theories, it is in the present that problems are maintained (Nichols & Schwartz, 1998). As a treatment technique, solution-focused therapists choose to concentrate on the future, when and where the problems are solved. Solution-focused therapists contend that it is not necessary to know a great deal about the background of presenting problems in order for effective problem solving (Nichols & Schwartz, 1998). Solution-focused therapists assume that people do want to change, and that people are basically competent to change. Given some help in making a slight shift in behaviors or thoughts, clients can act on that competence.

Theories stating that the way people language their reality can create their reality have given rise to the specific type of solution-focused therapy called narrative therapy. Narrative therapy deals with how people construct meaning. Although some family therapists are critical that narrative therapy seems to focus

too much on the individual (Minuchin, 1998), narrative therapy theory states that an individual's adapted views of life are dependent on culturally shared meanings. In this respect, the narrative therapy philosophy is similar to structural therapy theory in which sequences of family interaction become patterns of behavior over time. In structural therapy, the family structure consists of family subsystems, hierarchy, and boundaries. Narrative therapists work with the life stories of individuals, going beyond the family unit to include the additional influences of culture (Tomm, 1998). Narrative therapists use questions more than comments, and they want to avoid imposing the therapist's meaning on the client's understanding of reality. (Nichols and Schwartz, 1998; Walsh & McGraw, 1996).

Narrative therapists include a focus on the "effects of cultural beliefs and practices on interactions among the family members" (Tomm, 1998, p. 409). Because of these theoretical tendencies, narrative therapists are concerned with how meanings of cultural controls are constructed. "For instance, cultural assumptions about gender relations are increasingly recognized as a primary source of patterns of male privilege and dominance within families" (Tomm, 1998 p. 409).

Narrative techniques are oriented to be relatively nonhierarchical and collaborative, as compared to structural and strategic therapies (Nichols & Schwartz, 1998). Perhaps it is its less hierarchical focus that prompt traditionalists like Minuchin (1998) to question where the family is in narrative therapy. However, within narrative therapy, "the family is still recognized as central in

mediating the effects of larger cultural systems on smaller systems” Tomm, 1998, p. 409).

The shift in the conceptualization of the seat of power and control within the family unit has likely been the most revolutionary aspect of the changing theories of family therapy. Traditional kinship roles, with their basis in patriarchy, have increasingly been challenged as the various theories have developed through the shift from modernism to post-modern thought. Contemporary therapies do not reflect “...the steady, stubborn, application of a single methodology for inquiry, and the strong, militant adhesion to a specific, preconfigured description of reality...” (Sluzki, 1998, p. 416). These changes often are seen as a reflection in the structural rearrangement of the contemporary family, which retains few of the features of the classical patriarchal structure (Coward, 1983).

Within narrative therapy, the ‘realities’ of subsystems and boundaries are being informed by ‘notions of complexity,’ instability, and ‘inter-subjectivity’ (Sluzki, 1998, p. 415). Narratives are constructed in the social context and give meaning to the social order, which includes the family as a systemic element. In narrative therapy language is used as a locus of struggle where “consensus is reached at, reconfirmed, challenged, and undermined through conversations and actions” (Sluzki, 1998, p. 416), as the narrative creates a re-fixated social meaning with healthier family interactions.

Experiential family therapy is somewhat like narrative therapy in its openness as to what can be talked about in therapy. Family members are encouraged to candidly talk about anything (Nichols & Schwartz, 1998).

Additionally, family members are encouraged to show and receive affection, and to constructively problem-solve, as a shared experience. The healthy family relates in an open, natural, and spontaneous way, offering family members the experience of freedom as well as the safety of a well functioning family unit. This type of family offers its members the opportunity to grow and develop psychologically with an experience that is therapeutic. The well functioning family mirrors those factors that are common to therapy. “Any piece of behavior which spells out to you something unloving or something untrusting raises the survival question” (Satir, Stachowiak, & Taschman, 1975, p. 42). Therefore, according to Virginia Satir (1972) what happens in therapy must show trust and love if change is to happen. Experiential family, and relational therapists (Schnarch, 1991), follow the tenant that after working out the change, then, understanding can come. “I am convinced that what happens both *inside* people and *between* people is the picture of individual worth that each person carries” (Satir, 1972, p. 21). “Integrity, honesty, responsibility, compassion, love – all flow easily from the person. Appreciating his own worth, he is ready to see and respect the worth of others” (Satir, 1972, p. 22).

Boszormenyi-Nagy and Krasner’s (1980; 1986) contextual, or trust-based, therapy is a model that strives toward integrating the systemic approach and the intrapsychic approaches (Walsh & McGraw, 1996). “While emphasis is placed on the importance of relatedness within a family system (with healthy families being fair, flexible, and equitable), the striving of the individual for autonomy within the system is recognized as well” (Walsh & McGraw, 1996, p. 133). Boszormenyi-

Nagy and Krasner (1980) write, “While an individual is a discreet and unique biological entity, dynamically, a person’s life derives meaning through reference to a social context,” (p. 767).

Boszormenyi-Nagy and Krasner’s (1980) use of the word ‘context’ was chosen to indicate a dynamic connectedness of a person with his or her significant relationship. The theoretical underpinnings of the context, or the relational connectedness, depend heavily on a dynamic of “merited trust” (Boszormenyi-Nagy and Krasner, 1980, p. 768), and it is understood as being interindividual in nature.

Contextual therapists look for evident signs of mistrust, as potential resources for trust building. They also learn how to guide people toward responsibility for trustworthiness as a property of relationships, wherein “caring for another person’s needs can enhance personal satisfaction through empathy and love” (Boszormenyi-Nagy and Krasner, 1980, p. 769). Sex therapist David Schnarch (1987; 1998), uses a parallel approach to couples therapy.

In Boszormenyi-Nagy and Krasner’s (1980) contextual therapy approach, the practice of multi-directed partiality requires the therapist to hear and give courage to each family member as they disclose their story. “Multi-directed partiality is also meant to provide a paradigm that can eventually enable family members to listen and respond to one another’s terms” (Boszormenyi-Nagy and Krasner, 1980, p. 770). Furthermore, Boszormenyi-Nagy and Krasner (1980) convey, “The partners should be helped to explore and define their own mutual terms for fairness” (p. 770). Contextual therapists “proceed from the central

conviction that evolving interindividual trustworthiness is the basic fiber of durable relationships and the shortest route to eradicating skewed and distorted behavior” (Boszormenyi-Nagy and Krasner, 1980, p. 773).

There are specific factors common to different kinds of psychotherapy and also to family therapy. The ‘therapeutic relationship’ is a necessary common factor of all therapy approaches. Another common factor is an expectation of therapeutic success. With the exception of solution-focus therapies, confronting or facing the problem is a general common theme in most therapeutic interventions. Another common factor of therapy is to provide an experience of mastery, or cognitive control, of the problematic issue (Weinberger, 1995).

The development of family therapy theory has been a social construction, and will continue to evolve. As this construction is narrated, it becomes a metaphor for “how experience creates expectations and how expectations shape experience through the creation of organizing stories” (Nichols & Schwartz, 1998, p. 324). With the social constructionist shift in focus from ‘problem talk’ to ‘solution talk,’ perhaps family members will become freer to create healthier self-concepts, a healthier concept of their family, and a healthier society. To this end, what has remained consistent through the development of the various family therapy approaches has been the empathic focus to change the family and family members’ relationships for the better.

The good fortune of practicing family therapy today is that families seeking treatment and the therapist who treat them are not limited to only one most useful theory, there may be many. The complexity of the family therapy

practice has changed, but then also has the complexities of families and society. Estimates are that half of a psychologist's knowledge base becomes obsolete within 10-12 years (Overholser & Fine, 1990). Contemporary narrative of therapy has and is constructing notions of 'personhood,' 'self,' and 'identity,' with different perceptions of relationship (Combs & Freedman, 1998) than when Bowen first practiced family therapy. The question remains whether traditional family structures create better relationships, and if not, why not. Could it be that the attitude of respect has been lacking within family relationships as well as within the cultural realm? Children's welfare could be a measure.

Respect and the Family

What does the current family structure mean for children's welfare? In order to understand this issue, there must first be an understanding of the current family structure. Responsibility for children rests on parents. All 50 states require parents to protect and provide for their children. All have laws to punish those who abuse or fail to protect children from those who abuse. Traditionally, this responsibility was placed primarily, if not solely, on the mother (Carter & McGoldrick, 1999).

For children growing up in today's family, 95% of their adult interaction before the age of five, is with females; most generally for the first three years, that time is with Mom, as the primary caregiver. If there is any doubt where society gets its notions about motherhood, one only has to realize that many of the current political biases are initiated into children's psyches by the age of five. One of the

most significant sources of a child's expectations about motherhood is her or his mother (Carter & McGoldrick, 1999).

It could also be said that parents are the source of what children do not learn. In fact, as a social phenomenon, this factor is the most consistent maintainer of the social construction of motherhood. In the book Feminist Thought: A Comprehensive Introduction, (Tong, 1990) the chapter 'Radical Feminism on Reproduction and Mothering' references a study of 150 first time mothers. "Few of these women knew how to breast feed, and those that did had seen either their own mother or some other female relative nursing a baby" (Tong, 1990, p. 71-94). Other studies of the caregiver's early influence on children's knowledge and insights abound (Kaufman & Zigler, 1987). Numerous studies about abuse and neglect show that most women who abuse or neglect their children were themselves abused or neglected as children (Carter & McGoldrick, 1999).

Empathy is another trait children learn early. Most parents, non-abusive as well as abusive, will respond to both the gender and temperament of their children in a stereotypic fashion if they are uncertain about what their child is feeling. These cultural and familial parenting scripts may prompt the parent to act in stereotypic reactive ways that they feel are 'normative.' The parent without empathy may have little regard for the child's actual state of mind or emotional condition (Brems, & Sohl, 1995).

This "normative" thinking also plays a role in teaching of "appropriate" roles and behaviors and establishes the set of beliefs, the 'gender belief system,' that the child has about masculinity and femininity (Hoffman & Pasley, 1998).

Research shows that abusive parenting is strongly associated with depression in children through the pathway of bias thinking (Carter and McGoldrick, 1998).

The bias is correlated with, and could possibly be rooted in, the lack of empathy for the child. Gender bias could be at the root of the lack of empathy. Just as we learn our gender biases, and our empathy or lack of empathy, we also learn our understanding and abilities of parenting, and our roles as parents (Carter & McGoldrick, 1998). “Mothers, in short, are not born; they are made” (Friedan, 1974).

Mothers do not create gender bias. Society, as a whole, has a role in that creation. Society also has created the role of motherhood (Thurer, 1995).

Motherhood, as society has historically constructed it, assumes the bulk of ultimate responsibility for child rearing. Currently, this responsibility often is in addition to a mother’s other responsibility of providing financially for her family and herself (Carter & McGoldrick, 1998).

Today, almost 70% of educated mothers with young children are in the labor force, most full-time. Fewer than 7 % of American families are composed of a breadwinner father and a homemaker mother (Thurer, 1995). In those married families, the husband has an economic advantage over his unmarried counterparts, as well as over female workers. Because the husband usually earns higher wages than the wife and is thus more productive at earning income, the responsibility for income earning is usually allocated to him, and responsibility for housework is allocated to the wife (Gorman, 1999); this arrangement is called the rational-choice view. An ideological-view, maintaining the traditional prescribed gender

roles, argues that men and women perform different tasks in amounts that depend on their beliefs about gender-appropriate behavior. This ideological-view as well as the power perspective, based on often traditionally maintained disparities in bargaining power within the household, often maintains the traditional idealistic construction of parenthood roles following the nuclear family model of the 1950's (Carter & McGoldrick, 1998).

Some couples with children have worked out more gender equitable parenting strategies for the nurturing of their children. However, the marriage premium to men is approximately 15% of single men's wages (Gorman, 1999). At the same time, most studies (Gorman, 1999) have found no significant marriage differential in women's earnings. This would suggest that the pressure on society to maintain the role of the father as the breadwinner, and for the mother to continue as the primary caregiver to the children, is significant. It is significant enough to often mask the reality that these gendered roles are socially constructed and maintained by economics and bias.

Today, mothers are the primary caregivers to their children, essentially the same as they have been throughout much of history. Although the physical needs of children have not changed – children have always needed nourishment and clothing – today's better-educated mother is also responsible for the emotional well being of her child (Carter & McGoldrick, 1998). Svea J. Gold (1986) states in When Children Invite Child Abuse that "normal children" have tremendous emotional ups and downs; much more so than adults. It has also been found that these mood swings occur at the same developmental age period over the entire

range of the population. Today's mother must have this kind of psychological knowledge about the individuality and psyche of her child.

Now, mothers must also feel competent that the day care provider will provide guidance, nurturing, and protection from abuse by other children, while she, the mother, is at her job. Today's mother must cope with information about the threats to normal child development and apply it to the day-care setting that her children are in. Today, mothers must be aware of current statistical information about children and know that abused children tend to be more delayed in emotional development than non-abused children (Hullings-Catalano, 1997). This kind of childcare information occupies large sections of bookstores where mothers shop for it, seeking to turn the limited time that they do have with their children into 'quality time'. Mothers have good reason to maximize their quality time with their children. It has been found that children who seldom interact with their parents, or who do not have a warm and affectionate relationship with them, experience difficulty socializing with other adults and with their own peers (DeWit, MacDonald, & Offord, 1999). In maltreated children, a greater percentage of insecure attachment relationships with primary caregivers has been documented beginning in infancy (Toth & Cicchetti, 1996). The early mother-child attachment relationship predates all other relationships, and a healthy bonded attachment has been shown to be extremely important in the prevention of high anxiety levels of the child (Carter & McGoldrick, 1998; Lyons-Ruth, 1996). Today's mothers know these things about their children.

But does it have to be solely a mother's responsibility to provide for children, and all of their needs? Good mothering, history reminds us, is a cultural invention (Thurer, 1995), something that is human-made, not a lawful force of nature. According to Ann Oakley, what "a child needs, is someone with whom to establish an intimate relationship – a trustworthy and dependable person who will provide the child with consistent care and discipline, recognize and cherish the child's uniqueness, and be there when the child needs him or her" (In Tong, 1990, p. 86). It has been proven many times over that that individual does not have to be the mother. Studies show that adopted children are at least as well adjusted as non-adopted children (In Tong, 1990). Collective socialization and multiple-mothering child raising can rear children who are as happy, intelligent, emotionally mature, and socially adept as children raised exclusively by their biological mothers. The Israeli kibbutzim are an example of that type of successful child rearing (Tong, 1990; Sampson, 1988).

In the book When Children Invite Child Abuse, Svea Gold (1956) writes to parents, "No matter what you do, most one-year-olds will try to take a bite out of you, most two-year-olds will kick you, three-year-olds will throw a tantrum or two, and you can almost bet, that the four-year-old will call you dirty names" (p. 163). It is the parents who are able to act and react with love that are able to maintain close bonds with their children (Cicchetti & Toth, 1998). Love, according to Erich Fromm (1956), is a "mutually interdependent syndrome of attitudes" consisting of "care, responsibility, respect and knowledge" (p. 30). Fromm (1956) states, "Love is the active concern for the life and the growth of

that which we love” (p. 25). Fromm (1956) also states that the parent’s “love should be guided by principles and expectations; it should be patient and tolerant, rather than threatening and authoritarian” (p. 41).

The ability of a parent to influence a child depends in considerable part on the bond between the parent and child (Straus & Donnelly, 1994). Experiments show that children tend to avoid parents who use punishment (Straus & Donnelly, 1994). “Fear has been used for generations and generations to try to control children” (Gold, 1986, p. 189). A national survey of disciplinary practices reported that 97% of all children in the United States have been physically punished (Kaufman & Zigler, 1987). According to another study, in the United States, where hitting a child is legal and socially approved, 90% of all parents of three-year-olds use spanking or slapping to deal with problems (Straus & Gelles, 1990).

Much risk accompanies this “protective” parenting practice of spanking (Straus & Donnelly, 1994). It is a myth that spanking is an effective method of teaching acceptable behaviors. Most spanking occurs when parents are frustrated and angry; and in that context, parents tend to get emotional release and satisfaction from spanking, which is confused with effectiveness (and love) in changing the behavior of the child. The act of discipline should emphasize the social skills a child is to be taught; it should not reflect the mere will or mood of the parent. Punishment does not teach new decision-making skills, or new positive values. When a mother attempts to teach her young child not to do

something and then strikes her or him, she is actually sanctioning physical aggression and physical violence (Arnstein, 1975).

Spanking reduces the ability of parents to influence their children, especially as the children approach adolescence. “Many parents who want to promote a private conscience in their child are gentle in their socialization. They use verbal reasoning, mild reproof, and deprivation of privileges because these practices do not generate extreme fear or anger, but provoke the child to think about why he has misbehaved” (Kagen, 1984, p. 259).

“Infants need a variety of experiences and opportunities to explore and to manipulate their environment in order for cognitive development to proceed optimally” (Kagen, 1984, p. 254). The conscience, which has its start in the early years, “develops only through the child’s ability and opportunity to form a meaningful attachment to at least one loving, caring person” (Arnstein, 1975, p. 135). “To learn space perception we must walk, run, climb, and jump. Space perception is not learned unless the entire body is used” (Gold, 1986, p. xxvi).

Lacking other opportunities, jumping on the bed may be a necessary means for the child to develop her or his brain and body. That the act is labeled as misbehavior, and that the child is labeled as ‘difficult and deviant,’ is a perception of the parent. That behavior is not a sanction for spanking, or punishment, and doing so will likely have negative behavioral effects (Arnstein, 1975). What a parent may feel is an expression of obligation, spanking, may be interpreted with fear and rejection by the child, and understandably so.

“Spanking can deeply wound a young child’s pride...Even at two or three, it is an invasion of the youngster’s body and spirit, a violation of his integrity, rights, and personal dignity” (Arnstein, 1975, p.140). It is assumed that by the fourth year of age, children appreciate that they have some power of choice for their actions (Kagen, 1984). That power of choice includes their power to maintain a close bond with the parent.

“Feeling loved or rejected is a belief held by a child, not a set of parental actions; hence, a parent’s behavior is not always a sensitive clue to the child’s sense of being valued” (Kagen, 1984, p. 268). However, how the parent describes the child may indicate how they value the child (Kagen, 1984). The labels “easy to handle,” “difficult to manage,” and “slow to warm up to other children,” were supposedly designed by child researchers Alexander Thomas and Stella Chess (1977, cited in Kagen, 1984) drawing on parent’s descriptions of their infant children’s fussiness, ease of feeding, regularity of sleep, fearfulness, and reciprocity with others. These labels are “seriously colored by the language and preoccupations of the observer” (Kagen, 1984, p. 65). “There will be uniformity among children in a culture with respect to the parental behaviors that signify love, but the reference for those signs is in the child” (Kagen, 1984, p. 269).

The important elements of childcare do not only involve “what to do and when” but also the “how,” which involves the *relationships* of the family. This includes the feelings and attitudes that accompany the actions. Children are more likely to do what the parents want if there is a strong bond of affection with the

parent. “To develop a secure attachment, children need a consistently *nurturant* (emphasis added) adult who regularly relieves distress” (Arnstein, 1975, p. 13).

Family of origin emotional bondedness may be correlated with high self-concepts in young adults. In a 1997 study (Quatman, 1997), emotional bondedness was the most frequently generated descriptor of good families. In a 1994 study (Parish & McClusky) of 123 college students, student’s self-concepts were significantly related to mothers’ and fathers’ warmth/hostility scores. However, student’s self-concepts were not significantly associated with mothers’ and fathers’ restrictiveness/permisiveness scores. The findings of this study support the view that parents’ actions may systematically influence how parents are perceived by young adult children, and how adult children’s low self-concept is related to parents’ high hostility, as perceived by the child. Parental attitude perceived by the child is the one accepted. “Children who perceive abuse often grow up to be ultra-sensitive to abuse or ultra-abusive” (Sabatino, 1991, p. 3).

Dr. Kay Porter writes, “We now know that child abuse occurs in a cross section of family types and across all socioeconomic lines – in wealthy homes and low-incomes homes, in families where both parents reside and in single-parent homes. The linking factors are the inability of the parents to change their abusive behaviors, and the powerlessness of their children to stop it” (Sabatino, 1991, p. 152). The family is one of the few settings where anger toward a child can be expressed without social rejection, a loss of status, or counterattack. “Corporal punishment is so commonly accepted that it is taken for granted, and is an unremarkable and almost imperceptible part of the lives of parents and children”

(Straus & Donnelly, 1994, p. 11). In fact, a cultural norm exists that sanctions angry retaliatory punishment as appropriate expressions of loving behavioral controls. “By spanking children, even loving parents unintentionally teach violence along with responsibility, honesty, cleanliness, and Godliness” (Straus & Donnelly, 1994, p. xiv). Corporal punishment teaches that humans strike out in pain, misery, or anger against a person for whose care and education they are responsible (Sabatino, 1991, p.35).

In her book, Changing the Bully Who Rules the World, Carol Bly (1996) states that children “can’t do play, ego-development, and character formation in a violent habitat” (p. 306). Bly (1996) goes on to say that when threatened, the child’s mind, ingeniously, even if largely unconscious, acts like a chess player. The child threatened with violence, like the chess player, can “kill the threatener; failing that, put an obstruction between your piece and the threatener; or failing that, run” (p. 306). Bly (1996) notes that the child usually cannot use the first defense option, killing the threatener, and that children usually choose distraction or flight. “The forms of flight from violence seem to fall into either denial or numbing – the numbing, if kept up too long or too deeply, turning into nihilistic feelings – cynicism – and following cynicism, a moral boredom” (p. 306).

In research on the invulnerability among abused and neglected children, Farber & Egeland (In Anthony & Cohler, 1987) conclude “to our knowledge, no one has presented data indicating that there are children who function competently despite an ongoing exposure to abuse” (p. 283). From the results of their studies, these researchers go on to predict, “It is highly unlikely that *any*

children remain unscathed if they experience chronic maltreatment during the early years of their life” (In Anthony & Cohler, 1987, p. 283).

“Hitting children increases the probability that later in life they will have one or more characteristics that are especially damaging to success in high-level occupations--depression, an inclination to physical violence, a sense of powerlessness, and a lack of internalized moral standards” (Straus & Donnelly, 1994, p. 145).

The use of corporal punishment has much to do with establishment of a power hierarchy and submissiveness in the family relationship. Reversed hierarchies are not ‘corrected’ in families by rigidly defined parental authority. In fact, optimum families may exhibit quite invisible power structures (Quatman, 1997). In a self-report study by Otto (1962, In Quatman, 1997) family members listed their own experiences of family health that correspond closely with current terminology of resiliency factors within the family (Quatman, 1997). The list includes *cohesion*, *adaptability*, *communication*, and *autonomy* – as well as – *the presence of respect*, *sensitivity*, and *loyalty*. The lists are comparable with the notable exception that in that 1962 study a significant resiliency factor is listed as present in the family – *the absence of power awareness* (Quatman, 1997).

In researchers’ current attempts to examine risk and resiliency in relation to children and families, it would seem that the study of child and social development is in the stage of understanding analogous to the “which came first” conundrum, “the chicken or the egg.” Some research, to identify major risk factors at birth and the major sources of stress in childhood and adolescence, has

been done attempting to establish interrelations between risk factors and protective factors in children. These protective factors have been labeled by researchers as *within the child*, or *resiliencies*, and *sources of support outside the child* (McCubbin, 1997). This review of literature calls attention to the possible subjective nature of those labels and to the possibility that research based labels of sources of support as protective factors may actually often be major risk factors for children and adolescents.

Research on resilience is concerned with individual variations in response to risk. However, some researchers make the argument that “resilience cannot be seen as a fixed attribute of the individual” (Rutter, 1987, p. 317). Those researchers propose that the search to understanding resiliency is not about broadly defined protective factors but, rather, it is about the developmental and situational mechanisms involved in protective processes. A child’s “vulnerability or protective effect is evident only in combination with the risk variable” (Rutter, 1987, p. 317). A risk variable is often evident when describing the *protective factors/sources of support* of shared values, sense of coherence, and structure and rules in the household. As psychologists and sociologists study and define human resiliency, the “search is not for factors that make us feel good but for processes that protect us against risk mechanisms” (Rutter, 1987, p. 318.).

For a child, the establishment of “protective factors” is a risk, and may not have protective effects for her or him. It is noteworthy that children’s “protective” function does not simply reside within the individual. In the Quatman (1997) study of high functioning families, the most frequently endorsed categories across

all subsystems within the family were, in order, Emotional Bondedness, Communication/Mutuality, and Communication. The family features most valued are expressive communication, time together, and *love* (emphasis added). Respondents in this lay sample concluded that good families spend time together. Interview responses in this study indicate that quantity of time with children is a key component of children's healthy development. As an example, Quatman (1997) cites a study by Bernadett-Shapiro, Ehrensaft, & Shapiro (1996) that empirically demonstrated that time was the key variable in six-year-old sons' development of empathy. This element of 'time spent together', without fear of hostility, may be the most significant variable in a young family member's development of characteristics that could truly be called resilient (Rutter, 1987).

Because, to a substantial extent, the protective mechanism lies in the interaction rather than in the individual attribute as such, it can be used in family clinical intervention. Knowledge about the value of time can be of great benefit to those individuals working with families. Increasing both the quantity and quality of parent's and child's mutually shared time, interests, and activities, can be a clearly identifiable point of assessment and intervention in helping the family set goals that do indeed create resiliency in their children (Rogers, 1961). It is important that time spent not in physically controlling the child, but in establishing values internal to the child.

In the absence of violence and in the presence of unconditional love and respect, it is possible for the child to learn respect (Rogers, 1961). Both fathers and mothers are responsible to fill the child's need for this learning, as are other

significant caretakers in the child's life (Fromm, 1956). In his book, Real Boys, William Pollack (1999) cites a National Institute of Health study, which found that "children that see kindness on television tend to imitate it" (p. 359). Pollack also states, however, it is evident that children are affected by violence in the media. Advocating therapy approaches based on the value and benefits of male adults spending time with boys, Pollack (1999), cites research demonstrating that "the largest major factor protecting young people from emotional distress, drug abuse, and violence was the closeness they were able to achieve within their families, followed closely by 'perceived school connectedness'" (p. 250). Pollack (1999) also states, "adolescent boys look for role models close to home...more than any other category of people, they see these relatives as their heroes and heroines...parents and other family members – and not somebody else – are the ones these boys look to most for guidance, love, and support" (p. 176).

In his book, Life Without Father, David Popenoe (1996) writes, "nothing is more important for the development of 'prosocial children and teenagers' than the teaching of empathy – the ability to experience the thoughts, feelings, and attitudes of another person" (p. 148). Popenoe (1996) further states, "Involved fathers, it turns out, may be of special importance for the development of this character trait" (p. 149). Popenoe cites a twenty-six-year longitudinal study examining the relationship between parental behavior in early childhood and 'empathic concern' in adults – 'the tendency to experience feelings of sympathy and compassion for others.' Popenoe (1996) wrote that the researchers' main finding was: the most important childhood factor of all is "parental involvement

in child care;” specifically fathers who spent time alone with their children more than twice a week, giving meals, baths, and other basic care, reared the most compassionate adults (Popenoe, 1996, p. 149).

Respect and Culture and Society

Elizabeth Dobson Gray (1989) takes a world-view approach of social learning in the video-documentary, Adam’s World, to look at the interrelationship between philosophy, psychology, and theology. Gray sees a view of the social system, the system rooted in the family, as a root cause of our environmental crisis, which she terms as an “interrelated cluster of crises.” Gray states, “The family has been rooted in male authority; and, children grow up with a masculine image of male dominance maintained by force” (from Adam’s World, by the National Film Board of Canada, 1989).

Concurring with Gray’s perspective, anthropological researcher, Sally Roesch-Wagner, contends, “Judeo/Christian Biblical mandates compelled men to treat women as property and as subservient. This traditional biblical mandate placed men as the masters of women, and of children. The mandate was that women were expected to obey, and a man was responsible to see to that” (unpublished paper, 1999, April). Roesch-Wagner has focused much of her life’s study and research on the history of Native-American women in what is now the northeastern U.S. and southeastern Canada. Specifically, she has focused on the Six-Nation Tribes. The Iroquois Nation was one of those tribes. Roesch-Wagner contends, based on her research, that gender role distinction did not exist in the

Iroquois Nation's tradition before the introduction of European Christian influences. She says her research also does not show evidence of (intra-tribal) violence toward women, or children, until after the introduction of Christianity.

The ideology of MFT professes to be based upon systems theory. Systems thinking is about couple and family interconnections and being connected (Nichols & Schwartz, 1998; Walsh & McGraw, 1996). Even so, in their book Family Theories, Klein and White (1996) state, "Systems are heuristics, not real things" (p. 156). It could be argued, however, that in order for people to feel connection to each other, and the environment they are in and that sustains them, there must be some sense of reality that they are a part of a bigger whole. That *understanding* can come through recognition of each person, *knowing* that they are a part of a relationship. Within Marriage and Family Therapy, that *understanding* will shift the measure of systems' optimal functioning from individuating, to relating.

Relational systems are real. What is also real is that humans, and other life forms, cannot exist outside of relationship. Scientific research done by Harry F. Harlow (1958) definitively "shows that the animal or person who does not learn how to love at a certain stage of development may never become sufficiently adept at bestowing and eliciting affection. The fullness and effectiveness of the rest of his living may be seriously limited" (Harlow, 1958, p. 684).

Don Miguel Ruiz (1997), relaying the wisdom of the ancient Toltec people in his book, The Four Agreements, states that in human society the chain of training from human to human, from generation to generation, is perfectly normal.

“You don’t need to blame your parents for teaching you to be like them. What else could they teach you but what they know?” (Ruiz, 1997, p. 96).

In the video-documentary, *Ecopsychology*, Theodore Roszak (1995) states that, “much of parenting is done as a grim duty traditionally based on fear or shame.” Roszak proposes, “What is needed, is a deeper motivation based on love, respect, and concern.”

The sex therapist, David Schnarch (1997), sees marital relationships as suffering from sets of “common beliefs that create relationship problems.” “We usually think problems with sex and intimacy are caused by how we’re uniquely screwed up. I propose, instead, that they’re often caused by being *normal*. If you’re well-adjusted to ill-fitting beliefs that permeate society, you’re going to have trouble” (Schnarch, 1997, p. 42).

It is clear that significant shifts in our personal, family, couple, societal, cultural, and environmental relationships are needed (Bly, 1996; Conn, 1995; Hendricks, 2000; Peck, 1993; Roszak, 1995; Schnarch, 1997). It is plausible to assume that the discipline of MFT can have a positive influence in changing the traditional authoritarian or hierarchical structure of the family social system as a prerequisite to creating a more ecologically responsible and socially respectful population. However, given that establishment of authoritarian control and dominance within the family have been the underpinnings of MFT studies and theories of practices (and evident in the title language of a recent MFT publication, Take Back Your Kids (Doherty, 2000)), it seems unlikely that the evolution to a new theory of relationships based on respect will come from within

a mainstream MFT discipline, but will be prompted by ecologists, eco-therapists, eco-psychologists, eco-feminists, and ethicists (Bly, 1996; Conn, 1995; Clinebell, 1996; Gray, 1989; Roszak, Gomes, & Kanner, 1995).

Chapter III

Methodology

In developing a theory of Respect Therapy in which fostering respect forms the basis for couple and family therapy, my challenge was to work with the same attitudes that are present in the theory. Consistent, then, with Respect Therapy, the attitude of this research is based on an idealistic vision of creating meaningful change. The vision is similar to Erich Fromm's (1956, p. 30) idealistic vision of love, which requires responsibility, respect, compassion, and understanding, qualities that are seen as mutually interdependent. The process of researching and writing and looking *for* these qualities in the practice of couple and family therapy, had to be done *with* those attitudes and elemental intentions. As a matter of responsibility, researching for understanding becomes tantamount in the development of a theory of Respect Therapy, and in its practice.

An important distinction has to be made at this point about understanding, as referenced within Respect Therapy, and as a methodical approach within this proposal – understanding is not the same as knowledge. By example, often within the social helping professions, a practitioner may have great knowledge, about pathologies for instance, but lack understanding of the people, who show up in her/his office. A practitioner may also lack understanding of the living environments of those people. Research methods with the explicit purpose of creating understanding require approaches of looking for information that is

objective while knowing that the knowledge learned must be understood subjectively. In doing a literature review from an understanding point of view, it was necessary to: -- *understand* the cultural roots of society and the family, -- *as well as* the history and evolution of family therapy, -- *and* its practice, -- *and* background, -- *and* the cultural context in which it was gestated. This approach to understanding provides a paradigm for Respect Therapy practice.

The methodology of research for this project, as a quest for *understanding*, was begun with the sole intention of creating a specific theory of therapy practice, based on respect, not as an eclectic approach drawing from the other therapies, but one that stands on its own merit, in and of itself. Practice of this therapeutic approach, here christened “Respect Therapy,” is with the explicit purpose of fostering respect as a basis of creating healthy couples and families. So, the therapy process is done with the awareness, the understanding, of this as its basis. The expectation of a practice of Respect Therapy is in how people can change to live happily and emotionally healthy in relationship/relationships.

An *understanding* of relationships and the concept of relationship are priority items of this theory development. First of all, to understand and define relationships using the expressed method of Respect Therapy theory and development meant I had to go back and revision everything I ‘knew’ of my understanding of humans, human development, and social context. Then, it was necessary to recognize and reconsider my learning on some of the beliefs that are generally assumed culturally fixed. Some of those beliefs are pretty deep, and have been around for centuries. But my goal was to challenge those beliefs and

behaviors that could be shifted, changed, and transformed. There is enough in the literature to prompt this kind of a shift or evolution. This was a part of the method of establishing the theory, to examine the arguments for change and for the needed outcomes.

While going about getting resources for this project, I recognized that the word ‘respect’ was indexed, occasionally, in several books written in the 1950s, 1960s and early 1970s, mostly books having to do with counseling. In most cases, with the exception of Carl Rogers use of the term ‘unconditional positive regard’, the term ‘respect’ was used in relation to deference showed to an authority figure as an expectation and a duty.

Based on the results of my literature review, I have to conclude that the word ‘respect’ is hardly found in indexes of psychology manuals or books of the last two decades. For example, in the book Cognitive Development (McShane, 1991), I did not find the words ‘respect’, or ‘love’, or ‘affection’ indexed, although the text contained several pages of research references and was well indexed. Similarly, in the book Conceptual Development (Scholnick, Nelson, Gelman, & Miller, (eds.), 1999), the author index contains over five hundred names, yet the subject index does not contain the words respect, regard, love, or affection. In most of the books that I reviewed within the field of psychology and human development, these terms were not used or defined or referenced.

Reviewing the histories of Marriage and Family Therapy theories and practices was a necessary and major part of the Literature Review. The objective was to learn about the evolution of MFT and the cultural context at the various

stages of development. Included in this search was systems thinking and the roots of MFT, Bowenian theory, modernism, patriarchy, Structural Therapy, and the shifts toward cognitive and behavioral therapies.

Understanding of human relationships and human development, as well as social constructivism aligned with society's and family structures' influence on MFT was also a focus of the research. I also wanted to look at the family influence on human relational interaction, especially as it related to the development of respect-giving individuals. Child development and the role of punishment by parents and caregivers was of special interest in this review. Other parent roles, and couple relational roles, are also important to this review.

An understanding of the subjectivity of the child development research language also was necessary to this review. Also what was looked for in the literature was how language informed cognition, which in turn informed individual behavior, which in turn influences interactional behavior. This knowledge becomes basic to understanding relationship. And respect within relationship.

Also reviewed was the role of gender and gender scripting, and other social, political, religious, and economic influences on couple and family relational dynamics. Also reviewed were family and societal indicators of lack of respect, physical abuse of children, risk factors and resiliency traits.

The Literature Review was necessarily comprehensive in its scope. However, respect, or the lack of it, influences everything and everyone that one will ever come into contact with. That is the nature of human relationship.

Chapter IV

Discussion of Proposed Outcomes

Of Respect Therapy Theory and Practices

Findings in the literature are in agreement with the theory of Respect Therapy that fostering respect is the basis of creating emotionally healthy family and couple therapy outcomes. Respect implies ‘showing’, ‘offering’, or ‘giving to’. It is what Carl Rogers (1961) refers to as ‘positive regard’ (p. 52), and what Boszormenyi-Nagy and Krasner (1986) called ‘multidirected partiality’ (p. 301). Obviously, this attitude, of respect, implies an action. This is also an important element in Erich Fromm’s (1956) Act of Loving. What it also implies is a relational dynamic. “When self is defined in relation, inclusive of others in its very definition, there is no fully separate self whose interests do not of necessity include others” (Sampson, 1988, p.20). “Human beings cannot be passively grown but have to be actively raised, that is, trained and educated through relational persuasion” (Abroms, 1978, p. 4-5).

Within Respect Therapy theory, all aspects of a person’s relationship to self and other have to be viewed, and they have to be viewed with the lens of respect, but also, with a critical lens or critiquing lens that asks – are we *being* respectful? When we do that, we take that question, using a systems perspective, into therapy session. As therapists, we use that lens; we ask, “are they being, or is this person being respectful in themselves, to themselves, and to everyone she or

he is in relationship with? If not, what is blocking that, and how could that change?" The act, the expression, of respect, becomes the focus of therapy as well as a goal of the therapy.

The method used to create an action of respect, or institute the expression of respect, could be the therapist's own act, or example. The therapist models looking at the person, not as defective in any way, but as deserving the therapist's love and respect. This is not conditional. The person does not have to do anything, or be anything, or make any changes. They just deserve. They do not create a situation that merits trust. They just are. They deserve respect because they are a part of the relationship, part of the therapist's relationship with her or him self and with them. "When person's sense of self is defined through relationship and connection, achievements will occur, not from separate actors seeking somehow to mesh their behavior together, but rather from thoroughly interdependent actors whose very design for being includes working on behalf of larger interests" (Sampson, 1988, p. 20).

What does it mean for a person to discover oneself as part of a relationship? It means she or he is not alone. There is recognition that while they are individual and unique, they are also a part or a piece of a system that includes everyone with whom they interact. Thinking systemic is an evolvment from persons seeing themselves as entirely separate, to their understanding of their connection to others in relationship. When a man or women is a systemic thinking person, he or she will not be inclined to silence when a therapist asks, "Where are the other people in your world?" They realize that by being alive, they are

connected to the system that is life and that sustains them. They also realize that all people are part of the same system that sustains their lives.

When acting with respect toward, and/or showing respect to, others, is done on behalf of larger interests than self-interest, there is one thread that runs through. This is a perspective of how we live together in relationship – the configuration of our cultural I-Thou (or I-You) ideology (Fishbane, 1998). Within our modern culture, it is hard to use this language, because one keeps coming back to the utilitarian ‘I’ in “relationship in which ego and self-interest dominate” (Fishbane, 1998, p. 41). That is part of the problem, because we don’t think in the ‘thou’. If we did it would be part of the ‘us’ and ‘we’ in our dialogue of common relational usage. Here’s a good example...the Johnny Apple-Seed song is invariably heard, “Oh, the lord is good to me, and so I thank the lord, for giving me the things I need, the sun and the rain and the apple seed, the lord is good to me.” If it is changed to the plural, it changes the meaning of the whole song, “Oh, the lord is good to us, and so we thank the lord, for giving us the things we need, the sun and the rain and the apple seed, the lord is good to us.” There is much literature on past investigations of relational dialectics, much of it referring to the work of Martin Buber (Carter & McGoldrick, 1999; Fishbane, 1998).

Trust is a form of dialogue that demonstrates respect in couple and family relationships. Two aspects of Boszormenyi-Nagy and Krasner’s (1980) Contextual Therapy approach are strongly aligned with the Respect Therapy relational approach being proposed in this paper. They are, 1) “Trustworthiness is a decisive relational factor that cannot be reduced to the individual psychologies

of the family members” and, 2) “Trustworthiness follows the regulatory forces of earned merit rather than power” (Boszormenyi-Nagy & Krasner, 1980, p. 773).

Another similarity between these two approaches is that “contextual therapy takes care not to negate signals that indicate pathology, but interprets them as evolving from a condition of stagnation between two or more people. Stagnation is usually the result of a lack of trustworthiness in relationships” (Boszormenyi-Nagy & Krasner, 1980, p. 774).

In Boszormenyi-Nagy and Krasner’s (1980) trust-based Contextual Therapy, merited trust is the primary principle. When Boszormenyi-Nagy and Krasner (1980, p. 774) wrote about ‘merited trust’, they saw it as the basis of earned respect. Earned merit however, as Boszormenyi-Nagy and Krasner describe it, is not similar to this researcher’s concept of respect. The caveat is – within Respect Therapy theory, respect is not considered conditional. Respect Therapy is not about received respect. Received respect is a part of the exchange of respect, or the act of respect in relationship. If respect is given, it is also received. However, in the theory of Respect Therapy, respect has nothing to do with merit. It is a given, and it is not conditional. Trust and respect should not be considered conditional in the practice of Respect Therapy. Respect comes because the other entity than I, the ‘thou’ in the relationship, is part of me, part of the relationship, part of my relationship, and therefore deserves respect simply because of the relationship. If there is going to be a healthy relationship, then respect does not become a choice; it becomes the place of health.

A criterion of Respect Therapy is going beyond just creating change. Respect Therapy is about creating healthy relationship. Healthy relationships are built on love. The healing doesn't happen because of technique, it happens because of love. Psychiatrist M. Scott Peck (1983) writes, "Healing is a result of love. It is a function of love" (1983, p. 44). Peck states elsewhere that psychotherapy and exorcism is a result, not of techniques and practices, but of love (Peck, 1983).

The review of literature reveals there is a gender component to expressions of love. Gender influences on human relations are so culturally ingrained. Erich Fromm (1958), who writes about what love is in his very definitive expose, prescribes how love is shown differentially by the genders. Fromm describes mother's love is unconditional and father's love is conditional. According to Fromm, this is a cultural phenomenon. He differs from Freud who saw love exclusively as the expression, or a sublimation, of the sexual drive, but with the outcomes somewhat the same in that the drive is satisfied through relational reciprocity. Likewise, Boszormenyi-Nagy and Krasner (1980) wrote about merited trust, which is also conditional, and perhaps gives some credence to Fromm's view. Fromm writes that we approach our relationships from a profit-loss standpoint, a part of our competitive-capitalistic-economic system, or "what's in it for me?"

For relationships that operate within the profit-loss paradigm, that becomes a real problem when one of the partners in a relationship has a chronic disability. It changes the dynamic of the other person's reciprocity. It's all

presumed, this idea of reciprocity. It is almost like there is some sort of a balance sheet that people have to have to keep going in their relationships to make them work.

Clearly, there is no prescription for marriage and family therapy practice; it begins with the client's/clients' commitment to change, in a relationship with a therapist. What a therapist's relationship with a client is about is to create the space, the context, which allows people to commit to making their own changes. Change is a given, people are going to change, one way or the other, as a natural process of life. Growth is also a natural process of life, as are death and decay, and birth. Birth happens only in the presence of relationship. All the other processes and experience of life are no different. We are always in relationship. We are in relationship with self, as well as with other people and everything in our environment. Therapy happens in the context of relationship. Relationship determines therapy.

Viewing respect as part of the dynamic of self and other, puts a whole new twist on how relationship therapists deal with couples and families' presenting problems. When a couple presents with problems such as chronic illness or disability, it is an act of respect on the part of the therapist to ask "are these disabilities or experiences symptomatic of the lack of respect within the relationship?" That act by the therapist, then opens the door for the couple to look at the effects of stress and its impact on people's lives and relationships.

The 'systemic' worldview, upon which Family Therapy has based its foundations, considers the family as the primary unit of the system. As such, the

belief is held that all members of the family are important contributors to its well-being and functionality. It is upon this premise that the evolution of Family Therapy practice was rooted and grew. Just within the last decade, the field of Marriage and Family Therapy has made a major shift away from a focus on interaction patterns within families, to focusing more on the effects of cultural practices and beliefs on family members' interactions (Tomm, 1998). It is indicative that the developments of therapeutic perspectives have evolved along with systemic thought. The nuclear family is no longer 'the' system. The recognition now, it seems, is that the family itself, in all its present varied forms and manifestations, is part of a larger system called the culture. For the therapist to competently help people in their personal lives and in their marriage and family relationships means to be understanding and respecting of their culture.

It is in this climate of heightened cultural awareness that new therapy modalities have evolved. The period of this evolution carries the definition of post-modernism, and was “a reaction to the hubris of modernism” (Nichols & Schwartz, 1998, p. 317). Modernists tend to view life in quite absolutistic terms and as reality. Whereas modernism was conceived around the premise that the truth can be known and that there is an objective reality, such as the reality of the idealized nuclear family, post-modernism is premised on the subjectivity of reality where another person's truth may be as real as one's own truth. The Bowenian methods, as they were called, of family systems theories and treatments, evolved during the close of the modernistic philosophical era. Post-

modernist and feminist positions are critical of Bowen's theories of 'healthy' families as being overly patriarchal (Nichols & Schwartz, 1998).

Culture can be defined from several aspects. A culture is a society or group of persons whose customs, arts, science, and religious and political behavior, set them apart from another group. A culture possesses those unique societal characteristics, which distinguish one society from another. A family fitting the norm of one culture is distinguished from the family fitting the norm of another culture. However, it would seem that this assumption about cultural differences of families has not always existed in the field of family therapy.

One intent of this paper is to review the history and development of the field and practices of MFT, with awarenesses that the evolution of MFT is a reflection of the cultural times, and that as currently practiced, is not necessarily a prescription for health. Bowenian theory, structural, solution-focus, narrative, and others approaches developed as a product of their time. However they are taught now as *what marriage and family therapy is*. These theories, obviously, all have a piece, but they may say more about the culture of their origins than they do about successful therapy in contemporary practice.

While studying the history of family therapy, we also have to look at the history of western thought and human development thought. We must revisit Piaget (1965), and others, whose theories provide the foundation stones on which therapy practice has been built. We must start tipping them over and reexamining them and asking if those theories are really true. When you look at development, do people have to attain a certain age before they are able to show respect? No.

Piaget says so, but we have all seen kids who act respectful. Are they treated in a way that allows that? They are naturally inquisitive. Being inquisitive is a show of respect, part of our way of connecting, of wanting to be loved, being loved, and wanting to love. It is in their ‘domestication’ that Don Miguel Ruiz (1997) refers to, that children learn to stuff it all. When it’s stuffed correctly, then children fit into Piaget’s slots and Kohlberg’s slots, into the boxes.

Traditional family therapies often seem to collude in promoting authoritarian parental practices. However, such an approach seems somewhat logical as it is in a therapist’s economic interest. It is unfortunate that therapists may have a vested interest in maintaining the authoritarianism of families, being that the economic power rests in the realm of the authority. Oftentimes, it is the authoritarianism that is the seat of the dysfunction in the family. Rigidity is seen in all dysfunctional families (Barnard, 1990). “If we are in a war of control, it is because we have no respect” (Ruiz, 1999, p. 67).

Short-term behavioral interventions that seem to satisfy the power structure of the family are often gained through structural shifts, which demand deference for the authority but do not elicit a voluntary respect for the authority. That is not the kind of respect that I am advocating here. Those traditional approaches are seeking individual change and behavioral compliances, not a fostering of active respect within the relationship. Using those therapies, an MFT is in collusion with the authority structure of the family. To foster respect, people have to have the power and the inspiration to be able to do that, voluntarily. It is plausible to assume that the discipline of MFT, using Respect Therapy

approaches, will have a positive influence in changing the traditional authoritarian or hierarchical structure of the family social system as a prerequisite to creating a more ecologically responsible and socially respectful population.

A Marriage and Family Therapist is in a unique position in society where she or he can challenge authoritarianism, especially entrenched hierarchical and male-dominant aspects of our culture. It is acknowledged that this may be difficult for some therapists, but it is a necessary cultural shift if we are going to redirect families to live together in more harmonious respectful relationships, and break the cycle of individualism as a cultural norm. A family is a web of life. If something happens to one member of the family, there are often effects to other family members. A change in the community where the family resides can affect the family members.

Dr. Sally Rosch-Wagner (1999) has stated that societal change happens when an example of change is presented to us. Rosch-Wagner contends that such socially significant actions, such as the challenging of the male-authoritarian dominance, never enter the realm of social possibility without a demonstration that such an action is possible. She also contends that without an understanding of social possibilities, a strong mythology develops that passes for science.

Our necessary role in survival as a species is to develop an understanding of the intelligence of the universe. The door to that understanding has been opened via the development of systems thinking. However, our discourse and the language that we use, which is the basis of our communicable understanding,

must progress from the imaginative, “heuristics,” realm to that of the “reality” of connection.

Imagination, as that unique human gift, has always been used as a means to enlarge human consciousness. Without being checked and guided by understanding, however, imagination knows no bounds. Through the centuries of human history, imagination has been held in check by intuition and the soft sciences in earlier times, logic and hard science in more recent ages. As we become more aware of the possibilities for exceeding the limits of the environmental systems of which we are a part, our seeking then is not for greater imagination, but rather, greater understanding.

We are, at this time, just on the threshold of our understanding of systems thought. It seems, even the leaders in ecological discourse are struggling to get the words of this evolution in place.

There is a need for an expansion of relational discourse with a new eco-psychological emphasis as it applies to therapy. That new emphasis is not to negate or discount systems theory, but to refocus it on the fact that the individual is only a part of, only half of, a dyadic relationship with every other person or environmental component that that individual is in relationship with. The individual cannot be separated from the relationship s/he is in; to be sure, one is never ‘out’ of relationship, being a part of everything which comprises the environment in which one lives.

Returning to a systemic approach that visions the whole of one’s relationship becomes a necessary focus of the intellectual discourse of Respect

Therapy. When we do this, the method of relationship can be a part of assessment and treatment. Authoritative intergenerational scripting, physical abuse or violence, or physically, emotionally and environmentally toxic influences are all examples of systemic effects, and can be recognized as likely symptoms of dysfunctional ecological influences. Using an approach of Respect Therapy, instead of looking for expressions of individuals' pathologies, the relationship can be looked at for strengths and for areas that can be developed.

When we look at relationships that are strong, we see that there is a respectful approach within that relationship. When we also look for respect in therapy sessions, respectful approach becomes a dynamic of the therapy and a dynamic of the relationship between a therapist and the client, therapist and couple, or therapist and family. As a part of a therapist's respectful approach, she or he sees their encounter with the clients as an opportunity for listening to their story, for gathering information to make an objective assessment *with* the couple or family, and knowing that any assessment made by the therapist, is going to be subjective.

Respect follows understanding and tolerance, allows love, and allows growth. Where respect is, rigidity is absent. Respect is based on positive expectations/positive outcomes. Respect allows holistic thinking.

A respectful therapeutic approach draws heavily on the psychology based thinking that what we do is rooted in how we think about reality. The respectful therapy approach also draws on a developmental thought that views children as being naturally inquisitive and loving and acknowledges that what we view as

disrespect is something they are taught through their culture and cultural influences, oftentimes within the family. Also this respectful approach sees children as having a natural tendency toward connectedness. It is through domestication that they develop ways of isolation. It is with respect people come to learn they are not alone.

Chapter V

Conclusions and Recommendations

It is felt that much research is needed as to how respect is taught and learned. Research not from the perspective of the receiver, the person who says, “You will respect me”. But rather, study who offers respect, and gives respect to another person or entity; and, how is respecting learned? It does not just happen. It seems pretty clear respecting is learned, just like everything else we know. With all the literature on human development, it is little mentioned. Respect is not something considered tangible. It is an attitude; and, because it is considered difficult to measure scientifically, little attempt has been made to figure out how to measure it, or how to observe it.

However, people know when respect is not there; because, they can observe the reactions to it, which they see all around them. We know when respect is lacking in our relationship with each other, and our environment (Conn, 1995). We can see relationship demise and environmental destruction. So, we know when respect is not there. But, if we were tuned in to it, and this is the focus of Respect Therapy, as therapists, we could recognize when it is there. But it’s the matter of tuning into it. It is a part of the attunement; it is the focal point of the therapy.

From a research standpoint, there should be an effort to learn all there is to know about the attitude of respect and how it develops in humans. It is possible

for humans to have this attitude, and we know from their interactions when it is present and when it is not. Because, we can recognize that, but we seldom acknowledge the presentations of respect. We often just look at or refer to the outcomes of lack of respect in relationships. We look at pollution, we look at dysfunction and pathologies... these are all outcomes where respect does not exist.

There would be no end to the amount of research that could be done on respect. There again, looking at not the good and bad merits of anything. It has nothing to do with that. It is reexamining everything we know from a position of “We could learn so much,” because we are naturally inquisitive too. The more we understand people, the more we grow to respect them and love them. Respect follows understanding and tolerance.

This awareness I’ve had about the need for a Respect Therapy, this is something unique. This is not something so unique as to be ‘out there’; it has some merit, and is valuable. It fits with what a whole lot of people have been talking about, but in different realms, across different disciplines, and for different specific reasons. But the messages they all give have this common thread running through them. This common thread is this piece about respect, and is the piece we learn when we are children, and we learn it in our families. One would hope.

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