

# THE *Family Psychologist*

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Celebrating the Diversity of All Couples and Families

Volume 20, No. 2

## THEME: SPIRITUALITY AND THE FAMILY

### From the President

*Jay Lebow, PhD*

Family psychology has evolved in the 21<sup>st</sup> century into what is almost inevitably an integrative discipline. Integration is everywhere in family therapy and family research.



Can we speak of families without thinking of the individuals who live in those families or of the other social systems, such as peer networks, schools, and communities that interface with them? Or think of families just in terms of their behaviors, affects, cognitions, or systemic properties, as if those other dimensions of life didn't exist? Although, for a time, writings and presentations of the early prominent family therapists were about narrowly focused meth-

ods, the vast majority of family psychologists and family therapists now are integrative both in orientation and in the methods they utilize.

Think about it. Our therapy methods integrate work with individuals, couples, and families; with young adults, older adults, and children; with topics such as sex, money, and work; with issues of gender and culture; and with psychopathology, relational problems such as marital difficulties, and help with normal life crises. Notably, our most powerful empirically supported treatments typically are multi-systemic in focus, including a place in these therapies for work with individuals, subsystems in the family, nuclear and extended families, and other relevant systems. And most of us integrate a range of techniques derived from a range of schools of therapy.

Yet, the spiritual dimension of the lives of our clients and research participants remains rarely addressed. This holds true despite the fact that for many of our clients, the spiritual life is among the most potent influences. Long ago, Elizabeth Kubler-Ross demonstrated that this aspect of life can have pronounced effects on coping, even in stressful times such as the end of life. Kubler-Ross pointed to how powerfully a strong spiritual life helped in the unique crises of this time of life. And the important place of spirituality as a central

part of family life is readily confirmed, both through simply observing families or examining the numerous research studies dealing with this subject.

And yet, most of us remain reluctant to cross this boundary; to engage with our clients around their spirituality or include spirituality as a variable in research. Perhaps this stems from the earliest roots of psychotherapy in the work of Freud, who viewed religious belief with a critical eye, placing the spiritual outside the domain of psychology and psychotherapy. Or perhaps the roots of this disconnection lie in that many psychologists are not religious (though David Orlinsky and his colleagues' international study of the lives of psychotherapists indicates this to not especially be the case: Therapists are equally represented at all levels of religious belief from non-believers to those for whom the spiritual represents the most important aspect of life). Or perhaps it has to do with the traditions of empiricism that are central to psychology and far removed from the spiritual life.

And there are other concerns. Discussions of spirituality are hard to differentiate from discussions of religious beliefs. How do we draw the boundary between what a psychologist does from what a priest or rabbi

**Division 43 Officer  
Candidate Statements  
in This Issue!**

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## Editorial Policy

The *Family Psychologist* is a quarterly publication devoted to news and issues in the delivery of services to individuals and families. Articles pertaining to family psychology and policy are invited.

Unless otherwise stated, opinions expressed are those of the authors and do not represent the official position of Division 43.

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The current issue of *The Family Psychologist* and an archive of past issues are available in Adobe Acrobat on the Division 43 web site: <http://www.apa.org/divisions/div43/mag.html>

## Submission Deadlines for *The Family Psychologist*

Deadline	Issue	Pub. Date
November 15	Winter	January
February 15	Spring	April
May 15	Summer	August
August 15	Fall	October

## From the Editor

Mark Stanton, PhD

The theme of this issue is Spirituality and the Family. The role of spirituality and religion in psychology is controversial for a number of reasons, yet deserves discussion, as noted by President Jay Lebow in the President's Column. The authors in this issue provide an array of ideas about the intersection of family psychology and spirituality in research and clinical practice that are intended to stimulate individual thinking and group discussion about this topic.



There are three feature articles and several columns that address the theme in diverse ways. Peter Larson and David Olson of Life Innovations provide the first feature article about research on couple compatibility on spirituality and the impact of such agreement on relationship factors. They suggest that a focus on couple compatibility, a systemic factor, is an important development in research that has often focused on individual spirituality. Their study features a new scale for couple compatibility and utilizes a large sample of PREPARE/ENRICH participants. The second feature article, by ethicist Marv Erisman at Azusa Pacific University, takes the idea of compatibility to the family level. He argues that family psychologists may benefit families by inclusion of

family spiritual and moral identity formation processes in the therapeutic process, and he provides a rationale and three mechanisms for doing so. The third feature article, by Tera Storms and Division 43 Board Member Bill Watson provides an analysis of the literature on forgiveness as a spiritual practice that has implications for family therapy.

The Science Column adds to the theme with an article by Scott Stanley, from the University of Denver. He suggests that various factors associated with spirituality may lower the risks of marital distress. In addition, he notes his experience of providing preventive psychoeducation in collaboration with religious organizations and the associated research opportunities. The Clinical Corner features an article on spirituality and children by Micki Pulleyking, a Lecturer in the Department of Religious Studies at Southwest Missouri State University. She suggests that the family is a place to address and enhance child-like spirituality, in a manner that is consistent with the spiritual identity formation process outlined by Dr. Erisman. In the Education Column, Hendrika Vande Kemp provides concrete suggestions for the inclusion of spirituality and religion, as a diversity factor, in graduate education in psychology, ranging from textbook recommendations to course exercises. The Final Word is written by Vice President for Practice James Dobbins on practical applications of spirituality in clinical practice, based in part on a listserv discussion of the theme he initiated recently.

Luciano L'Abate continues the focus on bridging the gap between research and practice with an article on the use of the laboratory method in family psychology. Florence Kaslow writes about family business in Spain in the International Column, and Libby Malone, our Division 43 Student Representative, notes some opportunities for graduate students to become involved in the division.

Finally, please note the Candidate Statements for Nominees for Division 43 Office. We have an excellent slate of nominees for positions this year. If you will review their statements, you will be prepared to receive the ballot mailed soon from APA. ♦

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### Erratum

In the Winter issue of *The Family Psychologist* there was a mistake on page 8. In the layout and reproduction process, text from the article was mistakenly repeated. Please note that the entire second column and first two lines of the third column are redundant and may be deleted. A corrected version of the issue is available in pdf format on the Division 43 website. We apologize to the authors and our readers for this error.

# Feature Article: Spirituality and the Family

## Spiritual Beliefs and Marriage: A National Survey Based on ENRICH

*Peter J. Larson and David H. Olson*

Spirituality and faith are powerful aspects of human experience. According to Gallup and Lindsay (1999), 70% of Americans claim membership in a church or synagogue, with three out of five adults indicating that religion is “very important” in their lives. Of the 90% of Americans who reportedly pray, the most common prayer (98%) is for the “well-being of their families.” With religion so prevalent and important in the family lives of Americans, it is an intriguing time to consider the connection between spirituality and marriage.

Given the potential impact of spiritual beliefs and faith, it makes sense for couples to explore their spiritual compatibility, and for researchers to investigate and evaluate the impact of spiritual compatibility on marriage relationships. The purpose of our study was to look at this relationship between spiritual beliefs and marital dynamics using a multi-dimensional scale. We looked not only at various areas of marital relating, but also at types of marital systems.

### *Linkage between Marriage and Religion*

The relationship between spirituality and marriage is under increasing scrutiny, with debate as to whether or not a positive relationship exists. While Booth, Johnson, Branaman, and Sica (1995) report little support for a link between religious activity and improved marital relating, the same study found that increases in religiosity were associated with a slight decrease in the probability of considering divorce. Religiosity in the 1,008 participants in their study was assessed with 5 questions regarding frequency of Bible reading, prayer, religious service attendance,

church social activity, and a self-report of religious influence. All 5 questions were directed at the individual, with no mention of marriage or spiritual compatibility with a spouse.

Sullivan (2001) found religiosity affected couples’ attitudes; higher levels were associated with more conservative divorce attitudes, increased levels of marital commitment, and more willingness to seek help for marital difficulties. On the other hand, Sullivan’s results were complicated by the moderating variables and lacked longitudinal evidence for a direct link between religiosity and marital satisfaction. In this study, religiosity was measured using a 4-item scale. Again, the 4 questions targeted individual responses concerning frequency of religious service attendance, self-report of spiritual beliefs in day-to-day life, seeking spiritual comfort for problems, and a general self-report of how religious people saw themselves. Thus, results were mixed and unclear as to what role spiritual beliefs and practices really played in the marriage relationship.

Recently, a meta-analysis of studies focused on religion and family functioning was completed (Mahoney, Pargament, Tarakeshwar, & Swank, 2001). The authors reviewed 94 studies published in journals since 1980. While small effects were reported that suggest greater religiosity appeared to lower the risk of divorce as well as enhance marital functioning, the authors noted several problems with the measures used to assess religious functioning in couples. They found that 80% of the marital studies they reviewed in their meta-analysis relied exclusively on single item, global markers of religiousness (such as frequency of church attendance, or shared

church affiliation). Another strong trend in the research involves assessing the individual’s religiosity and linking it to marital functioning. Individually based measures, however, do not measure the degree to which couples integrate faith and spirituality into their relational activities or perceptions of marriage (Mahoney et al., 1999).

### *Spiritual Consensus and Compatibility*

In reviewing the literature on spirituality and marriage, it is often difficult to determine commonality in how the construct of religiosity is defined and assessed. There can be confusion in differentiating terms like “spirituality,” “religiosity,” or “faith.” Some research will define religiosity in terms of behavior or practice, while others look at attitudes and beliefs. One must ask if researchers are assessing and studying the same construct, or a loosely defined range of religious behavior and practices.

Assessing spirituality in individuals and attempting to draw conclusions about how it impacts a marriage relationship is destined to become quite confusing. The compatibility or consensus a couple experiences in their spiritual life goes a long way towards informing whether spirituality will be experienced as a strength or challenge in a marriage. Indeed, Olson and Olson (2000) found that the key factor for distinguishing happy and unhappy couples in terms of religion was “satisfaction and agreement with how spiritual values and beliefs are expressed.” In their sample of 21,501 couples, an impressive 89% of those who reported they were “happily married” agreed on this item.

When Mahoney et al. (1999) worked on defining and assessing spiritual constructs that

were closely connected to couples' experiences and perceptions of their marriage, stronger associations with marital adjustment emerged. Specifically, they looked at the extent to which couples shared religious or spiritual practices and experiences, and the extent to which they perceived God to be active or reflected in the marital relationship. Results demonstrated that these factors were related to greater marital adjustment, less marital conflict, more verbal collaboration, and less use of verbal aggression and stalemate in discussing disagreements. Thus, as these researchers assessed agreement and consensus in the spiritual practices and beliefs of couples, the link to positive marital functioning became clearer.

Even when spirituality is present in one or both marriage partners, there can be problems with spiritual compatibility. Olson and Olson (2000) report that 53% of the couples studied said they had unresolved differences in their spiritual beliefs. Moreover, 36% of their sample reported that spiritual differences caused tension in their relationship. Sullivan (2001) found some evidence that newlywed husbands who had more religious wives were actually less satisfied with the relationship than husbands whose wives were not as religious.

Interfaith relationships can be particularly challenging, requiring much tolerance and understanding (Olson & Olson, 2000). Issues such as dealing with relatives, rituals, and holidays, and what faith to raise children, can be quite problematic. In a qualitative study that researched 376 individuals involved in interfaith relationships, findings indicated that most functional spouses and couples de-emphasized theological differences and focused on similarities. However, when theological differences were emphasized, they were related with lingering conflicts, and a corrosive effect on marital stability (Joanides, Mayhew, & Mamalakis, 2002).

#### *ENRICH: A multidimensional Couples Assessment*

In the majority of cases, the assessment of marital satisfaction has suffered from the same

limitations as the assessment of spirituality in a couple. Specifically, when assessing marital satisfaction, studies are not truly measuring the dyad, limiting their assessment to individuals' reports (Fowers & Olson, 1988). Because of the confusion in assessment tools and strategies, the field needs more detailed and multidimensional assessment tools in the area of religion and marriage (Mahoney et al., 2001).

ENRICH couple inventory, developed by Olson, Fournier, and Druckman (1983) is a multi-dimensional assessment. Version 2000 of PREPARE/ENRICH has been updated and expanded (Olson & Olson, 1999). It is a 165-item self-report measure in which scores are derived by evaluating both married partners' responses and comparing them to one another. The instrument yields 20 scales, including scores for 12 content areas, 4 personality/intra-personal scales, and 4 scales of the family/couple system (cohesion and flexibility), based on the circumplex model of marital and family systems (Olson, Sprenkle, & Russell, 1989). The ENRICH scales have high levels of reliability and validity (Fowers & Olson, 1989; Olson & Olson, 1999).

Marital satisfaction and spiritual beliefs are 2 of the 12 content areas. Importantly, each content area is made up of 10 questions that assess positive couple agreement and consensus on each item. For example, both partners respond on a 5-point likert scale ranging from "strongly agree" to "strongly disagree" to an item such as, "We are satisfied with how we express our spiritual values and beliefs." In other words, the dangers of a single item, or more individualized assessment of spirituality and marriage satisfaction are avoided through this scoring strategy.

#### *National Sample of Married Couples*

A national sample of 24,671 married couples who took the ENRICH in the years 2000 and 2001 was investigated. The sample was split into three distinct groups based on their Positive Couple Agreement (PCA) scores, a measure of consensus, on the Spiritual Be-

liefs content scale of the ENRICH. Couples whose PCA on the 10 items pertaining to the Spiritual Beliefs scale was 30% or less were placed in the Low Spiritual Agreement (LSA) group ( $n = 6,562$ ). Couples whose PCA on the 10 items was 70% or higher were placed in the High Spiritual Agreement (HSA) group ( $n = 6,557$ ). The remaining 11,552 couples scored in the moderate range for agreement in spiritual beliefs and were not included in the current analysis.

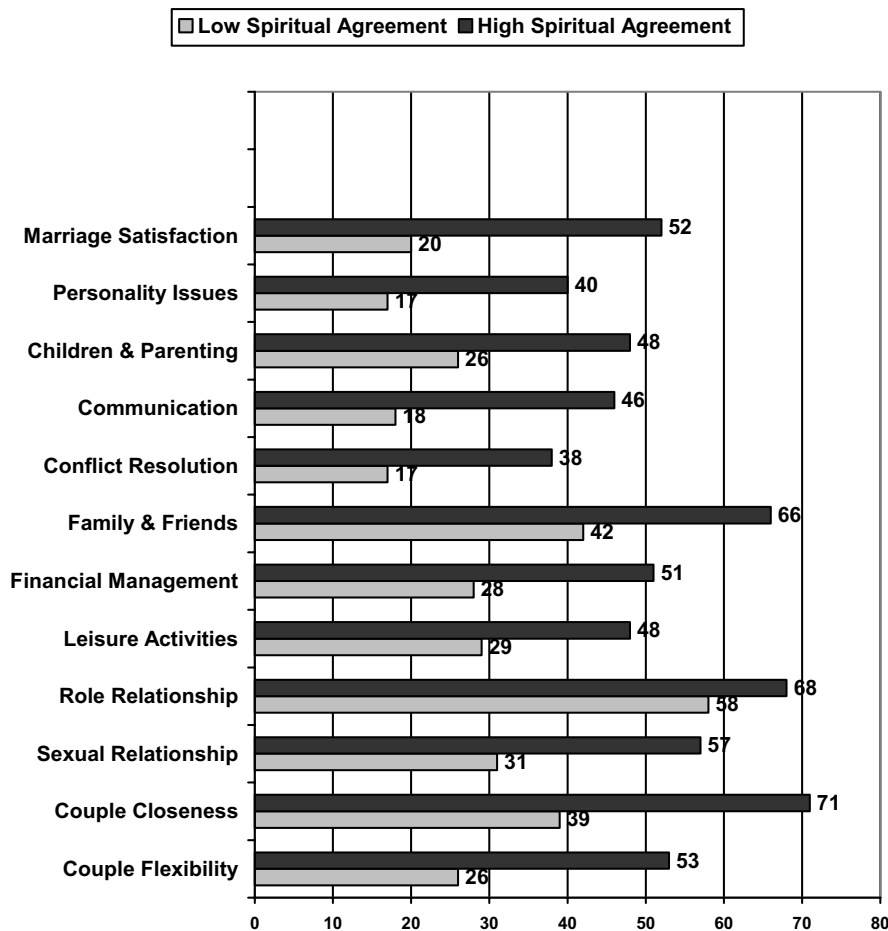
Analysis of background items and demographics showed that these two groups (LSA and HSA) were quite similar. Average age was early thirties, and education levels were high, with over 80% of the sample having at least some college education. The sample was largely Caucasian (85%), followed by African American (4.4%), Hispanic-Latino (4%), and Asian American (2%). When asked about religion, 50% of the sample identified themselves as Protestant, followed by 15% Catholic, 1% Jewish, and 33% reported their religious affiliation as "Other." When asked to report how long they had been married, 45% of the couples reported they had been married between 0 and 5 years, 20% had been married between 6 and 10 years, 13% between 11 and 15, and 21 percent of the sample reported they had been married 16 years or more.

#### *Comparison of Marriages High and Low in Spiritual Agreement*

The two groups (HSA and LSA) were compared on several dimensions of their relationship using the ENRICH Inventory. Comparison scales included: Marriage Satisfaction, Personality Issues, Children and Parenting, Communication, Conflict Resolution, Family and Friends, Financial Management, Leisure Activities, Role Relationship, Sexual Relationship, Couple Closeness, and Couple Flexibility.

Independent samples  $t$  tests were run comparing the HSA group to LSA group on all of these dimensions using PCA scores, which are based on the agreement of the couple items within each ENRICH category. In each

Figure 1: High vs. Low Spiritual Agreement on ENRICH Scales  
Mean PCA Scores



case, there were significant differences in the mean PCA scores between these two groups. See Figure 1 for a summary of these results. In other words, higher couple consensus on spiritual beliefs (PCA) was associated with higher couple agreement on every other ENRICH scale. These results are dramatic in that they suggest spiritual beliefs may be powerfully related to a wide range of marital issues.

A correlation matrix for the PCA scores for Spiritual Beliefs and the other 11 content scales of the ENRICH using the data from the 13,119 couples in both the LSA and HSA groups was developed. The largest correlations emerged between PCA score for Spiritual Beliefs and Marriage Satisfaction ( $r =$

.55), and PCA scores for Spiritual Beliefs and Couple Closeness ( $r = .52$ ), both of which were statistically significant.

In considering consensus on the Spiritual Beliefs scale, it is important to understand the level of shared religious affiliation among couples. These percentages were explored for the 13,119 couples in the HSA and LSA groups by creating a cross tabulation table of religious affiliation for men and women. For the LSA group, women shared religious affiliation with their partners 40% of the time for those identifying themselves as Catholic, 34% of the time for Jewish, and 60% of the time for Protestants. Percentages of shared religious affiliation were higher for women

in the HSA group: 77% for Catholic, 75% for Jewish, and 87% for Protestant.

Men's percentages of shared religious affiliation were largely similar to the women's. For the LSA group, men shared religious affiliation with their partner 34% of the time for Catholics, 26% for Jewish, and 65% for Protestant. In the HSA group, affiliation scores were 75% for Catholic, 62% for Jewish, and 83% for Protestant.

It is notable that these two groups reflect large differences in percentage of shared religious affiliation. Still, shared affiliation does not ensure positive couple agreement on the 10 Spiritual Beliefs questions. Indeed, while 65% of the Protestant men in the LSA group had a Protestant partner, they still scored below 30% on positive couple agreement on the Spiritual Beliefs scale.

#### *Five ENRICH Couple Types and Agreement on Spiritual Beliefs*

An empirically derived typology of couples based on the Positive Couple Agreement (PCA) scores from the multidimensional ENRICH inventory was done by Olson and Fowers (1993). Five clusters emerged through their analysis of over 6,000 couples, and marriage satisfaction increases with each of the following 5 types discussed.

*Devalitized couples:* The first marital type included 31% ( $n = 1,004$ ) of the primary sample and had the lowest scores on all of the ENRICH scales. Due to their low PCA scores, these couples were designated "Devalitized." They tend to be at the highest risk for divorce and tend to be unhappily married. In the current study, 62% of the LSA group was classified as the Devalitized, while only 9% of the HSA group scored this low.

*Conflicted couples:* The second cluster contained 28% ( $n = 918$ ) of the couples in the original study. These couples' showed distress on many of the ENRICH scales and were called "Conflicted." Lowest scores were found on the Personality Issues, Communication,

Table 1: ENRICH Couples Types and Spiritual Agreement

Couple Types	High Spiritual PCA	Low Spiritual PCA
Vitalized	36%	5%
Harmonious	11%	10%
Traditional	21%	4%
Conflicted	23%	19%
Devalitized	9%	62%
Total	100%	100%

and Conflict Resolution Scales. They reported dissatisfaction with their partner's personality and habits. Problems existed in their ability to communicate and discuss problems in the relationship, as well as in the areas of leisure activities, their sexual relationship, and relating to one another's family and friends. They tend to be at high risk for divorce and tend to be unhappily married. In the current study, 19% of the LSA group scored as the Conflicted type, while 23% of the HSA scored in the Conflicted range.

*Traditional couples:* Approximately 15% ( $n = 504$ ) of the couples in the original study were classified in the third type. They tended to have lower PCA scores in the interpersonal scales (Communication, Conflict Resolution) but higher scores in the more traditional external areas (Children & Parenting, Family & Friends, and Spiritual Beliefs.) This set of couples was called "Traditional" to match the combination of their moderate interpersonal satisfaction and higher scores on parenting and spiritual belief scales. Marital satisfaction is only moderate, but they are at a low risk for divorce. In the current study, only 4% of the LSA group was classified as Traditional, while 21% of the HSA group emerged in this category.

*Harmonious couples:* The original typology study classified 12% ( $n = 407$ ) as "Harmonious" because they were relatively high on most scales, except Financial Management, Children and Parenting, and Spiritual Beliefs. They tended to be generally happy and are at low risk for divorce. In the current study, 10% of the LSA group was classified as Harmonious, with a similar 11% of the HSA group.

*Vitalized:* Finally, the fifth group of couples comprised 13% ( $n = 427$ ) of the original sample. These couples were called "Vitalized" due to the high level of satisfaction across the ENRICH scales. They had particularly high scores on the Personality Issues, Communication, Conflict Resolution, and Sexual Relationship scales. These couples saw religion as important to their marriages and indicated a strong preference for egalitarian roles. They tend to have a high degree of marriage satisfaction and are the least likely of the 5 types to divorce. In the current study, only 5% of the LSA group scored as Vitalized, compared to 36% of the HSA group.

When the two groups, HSA and LSA, were compared on these 5 couple types, an intriguing frequency pattern emerged. The most dramatic in this comparison is the 53% difference in the frequency of Devalitized couple type when comparing HSA couples to the LSA couples. Almost two thirds of the 6,562 couples with LSA were in the Devalitized category, which suggests the highest risk of divorce, while only 9% of couples with HSA fell into the Devalitized category.

Large differences were also observed on the other end of the spectrum, with a full 31% difference between the two groups in the Vitalized category. Thirty-six percent of HSA were in the Vitalized typology, while only 5% of the LSA scored as the Vitalized type. These are major differences that cannot be ignored. See Table 1 for summary.

Discriminant Analysis of Marriages High and Low in Agreement on Spiritual Beliefs  
In conducting discriminant analysis of the

two groups (LSA and HSA), the most powerful 6 scales that emerged were (in descending order): Couple Closeness (.87), Couple Flexibility (.75), Communication (.71), Family and Friends (.713), Personality Issues (.68), and Conflict Resolution (.66). The overall accuracy for correctly classifying high versus low couple agreement on the Spiritual Beliefs scale using discriminant analysis was 73.4%.

While it may not be unusual to find the Communication and Conflict Resolution scales as important in discriminating between these groups, the significance of the Couple Closeness and Couple Flexibility scales is intriguing. Olson (2002) defines Couple Closeness as the level of emotional closeness experienced by a couple, and the degree to which they balance togetherness and separateness. Couple Flexibility is defined as the ability of a couple to change and be flexible when necessary.

There are those in the field who would suggest that there are several types of intimacy a married couple can experience: emotional, physical, and spiritual. Further, it is often suggested that there are powerful links between types of intimacy (i.e., healthy emotional connections may result in more enjoyment of physical intimacy). In the current study, an intriguing association between high spiritual agreement and the level of closeness a couple experienced was observed. The positive couple agreement scores for Spiritual Beliefs and Couple Closeness were significantly correlated ( $r = .52$ ). Further, Couple Closeness was also the most heavily weighted item for discriminating between the HSA and LSA groups. Thus, closeness is a construct that deserves more investigation in terms of how it is related to spirituality in couples.

#### Summary

In summary, this study clearly demonstrated a significant relationship between the spirituality of a couple and many aspects of marital functioning. These results are dramatic in part because of the use of the 10-item scales,

a large national sample of married couples, and because both husbands and wives took the ENRICH couple inventory. When comparing couples who were high in spiritual agreement versus couples who were low in spiritual agreement, significant differences were observed on every ENRICH scale. Strong correlations between consensus on Spiritual Beliefs and Marital Satisfaction ( $r = .55$ ) and Spiritual Beliefs and Couple Closeness ( $r = .52$ ) were observed. High versus low spiritual agreement were also strongly related to couple type as measured by ENRICH, with significantly more Vitalized couples in the HSA group and significantly more Devitalized couples in the LSA group. Finally, discriminant analysis demonstrated 73.4% accuracy in correctly classifying the HSA and LSA groups, with Couple Closeness and Flexibility emerging as powerful discriminant factors.

#### Clinical Implications

There are important therapeutic implications that emerge out of these findings. First, spiritual beliefs can be a source of strength or a stumbling block for a couple, based on their spiritual compatibility. It is not enough to know that one or both members of a couple are spiritual; their consensus on spiritual issues must be assessed. Certainly, there will be couples who embrace divergent spiritual views and still experience a good marriage with high marital satisfaction. But these are the exceptional few who can tolerate differences in such a powerful area of life.

While only 5% of the LSA couples experienced a Vitalized marriage, 62% were Devitalized. This finding becomes even more important based on longitudinal research that demonstrates as many as 90% of the individuals in a Devitalized marriage have considered divorce, and over two-thirds (69%) of Devitalized couples are dissatisfied with their marriage (Fowers, Montel, & Olson, 1996). Such results highlight the importance of assessing and discussing spiritual compat-

ibility when working with premarital and marital couples in a therapeutic setting.

Walsh (1999) provides a comprehensive overview of how spirituality can be understood and integrated into marital and family therapy. Walsh acknowledges that therapists often avoid the topic of spirituality in their work; sometimes out of respect for client privacy or because of a lack of training in the area, and other times because therapists don't see themselves as very religious. Whatever the reason, it is a therapeutic oversight to ignore the powerful influence of spirituality in clients' lives and marriages.

The current study also points to the value of the ENRICH inventory, and how a multidimensional tool that assesses couple consensus can be very revealing and useful in a clinical setting. Past research has already demonstrated the value of the ENRICH in diagnostic and clinical assessment. Now, it is even more clear that ENRICH is a powerful tool for assessing the spiritual compatibility of couple, and how this relates to a range of other marriage dynamics. For more information on using the ENRICH in a clinical setting, [www.lifeinnovations.com](http://www.lifeinnovations.com) provides an overview.

Finally, for those conducting research on spirituality in a married dyad, the current data would suggest a need to consider assessment strategies. Using couple consensus and agreement appears to be a more powerful way to understand the links between religion and marriage, as opposed to assessing the religiosity or marriage satisfaction in individuals. Further, because religion and spirituality is a complex construct involving values, beliefs, and practices, multi-item measures should be used over one-item markers.

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## Feature Article

# Spiritual and Moral Identity Formation Within the Family

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Spirituality's recent respectability within psychotherapy suggests a growing understanding of the impact spirituality exerts in the lives of our clients. Our increased appreciation of diversity at every level of human experience has encouraged practicing psychotherapists to include spirituality in therapeutic dialogue, assessment, and treatment planning. How issues around spirituality are framed and the language used to locate the conversation varies. Griffith and Griffith emphasize the sacred (2002); Williams organizes spirituality around the domains of practice, belief, and experience (1999); and Benner urges us to attend to the soul (1998). Yet in spite of the variation in language and organizing principles, there is a growing acceptance for the inclusion of spirituality as a distinctive within diversity today and as a fundamental principle of self-identity within many families.

Families that value spirituality and want spirituality to maintain a prominent place within their family domain, bring that value to therapy. They may not understand the definitional intricacies and distinctions between the religious and the spiritual, or the exact difference between spirituality and morality, but families that place importance on their spirituality want the psychotherapist to take their spirituality seriously without subsuming it under some other category of understanding. Spirituality plays a prominent role in their self-definition. Within a posture of respect for those families, the psychotherapist must take spirituality seriously, on its own terms.

Psychotherapy can add significantly to families' spiritual self-definition by helping families focus on their *spiritual identity formation*. This is front-end work in any therapeutic process that is sensitive to spirituality. It helps families create an intentional framework of spirituality, assess and construct their spiritual self-identity, and consequently, create their spiritual distinctives within a framework of family dialogue. Spiritual identity formation within the family, like moral identity formation, occurs within patterns of social interaction (Doherty, 1995). Family members, through their chosen patterns of dialogue, determine the depth and impact of their spirituality, both within the family and within the neighborhood. Spiritual identity formation, as therapeutic dialogue, requires every voice within the family be heard and integrated. Although this can make the psychotherapist's job more difficult, it is essential if the families' spiritual identity is to be a useful, self-defining, and fundamental metaphor of meaning.

Family therapy is an excellent place for the conversation around spiritual identity to take place. Family therapists can facilitate communication of ideas around spirituality in an inclusive, valuing, creative, and respectful manner. Many families, even those whose value around spirituality runs deep, do not know how to initiate a family discussion in which all members of the family have a voice in spiritual issues. But once modeled by the therapist, and with some psycho-educational moments offered by the therapist to support the modeling, families can become better equipped to initiate and maintain patterns

of interaction that include family members in dialogue around spirituality. The objective of this article is to provide a conceptual framework for family therapists when they engage a family in dialogue around spiritual identity formation. The burgeoning literature on spirituality and psychotherapy will be selectively noted, since specific literature on spirituality within the family is scant but developing. Most of the literature to date focuses on spirituality in individual life.



Before launching into a discussion of spiritual identity formation within the family, however, a few definitions and distinctions are necessary. First, as one might expect, spirituality is variously defined. Richards and Bergin (1997) include a more

traditional definition of spirituality, one that emphasizes matters concerning the soul and matters related to God, within a wider perspective that encompasses beliefs, transcendent and existential themes. The transcendent and existential themes, such as suffering, good and evil, meaning, and death, are all critical within family dialogue and family life, and form a significant part of family communication around spirituality. Consequently, their wider perspective on spirituality provides the psychotherapist with a wider yet definitive framework for exploring the language and meaning of spirituality within family life.

The distinction between spiritual and religious (Richards and Bergin, 1997; Becvar, 1996), especially the idea that "spiritual" connotes expressions that are more private, ecumenical, and universal, whereas "religious"

emphasizes the public, denominational, and external expressions, though perhaps helpful definitionally, is often not clear in the life of families. These distinctions are contextually determined within families themselves, and the importance of these distinctions, if important at all, becomes obvious during the therapeutic dialogue itself.

Second, spirituality and morality overlap. Spirituality impacts moral meaning and moral behavior, often at significant junctures. Consequently, if spiritual identity formation becomes a focus in therapy, moral identity formation within the family might also be impacted and become part of the discussion within identity formation. Doherty lists items that would fall into the spiritual, the moral, and those that would overlap and fall into a spiritual-moral category. Yet he acknowledges that his suggestions are simply that, and are not intended to be exhaustive or precise (Doherty, 1999). He places items such as grace, miracle, prayer, faith, and God's will in the "spiritual only" category; right and wrong, should, ought, obligation, and fairness in the "moral only" category; and commandments, the golden rule, evil, and sin in the "spiritual-moral" category. Yet there is a fundamental interaction between many of these items, and it is this interaction that might be most significant, rather than the exact placement of the items. Miracles, for instance, can transform moral postures; fairness can nurture faith; and grace can cancel out the guilt of sin. In helping families in their spiritual identity formation, psychotherapists should be aware of the interactional nature of the spiritual and the moral and be willing to help families understand and explore this interactional relationship. Family therapists can help families intentionally create their spiritual identity by working with families on three levels: help families create a spiritual vision statement; explore and integrate practiced beliefs and values that inform their spirituality; and become aware of strong affective associations to key beliefs, values, or experiences.

#### *Creating a spiritual vision statement with the family*

A spiritual vision statement helps families gather a variety of perspectives around their understanding of spirituality and form a fundamental sense of who they are and how they want to live their life as a family in the neighborhood and community. The following questions can be helpful to guide the dialogue: What does it mean for you as a family to say that you are a spiritual family and that you think spirituality is important? How does spirituality impact and influence your family character? What are your family distinctives that are spirituality based? How do you want to be known as a family and what impact do you desire to make in your neighborhood and community as a family that values spirituality?

Every voice within the family needs to be included in this exercise. The final vision statement, whether a sentence or paragraph in length, will be most powerful as a grounding statement of spiritual identity if every family member's perspective is heard and valued. This creates systemic ownership and increases the organizing power of the vision statement for intentional engagement within the family and within the community. The voices of children, as Coles reminds us, carry both innocence and depth when they begin to talk about spiritual and moral matters (Coles, 1986; 1990). Although the therapist will need to find creative ways to engage children in this exercise, it sometimes amazes other family members how deeply the children in the family think about these matters when they are included in the dialogue, and how important their perspectives are for the final outcome. The voices of adolescents are equally critical in this exercise. Whether they are in rebellious forms of differentiation or they are seeking to be fundamentally assured that they are significant within the family, by bringing their feelings and beliefs around spirituality into the construction of a vision statement, the adolescents and the family are offered an opportunity to develop a spiritual identity that can help anchor them even if

differences are beginning to play a significant role within the family system.

But is the creation of a family spiritual vision statement really the work of therapy? Shouldn't that be something a pastoral counselor or pastor helps a family develop? Certainly, a pastor or pastoral counselor could help families create a spiritual vision statement. But families come to therapy in order to explore family issues because things aren't the way they would like them to be. A spiritual vision statement can help families begin to explore and understand how their spirituality can ground them and create an intentional self-definition, even in the face of the emotional and psychological challenges the families face. It does not mitigate the therapeutic work necessary to address their presenting issues, but a spiritual vision statement can help families identify their strengths and spiritual resourcefulness. As a refocus, it may provide a systemic reframe for the therapeutic work they need to do and help engage them from within a more positive self-understanding—emotionally, psychologically, and spiritually.

Spiritual vision statements provide families with a fundamental grounding and self-identity. They provide them with the basis for a metaphorical self-understanding (Browning, 1987), one that is spiritually based. They help families gauge their communication, their activities, and behaviors, within the family and within the neighborhood, against something that they decided was their selected self-definition. This cuts two ways: It helps families capture the power and intentionality of their spirituality, and it identifies issues and conflicts that may lie below the surface related to spirituality, thereby affording families the ability to address them more directly.

#### *Exploring practiced beliefs and values*

An intentional spiritual identity requires families to explore the beliefs and values that are related to their spirituality. This exploration is not one of simply identifying those beliefs and values, but rather, becoming in-

creasingly aware of how those beliefs and values are practiced within the life of the family. Is there a supporting congruence, for instance, between the practiced beliefs and values and the spiritual self-identity contained in the vision statement? Are beliefs and values present that are important but not practiced and supported? Do some individual and family behaviors cut across the grain of key beliefs and values? How does this impact the family's spirituality? How will these beliefs and values help the family in their relationships with one another as a family that considers spirituality to be fundamental to its character?

These questions, and others like them, can help families refine their spiritual identity. An intentional family spiritual identity, supported by practiced beliefs and values, helps families create communication behaviors, navigate through family conflicts, and carry the family character into the neighborhood with a pronounced normative self-understanding. Incongruencies between beliefs, values, feelings, and behaviors, especially when related to key aspects of the families' spiritual vision and self-definition, tend to fragment families' self-efficacy. Family therapy provides the opportunity, without shame or guilt, to dialogue about inconsistencies, personal challenges, and significant roadblocks that interfere with a strong spiritual identity. Even when the intentional spiritual identity created by the family contains areas of disagreement around key beliefs and values, this refined spiritual identity increases families' capacity for self-reflection, creates an open awareness of differences, and increases families' potential for dealing more constructively with their internal diversity.

#### *Uncovering Emotional Associations*

Strong emotional associations are sometimes related to key beliefs, values, or experiences. These emotional associations on the part of individual family members can create challenges to families' spiritual identity formation. Family members need to be helped to identify strong emotional associations, posi-

tive or negative, and determine their significance for the family's spiritual identity. Do these emotional associations add strength to the family's spiritual identity, or do they interfere with it? What does the individual family member choose to do with them? Do they signify the necessity of individual work before further spiritual identity integration can be achieved?

Negative emotional associations with spiritual, religious, or moral beliefs and values, or toward experiences that are somehow related to these areas, often require deep therapeutic dialogue. Sometimes, the issues are individually so powerful, that a family cannot move forward until these emotional associations are addressed and effectively integrated on an individual basis. For instance, a father who routinely uses God as one who is displeased with a child's behavior is likely to face a teenager who's associations with spirituality are problematic. Or, parents who raise a child with the belief that self-giving is God's desire, yet the child's needs are simply not met in the equation will experience difficulties. Finally, any childhood experience in which physical, emotional, or sexual abuse is associated with spiritual or religious language or individuals is likely to create powerful, negative connotations. Often the most difficult therapeutic work lies here. Families that attempt to develop and sustain a spiritual identity that glosses over these negative emotional associations, either through ignorance or sheer willfulness, are likely to face a fragmented future.

The cognitive frame of spiritual identity formation becomes rich and powerful within the life of the family when the affective life of individual family members is primarily untroubled by memories that trigger negative emotional associations. The moral integrity of the family is at stake if the family cannot make time for individuals within the family system to confront their internal tensions. Family therapists might have to help families understand the importance of this fact, and

help them create the affirming and patient environment for this individual work.

#### *Final Reflections*

The skills and competencies necessary for family therapists to help families with their spiritual identity formation are provided by Doherty (1995), Miller (1999), Griffith and Griffith (2002), and Walsh (1999). In addition to general therapeutic competencies, they emphasize familiarity with culturally related values, beliefs, and practices (Miller, 1999); judicious use of direct challenge, with the sound advice to stay in the lower intensity zones of affirmations and questions (Doherty, 1995); careful attention to assessment with questions that cover a wide scope of experience and history within the family (Walsh, 1999); and a strong relational capacity to create the safety and trust necessary to explore the sacred (Griffith & Griffith, 2002). A review of the literature reinforces the idea that family therapists do not need to develop a separate set of competencies to help families with their spiritual identity, but rather, they simply need to sharpen their sense of presence, facilitation, and respectfulness, and learn to ask the specific questions that help families explore their spiritual and moral landscape.

Helping families create a grounded spiritual identity formation may be difficult if differences in religious heritage, tradition, or beliefs are present. But even in those families, the reflective exercise necessary to develop a spiritual identity can surface and open for discussion conflicts, resentments, and differences that might have been dormant for a long time. By helping families become intentional about their spiritual identity, they can make more deliberate choices, introduce and reinforce respect for diversity, yet honor and respect those differences. If a normative spiritual identity for the entire family isn't possible, perhaps diverse spiritual identities will capture the spiritual energy of the family and help them discover ways they can grow separately, yet partner effectively, in their spiritual journeys.

An intentional spiritual identity carries the family culture in fundamental ways. It collects, from the voices within the family, the distinctive patterns of spiritual and moral meaning, and brings them into focus. Family therapists have the opportunity to help families create clarity around their spiritual self-definition and their spiritual self-efficacy. Families are relational at their core. This relational culture is strengthened when they combine their individual spiritual and moral strengths for the good of the whole.

Spiritual identity formation, especially as it applies to families, is not a framework or language easily discovered within the literature of family therapy. Yet it has the capacity to help families integrate their fundamental spiritual meanings and bring other family tensions and conflicts into focus around their spiritual identity. By doing so, families can act as communities, with a spiritual center, rather than as individuals who have not engaged each other enough to experience the rich depth of their common spirituality.

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## Feature Article

# Spiritual Interventions in Family Therapy: Models of Forgiveness

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### Introduction

Spirituality has received increasing attention in the both the mainstream press and in the professional literature over the last decade (Govier, 2002; McCullough, Pargament, & Thoreson, 2000; Richards & Bergin, 1997). The use of spirituality in the clinical practice of family therapy is discussed by a variety of authors (e.g., Walsh, 1999; Watson, 1997; Van de Kamp, 1991). One of the most commonly cited applications of spirituality to family therapy is the use of forgiveness.

It can be argued that difficulty with forgiving injury, betrayal, and abuse from family members, past and present, is central to much of the pain that families bring to therapy. However, until recently forgiveness has not received much attention as a concept in the clinical literature, though it is a central concept in many religious traditions. Phenomenologically, therapists have tended to understand forgiveness as a byproduct of other psychological and systemic processes such as cognitive restructuring and reframing, positive connotation, increasing self-differentiation and working through cutoffs, re-authoring self narratives, or clarifying family boundaries and hierarchy. But more recently, a number of family psychologists have argued that forgiveness is central to healing in family relationships and requires consideration as a therapeutic process in its own right. In this article, we review some of the models of forgiveness proposed by these authors as a way of examining this particular application of spirituality to family therapy.

### General Models of Forgiveness

Several models of forgiveness have been pioneered over the past decade. One that has received a great deal of attention is Worthington's "Pyramid Model of Forgiveness" (previously the Empathy-Humility-Commitment Model), which is a 5-stage, empirically supported treatment approach based on constructing a set of emotional, cognitive, and behavioral experiences choreographed to change a person's experience of an injury (Worthington, 1998a). The five stages ("REACH") are: 1) Recall the hurt, 2) Empathize with the one who hurt you, 3) Altruistic gift of forgiveness, 4) Commit to forgive, and 5) Hold on to the forgiveness. In *Stage 1*, clients are invited to recall the hurts and elaborate on them within a supportive, empathic environment. *Stage 2*, empathizing with the one who hurt you, is central in Worthington's model. A variety of stories and analogies are used to help the client think through what the offender may have been thinking and feel what the offender may have been feeling during the hurtful event. In *Stage 3*, empathy mediates forgiveness, the granting of which is defined as an altruistic act. This stage involves such things as moving the client to a state of humility, recognizing one's own capability to inflict pain, harm, or suffering on another, and recalling what it was like to receive forgiveness in the past for one's own imposed injuries (Worthington, 1998b). Upon recognizing what a gift it was to personally receive forgiveness, the client in turn offers the gift of forgiveness to the offender. *Stage 4*—up to this point, forgiveness is covert and exists only in the client's private reality. In

stage 4, the forgiveness process is made overt in an external or public act of commitment such as writing a letter to the one who is being forgiven (which may or may not be sent), or creating a “forgiveness certificate” that documents the choice to forgive a particular injury. This externalization of the forgiveness is intended to produce a stronger, more lasting sense of having forgiven. In *Stage 5*, Holding on to the forgiveness, it is recognized that maintaining forgiveness can be difficult, and the client is provided with ways to manage recurring, intense emotions of resentment and unforgiveness. The client is directed to refocus their thoughts when the hurt comes to mind, and work through the forgiveness process again as additional hurts are recalled.

An interpersonal process model of forgiveness developed by Enright and the Human Development Study Group (Enright, Freedman, & Rique, 1998) includes twenty psychological variables (units) within four phases that integrates the cognitive, behavioral, and emotional aspects of the forgiveness process. 1) The Uncovering Phase includes examination of psychological defenses, confrontation of anger, admittance of shame (when appropriate), awareness of cathexis, awareness of cognitive rehearsal of the offense, insight that the injured party may be comparing him-/herself with the injurer, realization that one may be permanently and adversely changed by the injury, and insight into a possibly altered “just world” view. 2) The Decision Phase includes a change of heart and new insights that old resolution strategies are not working, willingness to consider forgiveness as an option, and a commitment to forgive the offender. 3) The Work Phase includes reframing (through role taking) the offender by viewing him in context, empathy and compassion toward the offender, acceptance and absorption of the pain, and giving a moral gift to the offender. 4) The Deepening Phase includes finding meaning for oneself and others in the suffering

and forgiveness process, realization that one has needed others’ forgiveness in the past, insight that one is not alone (universality, support), realization that one may have a new purpose in life because of the injury, awareness of decreased negative feelings (and possibly positive feelings) toward the offender, and awareness of internal, emotional release.

#### *Marital Models of Forgiveness*

Gordon and colleagues have developed a sophisticated 3-stage model of forgiveness for application in couples therapy (Gordon, Baucom, & Snyder, 2000). Building on the integration of cognitive-behavioral and insight-oriented approaches, this model presents an approach to understanding and coping with interpersonal betrayals, especially infidelity, within intimate relationships. The three stages of this forgiveness process include: The Impact Stage (acknowledging and absorbing the impact of the betrayal), The Meaning Stage (searching for meaning and seeking attributions and explanations as to why the betrayal occurred, including implications for this new understanding), and The Moving On Stage (moving forward within the context of a new set of relationship beliefs and relinquishing the control of the event and of the associated negative emotions).

DiBlasio (2000) has developed a decision-based forgiveness model for use with couples dealing with infidelity. Writing from a cognitive-behavioral perspective, DiBlasio defines forgiveness as the letting go of resentment, bitterness, and the need for vengeance. DiBlasio challenges the emerging theme in the literature that forgiveness is an ongoing process that occurs over time and requires emotional readiness. His premise is that true and lasting forgiveness can be a volitional choice, an act of the will that can be granted in one day (i.e., beds of dying patients). DiBlasio’s approach involves working through 13 steps in a single, extended session of 2 to 3 hours. The 13 steps are organized into three sec-

tions: defining and preparing (Steps 1–3), seeking and granting forgiveness (Steps 4–12) and the ceremonial act (Step 13). The first 3 steps are preparation, providing definitions, rationale, and ground rules. Steps 4–6: The offender reviews and explains what happened and why, and the injured partner has the opportunity to ask questions. Steps 7–8: The injured partner shares how the affair has hurt him/her, with the spouse responding empathically. Step 9: A plan is made to stop the affair and prevent recurrences. Step 10: The injured partner identifies with the offending partner’s pain that led to the affair. Steps 11–12: Forgiveness is formally requested and granted. The request may be accompanied by physical acts of contrition (e.g., touch, kneeling). Emphasis is placed upon recommitment to the relationship and letting go of the injury. Step 13: A ceremonial act is planned that symbolically represents the forgiveness that has been granted and the restoration of the relationship. Following the forgiveness session, couples are often encouraged to participate in couples therapy for further healing of their relationship.

McCullough (1997) has developed a six-session marital workshop, “Building the Forgiving Marriage.” With a goal of being preventive rather than therapeutic, his workshop is geared toward higherfunctioning couples desiring to avoid future marital difficulties. It focuses on cultivating empathy and a forgiving disposition, increasing understanding about how forgiveness skills can prevent the disintegration of marriages, and promoting forgiveness-seeking behaviors.

#### *Family Models of Forgiveness*

Writing from a contextual family therapy perspective, Hargrave and Sells (1997) suggest that family betrayals result from one member’s sense of destructive entitlement stemming from a violation of trust in a prior relationship. That member consequently feels justified in enacting hurtful behaviors within current family relation-

ships. This is not a stage-based model; rather, a set of particular strategies that families can implement is provided, including insight, understanding, compensation, and overt acts of forgiveness. For example, forgiveness may consist of “exonerating” (the cognitive component of gaining insight into and understanding the motive behind the betrayal) and “forgiving” (the behavioral component of either the injured person engaging in an overt act of forgiveness or the offender providing compensation such as an apology or a real or symbolic gesture of restitution).

DiBlasio (1998) has developed a forgiveness model for use with adults and their families of origin drawing on intergenerational theories of Boszormenyi-Nagy, Bowen, and Byng-Hall. It has a number of similarities to his marital intervention model, described above. Space limitations preclude review of it here.

#### *Forgiveness Models Compared and Contrasted*

Most of the models reviewed here present forgiveness as a complex, stage-like process that takes time and is more likely to be an ongoing, identifiable progression rather than a discrete event in time. The role of compassion and empathy is mentioned in almost every model of forgiveness interventions. Empathy, the ability to understand the offender’s situation, is often considered the most critical ingredient to genuine forgiveness and is seen as a vital motivator for forgiveness across various theories. Often the injury becomes the dominant lens through which the injured party views the offender. Empathy facilitates forgiveness through fostering recognition of the offender’s unresolved hurt, pain, fear, and deprivation that have fueled the injury (Freedman, 2000).

Forgiveness models also commonly describe forgiveness as involving both affective

(empathy, resolution of negative affects) and cognitive (reframing) dimensions. Several theories add a behavioral dimension as critical to the forgiveness process. Several models also suggest that a key aspect of forgiveness is relinquishing the right to punish the offender (e.g., Hargrave & Sells, 1997; Gordon & Baucom, 1998).

These models of forgiveness differ in their treatment of reconciliation. Some see reconciliation as part of the forgiveness process, some describe forgiveness and reconciliation as interchangeable, and others note that reconciliation is not necessary in order for the forgiveness process to be complete. Some theories place the decision to forgive early in the process in the form of a volitional act followed by a process while others place the decision near the end. The models also differ on the question of whether forgiveness is to be granted universally across all circumstances or only when forgiveness is sought by the offender.

#### *Conclusion*

It can be usefully asked what implications a spiritual perspective has for the practice of family therapy. As is noted by some of these authors, recognition of a spiritual dimension to life can facilitate the granting of forgiveness through softening defensiveness, reducing polarization, and enhancing feelings of safety, openness, generosity, and hope. Forgiveness, in turn, is a concept that has particular relevance to the clinical situations that confront family therapists on a daily basis—people dealing with histories of disappointment, rejection, abandonment, ridicule, humiliation, betrayal, deception, and abuse (McCullough, 1996). We are pleased to see that psychologists and other social scientists have begun to address in a systematic manner the unique psychological and interpersonal processes that produce genuine forgiveness, which in turn can open the way for further healing and reconciliation to take place in the families we see.

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## Bridging the Gap between Science and Religion

Steven Beach

*Family Psychologists can be proud of the work being done by their colleagues as they examine the potential for linkage between Science and Religion in building better, stronger relationships. As is argued below by Dr. Scott Stanley, there are many ways that marital therapists can work with religious values and religious institutions. If we do so, we may find that our work with couples and communities is enriched. The result can be enhanced outcomes and better dissemination of effective methods of premarital intervention and marital therapy.*

## Religion and Spirituality: Pathways to Marital Resilience

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There are various ways in which family psychologists can support the spiritual and religious resources of individuals, couples, and communities to build resilience that can counteract marriage and family risk factors. While experiments establishing the degree of causality are generally not practical in this area, a large body of studies suggests that people generally benefit from spiritual involvements provided that they are open to them. In this vein, the possibilities for helping couples come in two primary forms: (1) working directly to help partners deepen their attachment around core beliefs and practices and (2) encouraging couples to build their community connections. There is every reason to believe that helping interested couples to draw closer together in this aspect of life will yield multiple, radiating benefits in their lives.

### *Consistent Findings*

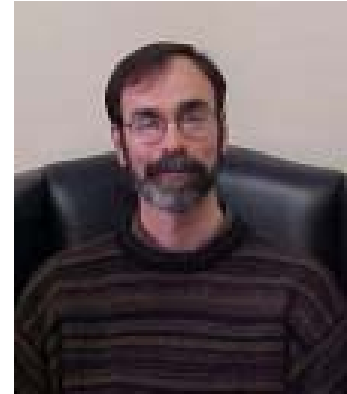
Many studies document that faith and practice are associated with marital health and stability (e.g., Heaton & Pratt, 1990; Stanley & Markman, 1992). Most of this research is on “religiosity” rather than “spirituality” because religious behavior has been easier to measure reliably than spirituality, which has more idiosyncratic meanings for people. People who report being more religious (e.g., attending services regularly, reading scripture, praying frequently) tend to be slightly happier in marriage, less likely to divorce, more interpersonally committed to their partners, and tend to report greater, not lesser, sexual satisfaction.

### *Something for Everybody*

If one were to interpret the existing research from a purely secular perspective (ruling out other, more transcendent explanations for a moment), there are obvious benefits for religiously involved couples. In our work designed to help couples lower their risks of marital distress, we suggest couples consider these dimensions even if they have no religious inclinations (e.g., Markman, Stanley, & Blumberg, 2001):

(1) *Social Support.* Couples benefit from social support. Couples who are more religious may have an easier time developing community connections that may be part of the advantage some find through their involvement. In contrast, there is some evidence that children of divorce are partly at higher risk for divorce as adults because they are less likely to become religiously involved as adults, and are, therefore, less likely to have these supports (Lawton & Bures, 2001). Psychologists can encourage religiously inclined clients in the direction of involvement in a faith community. Those who are non-religiously inclined can be encouraged to consider other ways to expand their basis of social support.

(2) *Core Values.* A growing body of research demonstrates how certain values are protective in relationships. Religious people may find consistent reinforcement for acting on



Stephen R. H. Beach, PhD

core values because of their ongoing involvement with their faith. Commitment, forgiveness, and sacrifice (defined in healthy ways) are just a few examples of constructs getting consistent focus from marital and family researchers because of their importance to couple functioning (e.g., Fincham, 2000; Stanley & Markman, 1992; Van Lange, et al., 1997). Whether interested in formal religious involvement or not, all couples can be asked to consider what factors in their lives promote (or denigrate) ways of thinking and acting that support their marriages.

(3) *Shared Worldviews.* Everyone has a core belief system. Partners who share a religious or spiritual perspective probably have a protective edge because it is relatively easy for them to form a shared worldview. When partners have different beliefs, research has consistently shown they are at greater risk (Heaton & Pratt, 1990). While it does not have to be so, such differences can foster conflict and distance over time, especially when couples raise children together. In my experience, many interfaith couples avoid dealing directly with their differences out of fear of division; and others handle these differences beautifully. Psychologists can help such

couples to deal effectively with their differences. For partners with similar faiths (or other core beliefs), psychologists might explore ways the couple can draw more connection from their shared worldview.

One does not have to have the same belief system to help couples develop their strengths in this domain. While matching of client and psychologist can help, there are many areas where psychologists help others who have experiences and beliefs that are dissimilar to their own.

#### *Toward Deeper Connections*

The relationship between individual religiosity and marital quality is consistent but generally weak, meaning there are many exceptions to the direction of the findings. Where the linkages become far more robust is when researchers study the degree to which partners practice their faith together. This is a path less open to some couples than others—though even those who are not religiously inclined can draw strengths from shared investment in core philosophical beliefs and values. In one of the best studies in this literature, Annette Mahoney and colleagues found that the practice of faith between partners is more proximal to marital quality than individual religious identity and behavior (Mahoney et al., 1999). In simple terms, couples have a protective edge if they engage in the practice of a shared faith together. Of course, such studies do not provide evidence of causality. Surely there are selection effects that allow some couples to easily develop such spiritual connections. Yet, I believe that there are many couples who once had a deeper spiritual connection but lost touch with it or who never have developed it but could with some encouragement. Family psychologists can engage couples on such issues if they are willing to explore where too many therapists seem reluctant to go. Powerful strategies are often fairly simple. For example, in one of our resources for couples, we encourage partners to brainstorm ways that they can practice their faith together, and to give some of the ideas a

try (Stanley, Trathen, McCain, & Bryan, 1998).

At this point in my career, I am mostly engaged in marital research, though I have counseled many couples over the years. I recently saw a couple whom I had not seen in some time, who came back in to see me at a time of crisis. The degree of distance and frustration that had grown between them was clearly threatening the possibility of a future together. I worked with them in several sessions identifying current stressors, negative behaviors, and conflict dynamics. Nothing was working. Near the end of a session, I observed that when I had first seen them years ago, an obvious core strength of their relationship was their joint commitment and investment in their faith. I further observed that I didn't see how they could recover their equilibrium without recovering that core connection. As I often do, I mentioned the fact (based on research such as Mahoney et al., 1999) that partners who practiced their faith together had added strengths, and that this used to be a strong basis of the bond they had developed. It was not currently in evidence. This could be done without any sense of me sermonizing, but was taken as a simple observation that we all knew to be true.

This simple observation had a profound effect on them. The next session, and subsequent ones, they came in more connected than they had been in a long time. Every aspect of their marriage was back to functioning better, and they both attributed the potent changes to steps they had taken to act on the observation that I had made. They had reclaimed a sense that their union had meaning and purpose, and their affections for one another had come back fully into alignment. While I am a great believer in the power of behavioral techniques to help couples reign in negative interchanges, none of those strategies were having any affect on them. My relatively non-directed, research enhanced observation encouraged

them to get back in touch with the larger context in which their marriage functioned.

#### *Religious Organizations: A Resource for Family Psychologists*

While there are examples of abusive or unhealthy relationships with clergy, religious organizations and leaders can play a powerful role in helping people live life well. In addition to social support and the reinforcement of key values, many religious organizations provide ongoing educational experiences designed to improve the lives of the participants. As one specific example, many religious organizations provide both premarital and marital educational classes and workshops in order to help couples. I and Howard Markman (and a host of colleagues) have been engaged in the development, testing, and refinement of an educational model for couples for over 20 years. The program is called PREP (The Prevention and Relationship Enhancement Program), which is an empirically based, best practices model for helping couples (see Markman et al., 2001; Stanley et al., 1998) that is used heavily in religious communities. As part of our ongoing testing of PREP, we have had the good fortune to work with religious leaders from all backgrounds, including in long-term evaluations of premarital education. Similarly, we have worked extensively with the various branches of the U.S. military, wherein we have trained hundreds of chaplains to deliver our program to military couples.

Religious organizations are very well equipped to engage in broad-based, preventive education because of several key advantages, not enjoyed by most psychologists: (1) They have excellent access to many couples, (2) they have a natural affinity toward educational models, (3) they are embedded in communities and tend to have excellent reach to underserved populations and minorities, and (4) they are strongly supportive of education designed to foster strong and healthy marriages. Our research in both non-military and military settings shows clergy and lay leaders to be very effective in this work; at

least as effective as our university-based staff (e.g., Stanley et al., 2001).

Our research does not suggest that religious leaders can take the place of therapists, or vice versa. Rather, religious leaders can play a potent role in an overall model of prevention, intervention, and maintenance of healthy families; and there is some evidence that couples who participate in such educational opportunities are more likely to get therapy sooner if they get in trouble later on. While many clergy are highly trained in counseling, most either are not so trained or do not have the time to engage in it. Therefore, an overall approach that takes advantages of the strengths of both psychologists and religious leaders, each doing what they are best equipped to do, can yield many benefits for marriages and families. Psychologists can take advantage of these natural resources in their communities by mentioning the option to those who might be interested, and by developing solid links with key religious leaders.

While not always what a given couple desires, psychologists can often make wise use of the spiritual and religious resources available to their clients.

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## Children as Spiritual Creatures

Micki Pulleyking

One night my three-year-old son and I were on our way home from dinner. There was silence... until he asked a question that pierced my soul: “Mommy when we die can me and you be put in the same basket?” Ah. I had no idea such existential angst manifested itself so early in life. I quickly recognized that he meant basket instead of basket, but the rest was more difficult. Did he know *he* would one day die? Did he know his mommy would someday say good-bye and *not* come back for him? Somewhere inside, do not grown-ups also wish we could be buried in the same basket with those we love?

We live in a culture that tries to protect children from information about death. Or perhaps we try to protect ourselves from their insights and difficult questions. We have moved the elderly into care facilities, the terminal into hospitals, and the dead into funeral homes. Some professionals advise us not to take our children to funerals. “They do not understand death,” we are told. “Who does?” I ask. (Are these the same people who say children should be banished from the church sanctuary, because they will not “understand” worship?) Rituals are important to humans.

I do not claim to understand the spiritual life of children (or adults). I do know that my three-year-old was asking a spiritual question. Some people think of dogma or religious institutions and therefore want to separate religion from spirituality. The philosopher of religion, Ninian Smart, concluded that all human beings are fundamentally religious, insofar as religion is defined as an “orientation to life” or “worldview”:

We are all to some degree or other political animals, because power is a fact of life; and we are all economic beings, for financial exchange is a fact of life. But we are also religious beings, for orientation to life itself is a fact of life; and we are all in one way

or another so oriented (Capps, *The making of Religion* 1995, p. 310).

Smart defines worldview as an often-unarticulated set of stories, rituals and material objects, experiences, social connections, ethics and beliefs by which we understand how the world functions and what place, power, or purpose the individual holds within the world. The world’s religions provide a vocabulary for the expression of spirituality.

How can parents keep from squelching the spirituality of children? Using Smart’s worldview paradigm, it is evident that children need stories. They

need someone to tell them family stories. Children also need to know that they are a part of the human family. In this human



Deborah Cox, PhD

**We live in a culture that tries to protect children from information about death.**

family there are lots of stories that try to make sense of what it means to be a person. Give them opportunities to know the stories of Jesus, Buddha, Moses, and Muhammad. And do not forget to include any stories of courageous women in these religious traditions. (You may have to look hard to find them, but it is important.) Children need role models. Stories help us to feel less alone.

Second, children readily acknowledge their need for rituals and for material objects as a means of comfort. When I was a child I had to kiss all of my dolls every night before I went to bed. It was my nighttime ritual. We understand that children need routines, but do we understand that they need rituals as well? Ritual is not repetition, but rather the doing of an action that has intangible or symbolic meaning related to something outside oneself. If parents do not provide their children with ritual they will create their own. Even street gangs understand the need for ritual (i.e., initiation rites). In January, *The Wall Street Journal* reported on the increase of non-Jewish adolescents in the U.S. who are trying to have the equivalent of the Bar Mitzvah. They need puberty rites like a Bat Mitzvah, baptism, or confirmation to mark the passages in life.

Have you ever known a child who was attached to a stuffed bunny or lamb? Then you have witnessed the importance of material objects. Children are attached to their stuffed animals in a way that sixteen-year-olds are not attached to their cars. They ascribe animation and meaning to their cuddly friends who see them through fevered nights. Some adults find comfort in their rosary or in a holy book. Third, we need holy objects, sacred spaces, and holy words. I am reminded of Terry Waite, who was held captive in Lebanon for nearly five years. He says he maintained his sanity by reciting prayers and scriptures from his childhood.

Fourth, let us reflect upon the experiential dimension of the spiritual worldview. Jewish theologian, Rudolph Otto in his book, *The Idea of the Holy*, defined the idea of a God as the *mysterium tremendum*, awe, or the *wholly other*. Our culture tends to equate awe with power. Remember “shock and awe?” In spirituality “awe” is the antithesis of power—it is the recognition of our powerlessness. In the face of the holy, we surrender; we say, “I am not the center of the universe.” Some call it God. Some call it a Higher Power. Some call it the Creative Principle. Whatever we call it, we must communicate to our children that there is a reality greater than “I.” We are inundated with narcissists. Some however, who “believe in God” are the most narcissistic and have the most difficulty understanding *wholly other* because they “know” their God: “he” looks like they do (same ethnicity), votes like they do, and affirms all of their ideas. The spiritual person accepts the truth: That which is “holy” is unknowable and mysterious. Some questions do not have answers. There are realities humans cannot control. Life is not like a video game. Power is not the ultimate goal. Surrender is not weakness but wisdom.

Fifth, the social dimension is vital to spirituality. Children need connections and community. Children are growing up alone. How many children eat breakfast alone? How many come home alone to an empty house after school? How many spend hours playing video games or watching TV? Why are we surprised that we have so many overweight children? Why are we surprised that in 2002, according to the FDA, 11 million prescriptions for anti-depressants were filled in the U.S. for *children*? How do we explain why it is that we live in the most affluent and powerful country in the world and yet have the highest adolescent suicide rate? We are wired to technology but disconnected from meaningful relationships.

Next, children must be taught moral principles. College students tell me: “Well, you know, it is difficult to say if something is right or wrong...it all just *depends*.” What? Psychiatrist, professor, and author Robert Coles believes that children have a spiritual sense of morality. In his well-known book *The Spiritual Life of Children*, Coles describes his conversations with Dorothy Day whose pilgrimage began when she was seven years old. Her mother told her that there were children who didn’t have enough food to eat and who were dying. She handed the doughnut she was about to eat to her mom and asked her to please give it to a hungry child. Her mother said she couldn’t do that because the hungry children were too far away. Dorothy put the doughnut down. She hoped God could find someone nearby who was hungry.

A couple of years later, Dorothy was walking with her father when they passed some beggars on the street. She asked her dad if they could buy something for them—some doughnuts! He said, “No, we’re in a hurry.” She never forgot the sadness she felt, wondering why some people have so much and some have so little. Dorothy never lost the sense of duty she felt as a child. As an adult she founded the Catholic Worker movement to serve some of the hungry in New York City. Are we teaching our children that it is our duty to feed the hungry? It is our duty to take care of the earth. There are right ways to treat people and wrong ways to treat people.

Last, children want to know what we believe. My four-year-old wanted to know what happened to us after we die. I was very honest and told him that since I was not dead at the moment, nor had I ever been (so far as I knew) I must simply say, “I do not know.” I thought it was a great response. My four-year-old was obviously disappointed by his mother’s ignorance. A few weeks later I picked him up at our Children’s museum where he had just completed a preschool class. He came running

Neil Grossman, PhD, Editor

to me..."Mommy I know! I found out! I know!" "What do you know?" I asked. "I know what happens after you die" he replied. Then he eagerly and joyfully explained the Egyptian underworld to me. Someone had given him a story—something to believe. This opened the door to many important conversations. I find it easy to discuss my political beliefs with my children. Spiritual beliefs are more difficult. The important thing is to be open and honest about ideas and give children permission to hold different beliefs.

We need a greater than "me" spirituality. As Robert Coles writes, "How young we are when we start wondering about it all, the nature of the journey and of the final destination." It is true. How I wish we could be put in the same basket! But between the first step and the last step, may we nurture the spiritual cravings of our children and instill in their souls—through stories, rituals, sacred space, symbols, community, and morals—that this life has meaning in spite of the reality of death.

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*Hendrika Vande Kemp's article discusses ways of including spirituality in family psychology training. She offers five concrete ways to help students learn about spirituality. These include didactic and experiential exercises. An extensive bibliography is available from the author upon request.*

—Neil Grossman, Vice President for Education

**Spirituality and Religion in Family Psychology Training**

*Hendrika Vande Kemp, PhD*

Specialized clinical psychology doctoral programs focused on the "integration" of psychology/psychotherapy and religion/spirituality opened in the 1970s and quickly attained APA accreditation. Protestant Christians were especially intentional in developing "integrative" doctoral degrees (see Johnson & McMinn, 2003; Jones, 1992), but Catholics, Jews, and Sufis have all followed their lead, as have transpersonal and humanistic psychologists. Such integration is now a psychological specialty manifested in part by the appearance of focused degree programs and internships (Vande Kemp, 1996). These programs train psychologists to serve minority religious groups in a pluralistic culture. As our clientele is increasingly diverse, and the role of religion in international politics remains highly visible and volatile, all training programs must increase student competence in recognizing the significance of religion and its spiritual expression as a major facet of diversity. We can employ the following strategies.

*Include the Role of Religion in the History of Psychology Course*

Viney and King's (2003) textbook lends itself well for this purpose. The authors explore the intricate interconnections between psychol-

ogy and theological and philosophical systems and highlight historical connections between religion and politics. Instructors can easily include a unit on the psychology of religion, relying on Wulff's (1991) text, which covers a wide range of religious traditions. They can examine a series of excellent psychohistorical studies of religion (Belzen, 2001). They can focus intentionally on issues of religious and philosophical significance using strategies and bibliographies developed by spiritually sensitive history of psychology teachers (see Larson, 2002; Vande Kemp, 2002). They can explore specific historical events such as the treatment of Jewish psychologists in America prior to World War II (see Winston, 2002). And they can invite guest lectures from colleagues who teach religious studies, comparative religion, or church history.

*Include Religion in Diversity Coursework*

McGoldrick, Pearce, and Giordano (1982 & 1995) explore explicitly various ways that religion is a manifestation of ethnicity, making it virtually impossible to separate the religious from the ethnic and cultural. As Hodge (2000)

wrote, "Religion flows from spirituality and expresses the interior subjective reality in particular forms, rituals, beliefs, and practices that are developed in community with other individuals who have similar spiritual experiences" (p. 219). Ethnic communities are typically religious and spiritual communities whose traditions influence rites of passage such as infant baptisms and dedica-

tions and coming-of-age rituals that shape identity; provide the form for marriage ceremonies and burial and mourning customs; influence education from pre-school through college; and shape attitudes about money, sexuality, divorce, remarriage, contraception, fertility treatments, end-of-life medical treatments, and such politically controversial issues as abortion and homosexual marriage.



Neil Grossman, PhD

### Engage Students in Personal Awareness Exercises

Students learn from the preparation of spiritual genograms and ecomaps, and traditional spiritual autobiographies and religious family histories. The spiritual ecomap (Hodge, 2000) facilitates the examination of rituals, parental spiritual traditions, the faith community, the nature of the transcendent, transpersonal beings, and spiritual leaders. The spiritual genogram (Hodge, 2001) “color-codes the family’s religious affiliations, permitting the identification of interfaith marriages and family religious cultures that are the sources of attitudes, morals, values, and beliefs” (Frame, 2000, p. 212). The genogram also includes events such as “baptisms, first communions, confirmations, bar and bat mitzvahs, weddings, funerals, and other rituals and rites of passage” that are celebrated within the religious community (p. 219), dates of conversion and leaving or joining religious organizations, “religious or spiritual closeness between family members” (p. 219), and “significant events in the religious community” (p. 219). These exercises include questions for reflection and deeper exploration of spiritual roots. Patterson, Hayworth, Turner, and Raskin (2000) provide a model for a 15-hour class that explores spiritual and existential issues, with three goals: “(1) training in opening a dialogue with individuals and families about spiritual issues and discerning when referral [to a religious professional] may be appropriate; (2) expanding an awareness of wisdom traditions through comparative religions material; and (3) identifying from current practice many of the spiritual issues that may arise in the clinical setting” (p. 203).

### Include Religion in Family Assessment and Treatment Planning

I’ve illustrated (Vande Kemp, 1991) how religion is manifest on Kantor and Lehr’s (1975) access dimensions of time, space, and energy and the target dimensions of affect, power, and meaning. The chapter shows that religion cannot be treated as an independent variable in family life, and that it in fact affects every dimension of family functioning. I have also asked students to write assessment reports in which the four dimensions of contextual family therapy (facts, psychology, systems, relational

ethics) are applied to the biblical text in Genesis 12–50 (and a related genogram), which helps students to unpack both the family theory and the rich history of a religiously significant family. Pattison (1982) provided clinical descriptions of healthy and pathological functions of religion in family life, suggesting a diagnostic model. And Prest and Keller (1993) identified therapeutic strategies for working with traditional religious families: (a) “Identifying solutions which have become part of the problem” (p. 142); (b) “eliciting fundamental beliefs” (p. 142); (c) “dialogues regarding incongruent spiritual maps” (p. 143); (d) “use of quotations from religious texts” (p. 144); and (e) “sharing the spiritual process” (p. 144). They suggest that with nontraditional spiritual belief systems the family therapist employ strategies that explore and apply the family’s beliefs and metaphors.

### Steer Students to the Specialty Literature and Resources

There is an extensive textbook and journal literature in the psychology of religion, on comparative religion, and religious studies. Family psychologists can easily join APA’s division 36, The Psychology of Religion (<http://www.apa.org/divisions/div36/>), or related organizations such as the Society for the Scientific Study of Religion (<http://las.alfred.edu/~soc/SSSR/>), the Religious Research Association (<http://rra.hartsem.edu/>), the Association for Transpersonal Psychology (<http://www.atpweb.org/academic.html>), or the American Academy of Religion (<http://www.aarweb.org/>). These organizations provide a wealth of resources for both researchers and practitioners.

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# Family Psychology as a Laboratory Science

*Luciano L'Abate*

A recent series of papers published in the last (Winter 2004) issue of *The Family Psychologist* prompted a bird's eye view of the laboratory method in family psychology. It is now about forty years since an attempt was made to reconcile clinical practice with research through the laboratory method (L'Abate, 1964, 1968a, 1968b, 1968c, 1971, 1973). A great many changes and growth have taken place in the profession, expanding from a psychodiagnostic specialty, usually ancillary to psychiatry, to an independent involvement in private practice and especially in psychotherapy (L'Abate & De Giacomo, 2003).

The purpose of this paper is to illustrate how the laboratory method is still alive and well not only in psychodiagnosis but also in interventions with children, adults, couples, and families. The laboratory method means using standard operating procedures that are repeatable from one clinician to another and from one clinical setting to another. These procedures can be administered by paraprofessional, technical-level intermediaries with a college degree and personal qualities (warmth, regard, and empathy) who are directed and supervised by a full-fledged clinical psychologist at the doctorate+ level. Hence, in this method, professionals work at a distance from respondents, often times without ever seeing them face-to-face (f2f) through a hierarchical structure that is present in medical and legal professions. Paraprofessionals as intermediaries between respondents and supervising professionals, however, have been replaced by computers and the Internet.

## *Psychodiagnostics*

The laboratory method started as an innovation at St. Louis Children's Hospital. Limited in financial resources, I started to

use a graduate student to administer intelligence tests and projective techniques and volunteer part-time women to administer Level C tests, like the Draw-A-Person, the Peabody Picture Vocabulary Test, the Bender-Gestalt, and similar devices not requiring professional training. The cost of psychodiagnostic evaluation was brought down from \$120.00 per child to \$34.00

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**The laboratory method allows responsible clinicians to operate at the same time as researchers**

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(costs at the time, not at present). By now thousands of children have been evaluated in this laboratory, with a full-time director and two full-time technicians, which, as far as I know, is still functioning.

After moving to Atlanta and the Department of Psychiatry at the Emory University School of Medicine, two additional psychodiagnostic laboratories were founded, one in the Department of Pediatrics and another at Aidmore Children Hospital. With this move to Georgia State University, the laboratory from the Psychiatry Department was transferred to the Psychology Department. In this fashion, I was able to evaluate an average of ten children a week in one day of his time. An analysis of reports based on f2f contact between a child and the professional could not discriminate those reports from reports written without ever seeing the child (L'Abate, 1969).

## *Play Therapy*

From psychodiagnostics, the laboratory method was expanded to an automated playroom that allowed monitoring every-

thing the child did in a two room environment, one for aggression and the other for construction (L'Abate, 1964, 1971, 1973). Results from this application were reported in 1979 and have been summarized in a recent paper (L'Abate, 2003b). A doctoral dissertation related the dialogue between children and therapists to objective results derived from standard pre-and post-psychodiagnostic evaluations.

Finding that accepting the child in play therapy stigmatized him as the "identified patient," and would diminish the family's involvement in therapeutic interventions, with the advent of family therapy in the early 1970s, both rooms were transformed into family therapy rooms. With the advent of virtual reality, however, it is now possible to reconstruct a playroom that would contain both aggressive and constructive toys and games at various developmental levels (L'Abate, 2003b).

## *Enrichment Programs*

To train graduate students to deal with multi-relational systems, as in couple and family therapy, instructions were written down to follow verbatim in dealing with either mock couples and families through role playing or with volunteer couples and families who did not need therapy but who could use "booster shots" in the form of "enrichment" (L'Abate & Weinstein, 1987; L'Abate & Young, 1987). This approach allowed me to reach and help around 300 couples and families using graduate students as intermediaries, with a very small number of dropouts, and train quite a few graduate students. Various dissertations stemmed from this approach (L'Abate & De Giacomo, 2003).

## *Programmed Writing and Self-Help Mental Health Workbooks*

By relying more and more on the written medium at a distance from the professional rather than f2f talk, using systematically

written homework assignments (L'Abate, 1986, 1990, 1992, 1996, 2001, 2002, 2003a, 2003c, 2004a, 2004b, 2004c; L'Abate & De Diacomo, 2003), I was able to expand clinical practice beyond the confines of the professional office and indicate how it is possible to help troubled people (individuals, couples, and families) through the infinite possibilities of the Internet. Workbooks, conceived a secondary prevention because of their targeted nature, can be administered in addition or solely in primary prevention, and in conjunction with crisis interventions, psychotherapy, and medication. A meta-analysis of mental health workbooks versus physical health workbooks produced a medium effect size of .44 for workbooks and a low effect size of .25 for physical health workbooks (Smyth & L'Abate, 2001).

### Summary

This paper has summarized about forty years of expansions for the laboratory method from individual psychodiagnosis to recent Internet applications through programmed writing. The latter approach minimizes face-to-face talk and relies mainly on cost-effective, mass-produced, and easily replicable operations that can serve as databases for research purposes. Hence, the laboratory method allows responsible clinicians to operate at the same time as researchers, bridging the considerable gap that exists between these two fields.

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## REFERENCE CORNER

Nancy S. Elman, PhD, Editor

*This issue of The Reference Corner contains a rich array of new professional works on family systems psychology. One review addresses interventions with difficult couples; this is followed by a new look at Bowenian perspectives on emotional cutoffs, and a family systems approach to the role of psychopharmacology in treatment. In addition, a separate column evaluating relevant and useful self-help works has been Guest Edited by former Division President Terry Patterson and some of his students in hopes of helping readers keep up with the burgeoning resources for bibliotherapy as a helping intervention.*

*If you are the author of a new book in family psychology that seems appropriate to review in this column, please make arrangements to have a copy for consideration for review sent as close as possible to the publication date. Send books (or galleys if possible) to Nancy S. Elman, PhD, University of Pittsburgh, 5T15 Posvar Hall, Pittsburgh, PA 15260; email: elman@pitt.edu.*

**Snyder, Douglas K. & Whisman, Mark A. [Eds.]. (2003). *Treating Difficult Couples: Helping Clients with Coexisting Mental and Relationships Disorders*. New York: Guilford Press. ISBN: 1-57230-882-6 (hc). (446 pp) \$45.00.**

**Reviewed by Holly Sweet**

I was attracted to the title of this book immediately. In my experience, who hasn't treated difficult couples or metaphorically thrown up our hands in frustration at couples who seem entrenched in dysfunctional patterns? The premise of this book is that we may get stuck as couples counselors because we do not take the time to explore the degree to which mental, behavioral, and health problems for one individual in a couple impact

that relationship. The more difficult the couple, the more important it is to have a good conceptual orientation about couples counseling and psychopathology, as well as some practical tools with which to work more effectively with distressed couples. What I liked in particular about *Treating Difficult Couples* was its emphasis on understanding how the specific problem of one of the partners in the couple can negatively impact the relationship, and then matching types of treatment that are most likely to beneficially assist that pathology. Although clinicians do this routinely with individual clients, I am not sure we do it regularly with couples.

*Treating Difficult Couples* is organized into four main sections. The first chapters address empirical and conceptual issues in managing emotional, behavioral, and health concerns in couples therapy (by Whisman and Lisa Uebelacker) and provide an overview of the importance of looking at underlying mental and physical problems on the part of one or both partners that can impact that couple's functioning, and the importance of tailoring couples therapy to individual differences based on those problems (by Snyder, Joel Schneider, and Angela Castellani). The authors do an excellent job of defining "difficult," including factors such as intensity and disinhibition of hostility, apparent immutability of dysfunctional patterns of interaction, deep roots of maladaptive relationship patterns, vulnerability to acute stressors, and negative feedback loops that reinforce dysfunctional interactions.

One of the most important points of this book comes in this section. Snyder and Whisman write, "Difficult couples often require thinking outside the parameters of any one theoretical perspective. The more difficult the couple, the greater the need to draw on increasingly diverse intervention strategies

to address multiple individual and relationship problems" (p. 47). They acknowledge that this may leave clinicians in a conceptual limbo and suggest using a sequential, pluralistic model: first using practical behavioral and structural interventions to contain crises, strengthen the couple's positive functioning and relationship skills, then incorporating more cognitive and psychodynamic approaches to work on interpersonal factors that impede healthy relationships. This strikes me as a quite sensible type of DBT approach to couples. For a distressed couple with low insight, high stressors, and considerable emotional reactivity, it certainly seems appropriate to start with concrete skills that can "self-soothe" the relationship and then work towards more insight as the couple's dysfunctional patterns are better contained.

The second section focuses on how to handle couples where one partner suffers from an Axis I disorder, including anxiety, depression, bipolar disorder, schizophrenia-spectrum disorders, substance abuse, sexual dysfunction, and physical aggression. Each chapter (authored or co-authored by different specialists in the area) includes prevalence and co-morbidity, assessment, and how the disorder impacts couple functioning, clinical implications for working with this disorder, and empirical findings about treatment efficacy. Each chapter explores how pathology impacts a couple and practical suggestions to handle the couple's treatment. Two in particular held relevance to my work with couples: Steven Beach and Maya Gupta's chapter on depression emphasizes the circular nature of depression and relationship issues. In their words, "depression seems particularly amenable to couple therapy because so many of the presumed mechanisms and consequences of this disorder are interpersonal" (p. 91). David Miklowitz and Chad Morris' chapter on bipolar disorder emphasizes the importance of helping couples understand the difference between

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the person and the disorder, and reframing the behavior of the bipolar person as not intended to hurt the partner. The treatments advocated almost all had a cognitive-behavioral orientation and included family-focused psychoeducation, behavioral family therapy, and behavioral couple therapy. In contrast, the chapter on physical aggression seemed somewhat out of place. Because of the severity of the problem for couple's treatment and because of the complexity of causes and maintenance of physical aggression, I would recommend that this topic have an even fuller exploration in future work.

The third section, "Adapting Couple Therapy to Individual Problems," addresses several personality disorders (borderline, paranoid, and narcissistic), PTSD and childhood sexual trauma, and three more typically developmental problems (physical illness, aging, and bereavement). For the sake of clarity, this might have been divided into two distinct sections: one on trauma, and one on developmental issues, since the two areas seem quite different in focus, and the approaches one takes may also be quite different. Perhaps because of this, I found this section uneven in terms of usefulness and conceptual clarity.

Three particularly useful chapters were Robert Wills' work on bereavement, one on borderline personality disorder by Alan and Armida Fruzzetti that included ideas from DBT, and one on sexual trauma by Barry McCarthy and Mia Sypeck emphasizing assessment as a tool and the importance of viewing couples as "partners in healing." Since most of the authors in this book are cognitively-behaviorally focused, it was refreshing to read a chapter on narcissistic personality disorder (Jill Scharff and Carl Bagnini) that viewed therapy as longer term, addressing psychodynamic factors such as setting the frame, creating psychological space, following the affect, dealing with transference and countertransference, and interpreting defense. Cognitive-behavioral therapists would do well to keep these issues in mind, even if following a protocol that is different in focus.

The final section of the book stresses the importance of understanding different kinds of psychopathologies and their relation to couples therapy and concomitant implications for clinical practice, training, and research. Overall I found *Treating Difficult Couples* helpful as a clinician in a number of ways. It pointed out the importance of viewing couples counseling through the lens of individual problems, introducing over 40 authors experienced in the field of couples counseling and how they conceptualize treatment. It provided a short yet extensive summary of the prevalence and assessment of 15 different major psychopathologies, personality disorders, and difficult development issues. And finally, it was filled with a variety of specific treatment strategies to consider using in my own practice with "difficult couples." I strongly recommend this book to both new and experienced clinicians—there is something in it for everyone. My only caveat: It is primarily cognitively-behaviorally focused so if you are interested in a more psychodynamic approach, this might not be your book.

*Holly Sweet, PhD, is a psychologist in private practice in Brookline, Massachusetts, and Co-director of the Cambridge Center for Gender Relations. She is also a lecturer in psychology at the Massachusetts Institute of Technology.*

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**Titelman, Peter. [Ed.]. (2003). Emotional Cutoff: Bowen Family Systems Theory Perspectives. New York: Haworth Press. ISBN: 0-7890-1459-9 (hc), 0-7890-1460-2 (pbk). (500 pp) \$89.95.**

**Reviewed by Scotty Hargrove**

The ways in which persons of one generation manage relationships with other generations is a significant source of anxiety for both individuals and families. Murray Bowen pointed out the importance of relationships

across generations for individual functioning and encouraged the exploration of cutoffs as a powerful tool for family research. Researchers and clinicians have documented the powerful influence of cutoff on subsequent generations.

Emotional cutoff, then, is a core component of Bowen Family Systems Theory. While it has been demonstrated to have considerable clinical importance, it continues to be poorly understood. What is the difference, for example, between distancing and cutoff? Is psychological cutoff the same or as powerful as physical cutoff? What is the relationship between physical and psychological cutoff? Is cutoff primarily relevant to relationships across generations or is it pertinent to persons within the same generation? What are the physiological consequences of cutoff? Are patterns of emotional cutoff across generations related to other patterns of family functioning? Serious thinking about emotional cutoff generates additional theoretical and clinical questions.

Peter Titelman has edited a volume that offers some understanding of emotional cutoff and has the potential to push our thinking to the formulation of meaningful hypotheses. Titelman has pulled together the thinking of 21 authors trained in Bowen theory to create a coherent and thorough volume on emotional cutoff. The result is to clarify an ambiguous concept without forcing an arbitrary definition.

This is the third work that Titelman has edited addressing important topics in Bowen Family Systems Theory. *The Therapist's Own Family* (1987) addressed differentiation of self of persons who work as psychotherapists. That book demonstrated the relationship of personal to professional functioning and focused on the importance of work of differentiation of self. *Clinical Applications of Bowen Family Systems Theory* (1998) provided case studies of the application of Bowen theory with persons experiencing a range of psychopathological conditions.

As in the previous works, Titelman introduces this new volume with a compact presentation of Bowen theory. While it is written with the view of developing the theoretical component of emotional cutoff, the introduction is a clear statement of Bowen theory. Its density requires careful reading, particularly for a person who is not intensely familiar with Bowen theory. After the helpful introductory chapter on Bowen theory, some basic perspectives from sociobiology and brain physiology put emotional cutoff into perspective. Priscilla Friesen's chapter on cutoff and the brain is a useful introduction that fits with the interview that this reviewer conducted with her last year and was published in *The Family Psychologist*. Following this, four chapters address personal issues of cutoff and its impact on therapist functioning. The book then moves to research and clinical applications and contains a solid array of clinical applications. These chapters are reminiscent of those in *Clinical Applications of Bowen Family Systems Theory*. They provide a good collection of case studies that would make strong teaching cases. Finally, four chapters on cutoff in relation to Bowen's understanding of emotional process in society are presented.

Titelman's book makes important contributions to the literature of family systems theory, particularly Bowen theory. First, it clarifies the importance of emotional cutoff in systems thinking. From brain functioning to the importance of cutoff in migration patterns, cutoff is raised to a more visible level. Second, it points out the importance of cutoff in peoples' lives, particularly those of psychotherapists dealing with cutoff in their own lives. Simply reaffirming the importance of helping providers wrestling with their own demons was worth the reading of this book. Third, this seminal writing provides viable hypotheses for empirical testing of Bowen theory.

Finally, *Emotional Cutoff* may be aligned with the previous two volumes to provide a useful resource for clinical teaching. Persons involved in clinical teaching consistently

struggle with the relationship between personal and professional functioning. This volume gives emotional cutoff visibility as a clinically important variable so that both researchers and clinicians will raise relevant questions as they obtain family genograms and histories. That heightened sensitivity brings important attention to the importance of systems in human functioning.

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*Scotty Hargrove practices and teaches psychology in Oxford, MS, at the University of Mississippi. He has done postgraduate work at the Georgetown Family Center, Bowen Center for the Study of the Family and is the immediate Past President of Division 43.*

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**Prosky, P. S., and Keith, D. V., [Eds.]. (2003). Family Therapy as an Alternative to Medication: An Appraisal of Pharmland. New York: Brunner-Routledge. ISBN: 0-415-93398-6. (334 pp) \$34.95 (hc).**

**Reviewed by Anne Steider and Domenica Favero**

*Family Therapy as an Alternative to Medication: An Appraisal of Pharmland*, illustrates the remedicalization of mental health through a variety of essays from leaders in both psychiatry and family therapy. Advocates of minimizing psychopharmacological interventions in both fields will be interested in the unique perspectives offered in this book. Phoebe Prosky spent many years at the Ackerman Institute and now heads a family therapy center in Maine; David Keith is Professor of Psychiatry, Family Medicine and Pediatrics, at SUNY Health Science Center, Syracuse, NY.

The first section of the book includes a variety of theoretical essays championing a cautious approach to the use of medications, with rich examples of the increasingly common family dynamic in which one symptom bearer is treated, often with medications, and the compelling long-term benefits of family therapy as a treatment of the whole system are missed. The essay titled "Myth of the Magic Pill" elucidates the potential dangers of medication, including lack of public knowledge about long-term effects, use of adult medications in children, and substituting medications for effective modern psychotherapy. It is both illuminating and disturbing to find that pharmaceutical companies have access to the prescription practices of many physicians and that marketing strategies are tailored to fit that knowledge. As mental health professionals, it was encouraging to find that psychiatrists are frequently disturbed by their profession's overinvestment in prescribing practices, linked with a lack of emphasis on training in psychotherapy theory and technique.

As reviewers we were delighted to find republished seminal works from Auerswald, offering the reader a dense analysis of the transformation of scientific thought from absolute and mechanistic empiricism to a systems view emphasizing ecology and planetary healing. However, juxtaposed to essays such as "The Headache," a colloquial commentary with harsh generalizations about the current state of healthcare treatment in the U.S., the reader may feel somewhat intellectually fragmented. The editors seem to account for this possibility with an introductory caveat, encouraging readers to "...wander about its pages at their discretion" (p. xiii). A somewhat abstract hand-drawn map of Pharmland at the end of the Introduction provides further evidence that this book is intended to be a diverse compilation of thought about the value of medication versus family therapy from political, clinical, theoretical, and patient perspectives. Unfortunately the well-intentioned message of the book is overshadowed by the disjointed writing styles and content of individual chapters, with the reader asked to follow a series of loosely connected "Alice in Wonderland" epigraphs. Whether the authors

intended a reference to the “pop culture” notion that Lewis Carroll was writing about the use of hallucinogens is not clarified, and the purpose of this theme is regrettably lost due to frustrating incongruence.

The second section of the book includes additional case examples and personal vignettes that, while enlightening, would be more effective as a supplemental volume. Keith offers a creative strength-based couples treatment technique in which each partner writes about the therapy from his and her own point of view. In the case described the therapy was successful to the extent that the patient did not need medications. This outcome was based largely on the supportive stance of the therapist. However, without emphasizing the important role the therapist played in this case, expectations of this technique may be unrealistic, to the detriment of holistic patient care.

Many of the concepts presented in Prosky and Keith’s book are practical and useful. After sorting through the distracting organizational structure and obtuse metaphors, the reader is able to find these buried treasures to use in practice. The authors were well-intentioned in their attempt to create a user-friendly book about a controversial topic, and credit is due for this bold and groundbreaking contribution to the field.

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*Domenica Favero, PsyD, is chief fellow in Primary Care Family Psychology at University of Rochester Medical Center. Dr. Favero has a special interest in working with families with children and members who have a chronic illness.❖*

# Self-Help Books in Family Psychology

*Terry Patterson, EdD, Guest Editor*

For many years I have collected self-help books, tapes, videos, articles, and handouts and recommended them to clients and friends. Although there are certainly fluff, scam, and otherwise worthless works out there, there are also many useful ones written by practitioners and scholars in the field. As a behavior therapist, I have found it imperative to have materials for bibliotherapy and outside assignments available, and consider it an obligation to have some idea of their content before recommending them. While none of the works reviewed below are “guaranteed” for their validity or effectiveness, they are from reputable authors and presses. In fact, some publishers (e.g., Impact, New Harbinger, and APA Books) are both owned and/or operated by psychologists, solicit manuscripts from known authors who also publish in the professional literature, and are consistently reliable for their quality from a variety of theoretical viewpoints.

These reviews were prepared by MA students (and one graduate) in family therapy at the University of San Francisco, and are well worth your attention. We hope you find them useful.

## Families

*Reviewed by Kathryn A.R. James*

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**Brown, Stephanie, and Lewis, Virginia M., with Liotta, Andrew (2002). *The Family Recovery Guide: A Map for Healthy Growth*. Oakland, Ca: New Harbinger Publications, Inc. (285pp.) \$15.95 (pbk) ISBN: 1-572242183.**

This manual provides a thorough guide with exercises for alcoholics and the alcoholic family. Brown et al. write from a family systems perspective and explain clearly the tenets of systems thinking. They are also very articulate about the importance of readers absorbing and completing the guide at their own pace and according to their own recovery. *The Family Recovery Guide* maps recovery from the first stage of recovery, the drinking stage, and progresses through the transition, early recovery, and ongoing recovery stages.

During the drinking stage, alcohol is the unhealthy family’s central organizing component. The alcoholic dictates the family guidelines, while family rituals include alcohol, and familial roles are adapted so the alcohol seems normal and unproblematic. Brown et al. stress that survival is a key focus for the family in the drinking stage. The transition phase has two components: the drinking phase when the family system continues to grow unhealthy and the abstinent phase when the family looks for external support while experiencing the recovery traumas. In the early recovery stage the family system is becoming secure and is healing. This guide highlights the importance of changing unhealthy behaviors and developing healthy coping mechanisms while stimulating growth. Finally, in the ongoing recovery stage the family system is new and stabilized with functional rules, roles, and rituals. This stage also emphasizes that recovery is a lifelong process.

The authors conclude with suggestions of how to create a lifelong recovery. *The Family Recovery Guide: A Map of Healthy Growth* yields a nurturing guide with reliable research-based information in a consistent format to persons who are either alcoholics or members of an alcoholic family.

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**Fanning, Patrick and McKay, Matthew. [Eds.]. (2000). Family Guide to Emotional Wellness. Oakland, CA: New Harbinger Publications, Inc. (720 pp.) \$24.95 (pbk) ISBN: 1-572242078.**

This guidebook addresses family structures and dynamics such as stepfamilies, couple and parenting skills, and other struggles that families and/or individual family members may encounter such as addiction, physical problems, and depression.

Fanning and McKay outline stages of a stepfamily's growth and describe why stepfamilies are different from typical families and how they work. The parenting skills chapter gives parents ideas of how to be assertive with children, how to stop children's misbehaviors, and guidelines to prepare children for life. Concerning couple skills, the editors clarify how to become an active listener and how to identify and express feelings as well as giving interactive exercises for couples.

The format of this book does not require one to read the volume in its entirety. It is designed to use as a reference guide to obtain more knowledge regarding a specific topic and to complete the exercises concerning the problem. The guide also has a thorough supplementary reading list of specific topics, including postpartum survival, infidelity, eating disorders, menopause, stress, and grief. The *Family Guide to Emotional Wellness* would be an asset to any family library because it addresses such an array of subjects and provides comprehensible information with useful suggestions.

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**Ginsberg, Barry. (2003). 50 Wonderful Ways to be a Single-Parent Family. Oakland, CA: New Harbinger Publications.**

**(123 pp.) \$12.95 (pbk) ISBN: 1-572243082.**

Ginsberg's manual is designed for the busy single parent as a quick read. He includes practical, easy-to-follow suggestions on how to become a better communicator with one's children and/or ex-spouse, how to have fun with one's children, and how single parents can create their own support and social networks. Ginsberg bases his suggestions on values he believes to be important: respecting others as human beings, being considerate to others, remembering that the quality of the relationship with one's children is most important, remembering the value of spending time together, and recognizing that positives in relationships are the best resources. *50 Wonderful Ways to be a Single-Parent Family* would be very useful to a single parent who needs some simple tools that are easily applicable.

Other books for families:

Pantley, Elizabeth. (1996). *Kid Cooperation: How to Stop Yelling, Nagging, and Pleading and Get Kids to Cooperate*. Oakland, CA: New Harbinger Publications (208 pp.) \$15.95 (pbk) ISBN: 1-572240407.

Federman, Edward J., Drebing, Charles, J., and Krebs, Christopher. (2000). *Don't Leave It to Chance: A Guide for Families of Problem Gamblers*. Oakland, CA: New Harbinger Publications. (224 pp.) \$13.95 (pbk) ISBN: 1-572242000.

Brown, Nina. (2002). *Whose Life Is It Anyway? When to Stop Taking Care of Their Feelings and Start Taking Care of Your Own*. Oakland, CA: New Harbinger Publications. (174 pp.) \$14.95 (pbk) ISBN: 1-572242892.

## Couples

*Reviewed by Rebecca Snider, MA*

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**Ellis, Albert, and Crawford, Ted. (2000). Making Intimate Connections: 7 Guidelines for Great Relationships and Better Communication. San Luis Obispo, CA: Impact Publishers (149 pp.) \$14.95 (pbk) ISBN: 1-886230-33-1.**

The authors of this book are Albert Ellis, founder of the Institute for Rational Emotive

Behavior Therapy (REBT), and Ted Crawford, creator of the System of Revolving Discussion Sequence and an expert on finding solutions to conflict in relationships. Together they have outlined seven ways couples can improve their relationships and communicate more effectively with one another. The seven techniques are: accept your partner as is, express appreciation frequently, communicate from integrity, share and explore differences with your partner, support your partner's goals, give your partner the right to be wrong, reconsider your wants as goals.

Throughout the book the authors provide detailed examples of how couples in conflict have successfully put these techniques into practice. The book focuses on techniques in REBT such as the ABCs of emotional disturbance, how the negative ways people think affects the way they relate to others, identifying and examining irrational beliefs, and challenging "should" and "must" absolute thinking styles, all of which can be obstacles to maintaining healthy relationships.

The last chapter of the book contains a self-help guide that allows couples to practice the seven techniques on their own so they can integrate them into their relationships. This book is easy to read and provides many practical tools and examples to illustrate important points. The seven guidelines are easy to understand and practice, and are applicable to all kinds of couples. This would be a useful resource for therapists, or for couples seeking to advance their communication skills in order to become more understanding and compassionate partners.

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**Carlson, Jon, and Dinkmeyer, Don. (2002). Time for a Better Marriage. San Luis Obispo, CA: Impact Publishers. (144 pp.) \$15.95 (pbk) ISBN: 1-886230-46-3.**

This book has a lot to offer. Each chapter is bursting with tips, ideas, examples, cartoons,

charts, questions at the end of each chapter, activities for each week, points to remember, and an individual plan and self-evaluation for each reader. The book also contains daily focus cards and marriage skill cards (wallet sized). The book design is visually broken into many different sections. Throughout the book there are plenty of activities designed for readers to think about, complete, and apply to their own lives. In addition to the benefit the reader can gain from the core information taught in this book, the variety of activities and the layout makes it an easy and enjoyable read.

Readers will be taken on a step-by-step approach that enables them to work toward achieving and maintaining good marriages. Topics include the importance of encouragement and honesty in a partnership, learning good communication skills, dealing with conflict, and knowing yourself and your relationship with your partner. Self-help tips are also provided. This book might be especially useful for people who need new and creative ideas about how to communicate and connect better with their partners.

Some of these communication topics include non-verbal communication, exploring feelings, meanings, intentions, and the difference between critical feedback vs. non-critical feedback. The authors also emphasize the need for people to formally take time out of their busy lives to connect with their significant others in what the authors call "marriage meetings." They provide suggestions on how people can integrate these meetings into their lives, give guidelines for what to include on the agenda, and include ideas and solutions on how to identify and resolve conflicts. Readers are shown how to incorporate new skills into their lives and apply them to their relationships.

Other books on couples:

Savage, Elayne. (2001). *Breathing Room, Creating Space to be a Couple*. Oakland, CA: New Harbinger. (210 pp.) \$14.95 (pbk). ISBN: 1-57224-221-3.

Lazarus, Arnold (2001). *Marital Myths Revisited*. Atascadero, CA: Impact Publishers. (152 pp.) \$13.95 (pbk). ISBN: 1-886230-38-2.

Heitler, Susan (1997). *The Power of Two*. Oakland, CA: New Harbinger. (304 pp.) \$15.95 (pbk) ISBN: 1-57224-059-8.

Lassen, Maureen. (2000). *Why Are We Still Fighting? How to End Schema Wars and Start Connecting with the People You Love*. Oakland, CA: New Harbinger. (310 pp.) \$15.95 (pbk) ISBN: 1-57224-186-1.

Gottman, John. (1995). *Why Marriages Succeed or Fail: And How You Can Make Yours Last*. New York, NY: Fireside. (234 pp.) \$13.00 (pbk). ISBN: 0-684-80241-4.

## Children and Parenting

*Reviewed by Annie Tillery*

There are many self-help books dealing with a wide array of parenting issues. Some focus on discipline and common child rearing problems concerning nutrition, toilet training, and sleep habits, as well as more severe childhood developmental disorders. Others address issues concerning divorce or blended families. The following is a discussion of three books that focus on parenting skills: The first two primarily deal with parenting school age children, and the third addresses parenting issues that can arise after children reach adulthood.

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**Christopherson, Edward R., and Mortweet, Susan, L. (2003). Parenting That Works: Building Skills That Last a Lifetime. Washington, DC: American Psychological Association. (356 pp.) \$16.95 (pbk) ISBN: 1-557989249.**

*Parenting That Works* focuses on parenting skills for children of school age and younger. It is thorough in scope, addressing in detail general parenting skills such as effective communication, consistent discipline, and how to instill and encourage self-soothing skills in children. It also provides practical advice for dealing with commonly dreaded parenting problems such as establishing and enforcing bedtimes, eliminating whining and tantrums, and discouraging aggressive behavior. One chapter discusses parenting issues that may arise before, during, and after a divorce. This book takes the perspective that from the be-

ginning, parents are training their children to be adults; they need to focus daily interactions on modeling and reinforcing the behaviors that foster characteristics and values that parents deem important. In addition to its thoroughness, other strengths of this book are its clarity of advice and explanation, and its concrete and practical suggestions. As a self-help book, the format is rather dense and, while many useful and realistic examples are provided, they are somewhat buried within the text. This is not a book parents can skim for quick advice. Rather, consistent with the book's emphasis that parenting skills and children's behavior skills need to be based on a well-formulated plan, this book would be most useful for parents who are willing and able to read most of the book's chapters in their entirety and set aside time to follow the suggested planning assessments and decision-making guidelines.

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**Koenig, Larry J. (2002). Smart Discipline: Fast, Lasting Solutions for Your Peace of Mind and Your Child's Self-Esteem. New York: HarperCollins. (197 pp.) \$23.95 (hc) ISBN: 0-066212391.**

*Smart Discipline* is a very straightforward, clearly written book that focuses primarily on two things: teaching children about rules and consequences, and instilling in children positive beliefs about themselves. The first part of the book is practical, explaining an approach for eliminating problem behaviors and increasing the frequency of desired behaviors in children aged three and older. The method for effecting these changes involves using a graph that is visibly displayed to track target behaviors, and making privileges or rewards contingent on whether or not the child attains the agreed upon goals. This is a no-nonsense plan, presented in a well-organized, concise, and logical format, with sample charts and guidelines for implementing the discipline plan and dealing with common problems. The second section of the book, "Bringing

Out the Best in Your Children," focuses on identifying and encouraging children's strengths and interests in order to promote positive self-esteem, as well as to increase or reinforce a parent's understanding of the child's personality. The authors provide detailed inventories for identifying and assessing positive attributes, and parents are encouraged to complete the process to identify their own strengths, as well as their children's. The next section of the book deals with problems getting children to complete homework, and the last section addresses common parenting mistakes and problems (including, but not limited to, toilet training, whining, sibling rivalry, and sullen or disrespectful behavior in teenagers). Although the discipline approach presented by this book could be effective with children as young as three, the whole book would probably be most useful for parents of school age children and adolescents. Furthermore, this book would be most relevant for parents who are willing to commit to a straightforward behavioral modification approach.

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**Peel, Kathy. (2003). Family for Life: How to Have Happy, Healthy Relationships with Your Adult Children. New York: McGraw-Hill. (280 pp.) \$14.95 (pbk) ISBN: 0-071407251.**

*Family for Life* addresses parenting with older children in young adulthood and adulthood. It covers a variety of parenting issues, including easing young adult children into college or their first jobs, becoming a grandparent, and establishing and maintaining good in-law relationships. It also addresses the unique parenting issues that arise when an adult child moves back into the parental home, with or without their own children. It is written in a mostly anecdotal, conversational style and presents information in a format that is easy to browse. There are lists and inventories, as well as simple exercises for problem solving or reflection. Quotations from Mother Teresa to Leonardo DaVinci are also generously scattered throughout the book for inspiration and

humor. There seem not to be many books available on the subject matter of establishing and maintaining healthy relationships with adult children, and this book fills that void. Additionally, it provides relevant and practical advice, especially regarding in-law relationships and grandparenting issues.

Other books on parenting to consider:  
Hatchett, Glenda & Paisner, David. (2003). *Say What You Mean and Mean What You Say: 7 Simple Strategies to Help Our Children along the Path to Purpose and Possibility*. New York: William Morrow. (230 pp). \$22.95 (hc) ISBN: 0-060563087.  
MacKenzie, Robert J. (2001). *Setting Limits With Your Strong-Willed Child: Eliminating Conflict by Establishing Clear, Firm, and Respectful Boundaries*. Roseville, CA: Prima Lifestyles. (288 pp). \$14.95 (pbk) ISBN: 0-761521364.  
Sells, Scott. (2001). *Parenting Your Out-Of-Control Teenager: 7 Steps to Reestablish Authority and Reclaim Love*. New York: St. Martin's Press. (358 pp.) \$24.95 (hc) ISBN: 0-313403017.  
Severe, Sal. (2003). *How To Behave So Your Children Will Too!* New York: Penguin. (288 pp.). \$14.00 (pbk). ISBN: 0-670891533.  
Wallerstein, Judith S. & Blakeslee, Sandra. (2003). *What about the Kids? Raising Your Children Before, During and After Divorce*. New York: Hyperion. (400 pp.) \$23.95 (hc) ISBN: 0-786868651. ❖

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## STUDENT CORNER

*Libby Malone, Editor*

### Hello from Libby!

The APA Annual Conference will be in Honolulu, Hawaii this summer. It is scheduled from Wednesday, July 28, through Sunday, August 1. The **student social hour** will be at a separate venue from the regular meetings one evening. This will be a time when students can mingle, network, and relax together. As always, any member of the division is welcome at the student social hour. Given the turnout of last year's social hour, the division wants to ensure that students have a place set aside for them. We hope that you will attend to enjoy your time with other students, as well as to ensure that students will continue to have such opportunities at conferences.

Also, the **student research award** is presented at the APA conference. We hope to continue to increase the number of applications for the student research award in the future and encourage any student pursuing research in family psychology to apply.

**One of the general goals for the division is to increase student involvement.** In order to do that, we need to know how to best serve the members so that they will want to be involved. What do you want to get out of the division? How can the division help you in your training? If you are interested in what you can do to increase involvement, you can join other Division 43 listservs. The division has a research and education and training list-

serv in addition to the student listserv available on the website ([www.apa.org/divisions/division43/](http://www.apa.org/divisions/division43/)). They are easy to join, and can give you access to more people and stimulating dialogue regarding work in family psychology. Further, the division offers affiliate membership in which the affiliate member is not required to be a member of APA.

Last, a plan for the division is to have a **board of students** appointed to work with the student representative to execute liaison work, writing the student column, and helping to better serve the students in the division. **If you are interested in serving on this board, please contact me at [libbymalon@aol.com](mailto:libbymalon@aol.com).** ❖

## FAMILIES AND THE ARTS

David Hargrove, PhD, and Nancy S. Elman,  
PhD, Editors



*This column about family systems in the arts is meant to encourage us to explore the meaning of family and systems outside our world of work—in fiction, poetry, and the lively*

*arts. The hope is that it will broaden our perspectives and help us to see families as they are portrayed in these modes. We welcome ideas for new works to be reviewed and invite Division 43 readers to submit reviews to share. Send both to Scotty Hargrove (pydsh@earthlink.net) or Nancy Elman (elman@pitt.edu).*

### **One Book: One Community of Family Psychologists**

It seems reasonable that a psychologist's work on differentiation of self and understanding of family systems would be enhanced by exploring the expressiveness of literature. Fiction, particularly novels, prompts one's think-

ing about self in relationship. Jamie Pennebaker, University of Texas at Austin, has demonstrated that writing has therapeutic benefit, and we wonder if reading together might have similar benefits for family psychologists. Pennebaker's research on emotional expression has found that college students have fewer visits to health centers, report improved depression scores, and even show T-cell increases after writing about meaningful topics. The question that his work raises for us is the power of reading fiction about families to expand understanding of the power and impact of family system dynamics on our work and ourselves.

It has become popular in several major cities to try to build a cohesive literate community by selecting a book to be read and discussed in numerous city venues. Pittsburgh (and several other cities) chose *To Kill a Mockingbird* last year, and this year will be reading *Flowers for Algernon* (from which the film, *Charley*, was made). Our suggestion is to experiment with this *Families and the Arts* column. We would like to identify with the help of our

readers a novel that members of the Division could read together and then discuss in this forum or perhaps on one of the Division's listservs. So, for now we invite

everyone who reads this column to recommend a work of fiction centered on the emotional life of families that could enrich our work as psychologists and our sense of family systems. The only limitation is that the book be fairly current and readily available in bookstores.

Please email your suggestions (one or more!) to either Scotty (pydsh@earthlink.net) or Nancy (elman@pitt.edu). We will announce the winning title and review the work in the next issue of this column and set up a discussion forum for interested readers. We look forward to your ideas and to making this a truly interactive adventure for this column. ♦

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## INTERNATIONAL ROVING REPORTER

Florence Kaslow, PhD

### **Spain's Thriving Family Business Culture**

November 2003, and we were off to Espana. I had been invited to lecture for three chapters of the Institute of Family Businesses—Instituto de Empresas de la Familia (IEF). This is a huge organization with regional groups in over a dozen cities. In Spain, as in the United States, over 80% of the businesses are family owned and/or operated. Once there we learned that corporations are much more likely to remain privately owned if pos-

sible; the majority do not wish to go public. And they tend to be much more private about discussing their transactions and thoughts—so that open dialogue with other family members in the business is apt to be more restrained than we are accustomed to in our country. Although, on the surface, many of the Spanish people are warm, gregarious, fiery, and fun loving, they are cautious about self-disclosure and trusting others, even some family mem-

bers. I was to learn that sangre (blood) relationships are the main privileged ones; new in-law relatives tend to be kept at a distance, and perceived as outsiders—for a very long time! But more on that later.

Our first stop was the lovely seaside resort area of San Sebastian. Dining al fresco under the stars on fresh caught fish prepared delectably is always a treat.

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The next morning we drove to Bilbao to visit the Guggenheim. This titanium colossus is indeed an architectural work of art. Gehry has transformed the entire area with his striking, many-sided edifice. The structure itself merits viewing; the art collection is less striking but, as the Bilbao Guggenheim rotates collections with the (now) three other Guggenheims, no doubt it would continually improve.

From there we drove the fine superhighway to Zaragoza, where I lectured the next day for the Zaragoza branch of the IEF. Zaragoza is a bustling, lively metropolis. We could not find our hotel, and alighted from the car on a main thoroughfare to ask a passerby if he could direct us. He said it was nearby, but complicated to find. As he spoke very little English and my Spanish is far from fluent, we did not communicate very well. To our surprise, he and his wife indicated they lived near the hotel and were out for an evening stroll, and they would be willing to get in our car and drive us there. We were startled by this kindness, and not at all suspicious of it; this behavior exemplified the generosity of spirit we encountered throughout the trip, from our hosts and guides in the various cities, to literally the man and woman in the street.

In Zaragoza, about 80 people attended the 4-hour late afternoon seminar—which began at 4:00 PM. (The same time frame was designated in Madrid.) Throughout, everyone seemed to be dressed in expensive, well tailored dark business suits. No one came in jeans or other casual attire. Proper dress typified these successful entrepreneurs; about 80% of the audiences were male, and 20% female. To be eligible for membership in IEF, the corporation must gross a minimum of the equivalent of 50 million euros per annum, so those assembled numbered many of the top business leaders in their respective cities.

I had been invited to talk to these CEOs and their firms' top ranking officers about *Resolv-*

*ing Family Conflicts in Family Businesses*, focusing on sibling rivalry, parent and adult child clashes, the emerging role of women in family businesses, and the impact of these changes on family relationships and corporate culture. Each facility used was attractive and well equipped with state of the art equipment. Those assembled were unaccustomed to attending interactive sessions and preferred lecture segments, followed by a brief question and answer period. The lecture was followed by a lovely reception and a small, extravagant dinner party arranged by our local host.

Then it was on to Barcelona, which is truly a magnificent city with its wide boulevards, elegant stores, and fine restaurants. The streets were adorned with unusual looking churches, a cathedral, and other edifices built by the distinguished, now famous, architect, Gaudi. His wavy, curvy structures give the appearance of movement and of having been designed uniquely for each space. This is an art lover's paradise, which also is home to both a wonderful Miro museum and an interesting museum devoted to Picasso's early works.

My sessions were held at the former Stock Exchange Building, which is now used for meetings and special functions. The theatre style auditorium was equipped with a screen on stage behind the podium, and another on a wall placed so that the speaker also has an excellent view of the power point slides being presented. They had insisted that I utilize power point, as this would be the best format from which they could translate the main substance of my presentation. This audience was also formal, very proper, and appeared unaccustomed to engaging in dialogue. They came to hear a lecture by "an expert" who was deemed to be a source of wisdom. By now I had learned that they highly value "protocols," documents all family members agree to abide by and uphold in writing. It was again emphasized to me that in-law relatives are often perceived as outsiders, and I had become more attuned to the intrafamilial struggles and how these exacerbated sibling

rivalry, distribution of profit, pre-nuptial agreements, and marital tensions, as well as generation-skipping ideas as part of financial and succession planning since grandchildren are treasured and are part of *sangre* (blood) family, even though one parent (the in-law adult child) is not.

The luncheon in the crystal-chandeliered dining room was punctuated by speeches by the organization's leaders. Much protocol was observed, and those at the two head tables were seated according to two factors: rank in the organizational hierarchy, and status and power of their business. I was surprised at how few of these top-ranking entrepreneurs spoke much English, especially since many of their ventures have become globalized.

A comment on the private city club at which we stayed for four nights will further convey the propriety of our surroundings, hosts, and the expectations of all involved. The Barcelona branch of IEF has a membership at an upper-class dining club that has hotel style rooms for members and their guests. Gentlemen are not admitted for meals or in the bar unless they are appropriately groomed with tie and jacket; such rules are strictly enforced. They do have ties available (for purchase—not loan), should one be remiss. Our host, a gracious gentleman who is the Director of the Barcelona branch of IEF, had engaged a charming young woman to join us throughout the work-involved portion of our stay to serve as our translator and guide and to see that all our questions were answered—a task she fulfilled with great aplomb.

And then, on to Madrid, a colorful, bustling city. Here they had arranged for us to stay at a regal 5-star hotel. (This luxurious treatment differs from the usual hotel accommodations provided when one is speaking on the psychology/family therapy circuit.) With breakfast an extra \$28.00-plus per person, the cost rivaled that of the top hotels in New York, Washington, Los Angeles, and Paris. And the hotel was fully occupied.

This seminar was the first the newly formed Madrid group had sponsored. They were slightly younger and more cosmopolitan; they were also more willing to engage in interactive dialogue, and have me depart from the preplanned agenda. Most of the dilemmas voiced were quite universal ones. Two brothers wanted to know how to hasten the retirement of their 75-year old father. As with many of the scions described in the two preceding sessions, they described a man who had no other interests besides running his company. I reframed his reluctance to retire as an identity crisis, as work and his role as CEO comprised his whole sense of self. I suggested that perhaps for Christmas they send their parents on a long vacation trip, something their mother had long been requesting. This would provide their father with an opportunity to see if he could enjoy some relaxation and travel, and would give them a chance to show him that they could run the business competently in his absence. They liked this more subtle approach as something to be attempted before engaging in the showdown ultimatum they had been contemplating.

One extremely attractive, Chanel-clad woman, asked how a college educated mother of four children could convince her husband that now that the children were grown, she should be able to have a place in the mega

corporations he had established during the years of their marriage. (One man in the audience blurted out, “I don’t want to work with the woman I’m sleeping with.” Despite some embarrassment at his bluntness, many male heads nodded in assent. Such chauvinism and sexism still abound here—as in many other countries). Her husband, a leader in this chapter, was more concerned about the future of the company and said he would consider himself a failure if none of his children wanted to go into the business. Two had indicated they were not interested, one was still too young to decide, and the fourth—an assertive young woman who had acquired her college education in the United States—was working in the firm and hoped to become her father’s successor. She was at the workshop, and earlier we had spoken for quite a while; another young woman, possibly in line to inherit her family’s firm, had chimed in. Both faced the same major two hurdles: Their fathers were leery of turning the businesses over to daughters, and most of the young men they dated were interested in coming into the business. This was disallowed in the company’s protocol, with which they agreed, and like their American counterparts, they did not wish to be pursued because of their family’s wealth. In their early 30s and very attractive, both were still single. He father stated woefully from the platform,

seemingly oblivious to his daughter in the audience, “If none of my children want to come into the business, I’m a failure!” After he paused, I suggested, “Perhaps you are really a success; they have each acquired your independence and entrepreneurship and want to do what they want to do, just as you did. That’s a tribute to you and the example you set.” He looked bewildered at this reinterpretation; but others in the audience, who had also struck out on their own, resonated to it.

The final session was ended with a reception and a sense of exhilaration. Many expressed great satisfaction with this first major event.

All in all, it was a productive trip and fostered many lively interchanges. I look forward to returning to Espana, hopefully soon. I’m still fascinated by the clarity of their protocols and how these have gained wide acceptance there, while the idea of pre-nuptial agreements and not being entitled to marry and share the in-law family’s assets is still an unpopular notion here in many quarters.

Family business consultation is a challenging and exciting evolving field with many tributaries and rewards for psychologists who become trained in the art of this practice.❖

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## International and Multicultural Adoptions

*Florence Kaslow, PhD*

Many adults who are unable to conceive babies on their own, or who think that to do so would be risky because of such reasons as a history of genetically transmitted physical or mental disorders in their family, perceive adoption to be a viable alternative for having a family. Others turn to nontraditional adoptions as a way of enlarging their family, and also for such altruistic reasons as providing a fine home with a loving set of parents to a child who

might otherwise languish in an overcrowded and underfunded orphanage. The high number of adoptions per year is a glowing testament to the continuing importance adults place on having and raising children and living in and as a family.

In my travels abroad it has become apparent to me that it is not only Americans who are adopting children from other lands, but that couples (and individuals) from many other countries are doing the same thing. People tend to adopt outside of their own countries when 1) there is a shortage of reasonably healthy adoptable babies, 2) they do not meet their own country’s cri-

teria for adoption—such as falling in the acceptable age range, and 3) when they have become particularly distressed about the plight of orphaned children in a specific country or region. The number of children currently being adopted by would-be parents in the U.S. has spiraled upward to over 21,000 per year, despite the enormous trials and tribulations it takes to complete the process, bring the child “home,” and become acclimated as a family, sometimes one in which the child looks visibly different than the parents and/or has had a traumatic early childhood.

Increasingly such multicultural families, with different ethnicities within the family (rather than between families—which has been the more usual focus of concern), are literally changing the face and composition of families. These families, like others not composed of such mixtures, are increasingly entering therapy, and it is incumbent upon family researchers and practitioners to seek to understand them and their special attributes, as well as the extra challenges they face.

My interest in this topic was spawned both by meeting couples here and abroad who had adopted children from other countries and continents, and by the fact that I have been seeing a growing number of such families in treatment. The dearth of literature on this timely and important topic and its relevance to our emphasis on fostering multicultural sensitivity and competence led to my co-editing the book *Welcome Home: A Multicultural and Nontraditional Adoption Reader*, with Lita Linzer Schwartz (a former Division 43 Fellows Chair), reviewed elsewhere in this issue of *The Family Psychologist*.

Perhaps this discussion (and the book) will provide you with information you can convey to patients who wish to adopt and want to explore various options. And also perhaps it will reaffirm that the institution of the family is alive and vibrant, though ever changing. ♦

## Address Updates

Contact Division Services at [kcooke@apa.org](mailto:kcooke@apa.org) or (202)336-6013 to update your mailing address or to correct any contact information. ♦

## President's Message

*continued from p. 1*

or other clergy does in their respective roles? The ethical issues that can emerge around the merger of the religious into psychotherapy can readily become quite complex. If therapists are grounded in particular religious belief systems and it is presumed to be appropriate to introduce those beliefs into the therapy, how then do they deal with those who do not share their beliefs? How do they avoid becoming proselytizers of a belief system and stay primarily grounded in helping people develop in their own directions? And how do they remain open to the diversities in the families they see?

We have unfortunately seen too many prominent examples of the difficulties that can emerge from merging religious beliefs and the practice of psychology. Gay clients, already marginal in the larger society, have at times found themselves matched with therapists who believe the solution for them is to “convert” to what these therapists view as a more “moral” life. Abused women, treated from a similar perspective, have been told to “cleave to their husbands” by therapists quoting biblical citations for this edict. And “marriage savers” grounded in religious belief have pushed to save marriages at all costs, even though some of these marriages were clearly injurious to all those involved. The slope can become very slippery when religion and psychotherapy merge.

I believe that a synthesis evolves from considering the obvious importance of this dimension of life while also remaining aware of the difficulties that can arise from the possible abuses that can occur in the context of therapy and/or research. The articles offered in this issue of the *Family Psychologist* present examples of creative ways spirituality can be integrated into family psychology. A landmark in family therapy was the publication of a volume edited by Froma Walsh entitled *Spiritual Resources in Family Therapy* (Walsh, 1999). The authors of the chapters in that volume, anchored in a wide variety of religious perspectives, showed how to engage with a client's spirituality and yet remain respectful of individual beliefs. In fact, it seemed

clear in several of the chapters in that volume that integrating the spiritual dimension can readily become a way of showing such respect and engaging fully with the experience of clients.

In a similar vein, this issue presents a number of creative and respectful ways to integrate a consideration of spirituality into family psychology, both in our therapy and in our research. The projects described by David Olson and Scott Stanley also point to how helpful such an integration can be in extending the influence of family psychology. There probably are no research-based instruments in family psychology more widely used than are Olson's measures, PREPARE and ENRICH; a usage largely driven by their wide adoption by churches and synagogues as part of their efforts at relationship education. And Scott Stanley along with his colleague, Howard Markman, have partnered with numerous religious organizations in disseminating their system of marriage preparation and enrichment, PREP, worldwide. The partnerships that David Olson and Scott Stanley and Howard Markman have formed with religious institutions allow for many who would not be touched by family psychology to be influenced by it, as well producing opportunities for the kind of research described in their articles.

I hope this issue can inspire thoughtful consideration and a good deal of hearty discussion (including the discussion on our division listserv organized by James Dobbins, Vice President for Practice). I expect that there will be differences about this subject, having already seen differences emerge in e-mail discussions of this topic. There's much to be said for such discussion, and even for respectful argument, as we sort through how to deal with this vitally important subject, while maintaining our identity and remaining true to our other core principles. For me, it is precisely in such open discourse, including vigorous grappling with the diversity of our thoughts and feelings, that we can build the best spirit of integration.

### Reference

Walsh, F. (Ed.). (1999). *Spiritual resources in family therapy*. NY: Guilford. ♦

# Candidate Statements For 2004 Division Elections

## President-Elect Candidates

### Cindy Carlson, PhD



I am pleased and honored to be considered as a nominee for president of Division 43. As a charter member and Fellow, I have long been a supporter of the division and its mission.

#### *Background & Qualifications*

I am currently a Professor of Educational Psychology at the University of Texas at Austin where I have taught a three-semester sequence in family psychology and family therapy for the past 20 years to graduate students in our APA-approved counseling, school, and clinical psychology programs. I received my PhD from Indiana University in 1982 and completed my pre-doctoral internship at the University of Tennessee Health Sciences Center Clinical Psychology Consortium in Memphis, TN, with a primary rotations at the UT Child Development Center, which specialized in structural family therapy. I completed formal post-doctoral family therapy training with Harold Goolishian and Bill O'Hanlon. My scholarship focuses on family assessment, family-school intervention, empirical support for family intervention in schools, and the role of family variables in predicting adolescents' attitudes toward diversity.

I have both APA and divisional experience. For Div. 43, I served as Vice-President for Public Interest and Diversity and co-chair of the Families and Schools Committee from 1996 to 1999. I also represented Div. 43 on the School-to-Work Transition APA Task Force. I am a current member of the APA Board of Educational Affairs, former Council member, and former member of the Committee on Accreditation. Regarding

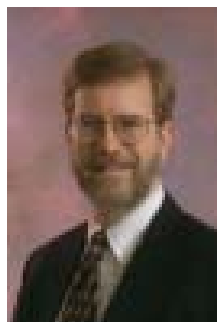
other divisional service, I am a Past President and Past Vice President of Education, Training and Research for Division 16 (School Psychology).

#### Position Statement

Evidence-based practice continues to be at the forefront of issues spanning the fields of medicine, psychology, and more recently, education. I view that it is important to continue to highlight issues related to evidence-based practice within Division 43 and to expand the dialogue. I am particularly interested in evidence-based practice as it relates to education and training, multicultural sensitivity, and generalizability across settings. Given that my training and scholarship bridge family and school systems, I would anticipate highlighting evidence-based practice at the psychology-education interface.

Having served in elected offices at the Division, Council, and Board/Committee levels within APA has given me an understanding the complexity of the system and the ways in which influence is parlayed. Using division structure and processes to maximize influence of Division 43 within APA will always remain important.

### William H. Watson, PhD



I am very pleased and honored to be nominated as a candidate for the position of president-elect of Division 43. I have been involved in the leadership of Division 43 for many years now. I am currently

serving my second term as Treasurer. I am also co-chair of the Education and Training task force, and one of two Division 43

representatives to the Family Psychology Specialty Council. I am also chair of the Family Psychology Specialty Council. In previous years, I have served Division 43 as Co-Chair of the Program Committee and Chair of the Hospitality Suite.

I am currently Associate Professor of Psychiatry and Neurology at the University of Rochester Medical Center, where I have been for eighteen years. I am one of the core faculty for the Primary Care Family Psychology track of our APA-accredited postdoctoral fellowship program. I am a senior trainer in our accredited postgraduate Family Therapy Training Program and master's degree program in Family Therapy. During my years here, I have provided training and supervision in family psychology and family therapy to clinical psychology doctoral students, interns, and fellows, residents in Psychiatry, Neurology, and Pediatrics, social work interns, and graduate and postgraduate students in family therapy. In addition, I am the family psychology consultant to the Strong Hospital Epilepsy Center in the Department of Neurology, where my work centers on mind/body issues in patients and families dealing with intractable epilepsy, or with pseudoneurological disorders including conversion or somatization disorders. On the broader professional front, I serve as a site visitor for the AAMFT Commission on Accreditation for Marriage and Family Therapy Education, and as a contributing editor for the Journal of Psychology and Theology, as well as being active on the boards of several local and regional professional associations. I have published in the areas of family systems theory and spirituality, assessment in family psychology, and in the treatment of mind/body problems in medical contexts.

Our division has a well-deserved reputation for warmth, collaboration, and inclu-

siveness that I feel represents a significant strength in the broader APA structure. As president, I would like to see us capitalize on these strengths by furthering our integration within, and impact upon, the larger APA structure. Family psychology as a discipline has much to offer the wider organization, and we, in turn, stand to benefit from the strength and richness that comes from collaborative efforts with other divisions and with APA itself. Our recent recognition as a specialty by APA puts us in a particularly good position to impact the wider profession of psychology as we work to define ourselves as a specialty and clarify the role of family systems training in graduate and postgraduate education. Our board has this year begun participation in joint board meetings with other divisions with whom we share many common interests, including Divisions 12, 16, 53, and 54. We plan to continue this next year. As president, I would continue to endorse this process and work to take advantage of the synergy that comes from this mutual collaborative effort. We have much to offer other divisions and the rest of APA by our advocacy of the family and promotion of the systemic perspective in practice, in research, in healthcare, and in public policy. I would like to see us continue our work to impact other divisions and APA on behalf of family psychology.

As an educator and trainer, I am also interested in exploring and promoting excellence in psychology education, with particular interest in family psychology education at the postdoctoral level. I would like to see the division and the profession of family psychology continue to move forward with the development of guidelines for both doctoral and postdoctoral training in family psychology that can serve as a model and organizing force for the field. In addition, I would like to see the division continue to develop its outreach to students in order to provide support to developing psychologists early in their careers, providing students with a “home

base” that is experienced both as welcoming and as helpful in specific, pragmatic ways relevant to their needs. This developing effectiveness with student members will serve both to provide a valuable service to a key constituency and to energize the division with new talent, fresh perspectives, and a growing, vital membership.

## Treasurer Candidates

### Fontina L. Rashid, PhD



I am honored to accept a nomination for treasurer for Division 43 for 2005. I have enjoyed serving the division over the past three years, and I am pleased at

the prospect of continued involvement in the future. I first served as student representative to the board and then as hospitality suite chair. This year, I am the program chair for the APA Convention in Hawaii. While serving the division in these positions, I have gained knowledge about the responsibilities involved with the position of treasurer and feel qualified to function in this capacity.

As hospitality suite chair, I faced the complex task of planning multiple events while remaining sensitive to a budget. I was able to develop ideas that helped to cut expenses while maintaining the standard expected for the suite. I actually enjoyed the challenge this presented and found the budgeting aspect quite interesting. I believe my organizational skills, leadership ability, and attention to detail were essential to my ability to complete these tasks and would serve me well if I become treasurer. In addition, I found that utilizing my “people skills” was quite effective in managing this position. When presented with the opportunity to be nominated for the position of treasurer, I was quite excited about the possibility of

continuing to work with the Division 43 board.

I have a great deal of respect for the professionals involved with the division and have been impressed by the commitment to the advancement of not only the division, but also the specialty of family psychology. I hope to see the division continue to work toward these goals. I have also appreciated the collaboration with other divisions and the many benefits of acknowledging shared interests and ideas.

I am currently a Research Associate in the Psychology Department at Georgia State University. My research interests focus on the relationship between home literacy environment and child reading development. Most recently, I have been examining the home literacy environments of children with reading difficulties who are currently enrolled in an intervention. I also serve as the family liaison for a research project involving brain imaging with children with reading disabilities. My work at Georgia State includes clinical work with children, adolescents, and adults. Prior to this position, I was a faculty member in the Psychology Department at University of the Pacific and served as co-director of the Psychology Clinic. I have published on home literacy environment and learning disabilities as well as family coping with childhood chronic illnesses.

The tasks involved with the position of treasurer would utilize my strengths and would be a responsibility that I enjoy. It has been a pleasure to devote my time to the division and to have the opportunity to work closely with the dedicated members of the board. My work with Division 43 has been rewarding, and I would be delighted to continue to contribute to the division by serving on the board as treasurer.

## John Thoburn, PhD, ABPP

My name is John Thoburn and I am running for the position of Treasurer in Division 43. I hold a Master of Divinity degree in Marriage and Family Therapy from Fuller Theological Seminary and a PhD from Fuller Graduate School of Psychology. I am a licensed psychologist in the State of Washington and Board certified in family psychology by the American Board of Professional Psychology. I am currently the editor of the ABPP, family psychology division newsletter.



I have previously held the following positions with Division 43:

- Chair, Division 43 Membership Committee, APA: 2000–2003
- Co-chair Division 43 membership Committee, APA: 1999–2000
- Co-chair, Division 43 Hospitality Suite, 1998 APA Conference: 1998
- Co-chair, Division 43 Program, APA Conference: 1998

My goals for Division 43 continue to be those espoused by the Board, ones that are of pressing concern to the division:

- To increase overall membership in the division.
- To increase the amount of clinical articles in the *Family Psychologist* and increase clinical dialogue within the division.
- To increase clinical resources for practitioners on the web site and listserv.
- To increase Division 43 representation, visibility, and influence among the larger institution of APA.
- To encourage a systems perspective beyond the borders of Division 43.

## Vice President for Diversity Candidates

### Marietta Collins

I currently am an Assistant Professor in the Department of Psychiatry and Behavioral Sciences at Emory University School of Medicine at Grady Health System. Grady Health System is a large urban hospital serving a primarily indigent, minority population. My career choice to work at Grady reflects a longstanding commitment



to the development and provision of quality mental health services for minorities. My responsibilities include the delivery of psychological services to child and adolescent patients seen in our outpatient child psychiatry clinic and to adolescent substance abusers. It was by virtue of my work with these patients that I became involved in developing culturally competent family interventions to address unique needs of this population. Specifically, in regards to work previously completed, I have published 5 articles describing culturally competent family interventions for pediatric sickle cell disease and am the co-author of 3 manualized treatment interventions for patients with sickle cell disease. I recently developed a manualized family intervention for adolescent substance abusers that is currently implemented at an inner city school-based adolescent substance abuse program and was featured in *The Family Psychologist* in Fall 2003. In 1998, I received a national award from the American Family Therapy Academy (AFTA), the Cultural and Economic Diversity Award, in recognition of my efforts to work with disempowered families.

I have served as the VP for Diversity for the Division from 2001 to present. During this period of time, I have consistently advocated for the Board's consideration of issues related to ethnicity and diversity in all divisional program planning and policy implementation. To encourage a voice for the open discussion of diversity in *The Family Psychologist*, I have become one of the co-editors for the Diversity Column and plan to solicit article submissions from within the Division membership. I continue to have three main goals for the division. The first is to enhance the division's commitment to working with diverse families—specifically addressing issues related to ethnicity, working with gay, lesbian, and bisexual families, and families with members with disabilities. A second goal would be to increase the division's attention to child and adolescent issues within families. My last goal is to identify ways to encourage training psychology graduate students, interns, and postdocs in the practice of family therapy.

Aside from my membership in American Psychological Association and Division 43, my professional involvements include membership in the Georgia Psychological Association, membership in the Association of Black Psychologists, and a 2000–2003 appointment to the APPIC Postdoctoral Membership and Review Committee. I serve as a mentor to African American and female psychology graduate students, interns, postdoctoral fellows, as well as general psychiatry and child psychiatry residents.

On a personal level, my professional inclination toward working with families is perhaps rooted in my early experiences with my own family of origin. I am an African American woman, originally from Memphis, Tennessee; the youngest of 12 children. Although neither of my parents attended college, the importance of family and of higher educational attainment was stressed throughout my childhood. The

home environment provided by my parents resulted in 10 of the children completing college and 7 of us receiving post college degrees. I attended Smith College as an undergraduate, received an MSW from the Smith College School of Social Work, and received my doctorate in 1995 from Emory University. I am married and the mother of 2 wonderful children. I am involved in many community organizations; enjoy singing in the choir and directing the children's choir at my church.

## Rhoda Olkin

I am pleased to be nominated for the position of Vice President for Diversity and Public Interest in Division 43. This was the first division I joined, and I consider it my APA home, so it was particularly rewarding to get its Carolyn Attneave Award in 2001. I believe I am well qualified for the position.



I received my BA in psychology from Stanford University and my doctorate from the University of California, Santa Barbara. I did my two internships at UC San Diego Counseling and Psychological Services, and the San Francisco VA Medical Center. In each case I saw marital and family cases, which was particularly challenging at the VAMC, because the referral process went something like this: "Well, we've tried medications and all known treatment without success, we might as well send them to the family therapy unit!"

I've been teaching in graduate programs, first at California State University, Sacramento, and now at the California School of Professional Psychology, where I led the faculty on the successful path to unionizing! I am a part of the Child/Family specialization track. I lead a student

dissertation group on dissertations related to disability, usually with a family orientation, and have graduated thirteen students with disabilities.

My service to APA began with my election to the Committee on Disability Issues in Psychology, which I now chair. I also serve as a mentor to a graduate student with a disability, through APA's student mentoring program. For several years I was a member of APA's Textbook Guidelines Initiative representing disability issues, resulting in a guide for publishers regarding diversity material in undergraduate psychology texts. I also serve on the editorial board of Rehabilitation Psychology, and was the guest Editor of a special issue on disability of *The Family Psychologist* (1994).

My publications have focused on disability for the last ten years, again often with a family orientation. I also am keenly interested in the intersection of multiple minority identities, since disability doesn't occur in a vacuum, but rather to people who have an ethnicity, sexual orientation, age, socioeconomic status, and religion. This interest is reflected in a class I developed at CSPP: Disability, Ethnicity, and Culture. Examples of recent publications include:

Olkin, R. (1999). *What psychotherapists should know about disability*. New York: Guilford Press.

Olkin, R., & Pledger, C. (2003). Can disability studies and psychology join hands? *American Psychologist*, 58(4), 296-304.

Olkin, R. (2003). Women with physical disabilities who want to leave their partners:

A feminist and disability-affirmative perspective. *Women and Therapy*, 26(3/4), 237-246.

Olkin, R. (2002). Making research accessible to participants with disabilities. *Journal of Multicultural Counseling & Development*, 8(2), 130-137.

Kirshbaum, M., & Olkin, R. (2002). Parents with physical, systemic or visual disabilities. *Sexuality and Disability*, 20(1), 65-80.

Olkin, R. (2002). Could you hold the door for me? Including disability in diversity. *Cultural Diversity & Ethnic Minority Psychology*, 8(2), 130-137.

## Vice President for Education Candidates

### Rod Nurse, PhD, ABPP

I am honored to be a nominee for the Vice President of Education. I am particularly enthusiastic about the possibility of serving because my professional identity is as a family psychologist focusing on education and training, as well as the application of family psychology in the public sphere, and on furthering the quality of practice in our field.



I am developing a new post-doctoral program I have established in family psychology, a much-needed area for expansion in family psychology.

As the Family Psychological Services Director and member of the Management Team for the Boyer House Foundation located in the San Francisco/Bay Area I act in a leadership role for this expanding, long-term multidisciplinary innovative program for the seriously mentally ill who are referred from all over the US.

In addition to my many years of private practice of couple and family therapy, I also work (with my wife who is a 43 member colleague) on a decade-long project developing a multidisciplinary (psychology, law, and finance) approach for assisting divorcing couples, especially those with children. Our professional/client family collaborative

approach is expanding exponentially through our training workshops, presentations, and writings (and now those of others) in the United States and Canada. I am lead author writing a book on our process, *Collaborative Divorce*, for publication by APA Books.

Board Certified in Family Psychology and Board Member of the American Board of Family Psychology, I serve as West Regional Chair responsible for selecting committees who examine candidates for Board Certification in Family Psychology. This activity provides me with a view of the quality of high-level practice in our field, and some insight into the outcomes of doctoral and post-doctoral education in family psychology.

I hold an adjunct appointment with the California School of Professional Psychology (CSPP) of Alliant International University, San Francisco. During recent years I taught psychological assessment from a family systems perspective and courses on divorce, child custody evaluations, and collaborative divorce. I originally served on the founding faculty, administering the systemically oriented community psychology doctoral program and teaching family therapy.

For the San Francisco/Bay Area professional school that later became a campus of Argosy University, I developed the family psychology doctoral program in clinical psychology and subsequently administered the overall clinical psychology program as Dean and President (I am also Board Certified in Clinical Psychology).

A charter member of Division 43, I have served (and do now) as a member of the Committee on Education and Training. I chaired the committee for several years, and was from our division the representative to the Joint Council on Professional Education in Psychology where my prime roles were as a steering committee member and

co-editing a report that stimulated updating APA accreditation standards. I have chaired the family forensic psychology task force, and now as a member, I was selected to present on Collaborative Divorce at the ABA/APA Conference on Children and the Law, June 2004 in Washington, DC.

Education: BA psychology, MA child clinical psychology, Southern Methodist University (Dallas)

PhD, Counseling Psychology, University of Texas (Austin)

### **Tom Sexton, PhD, ABPP**

Over the last decade the specialty of Family Psychology has come to play a central role in clinical treatment, developmental science, and in the use of relationally based clinical research methods. As family psychologists we now work with families, with couples, and in organizational contexts where we teach, supervise, do research, and



provide specialized treatment using a host of complex clinical treatment models. Many of us work to develop new and more specialized clinical intervention approaches while others systematically study the relational interactions of families. In each of these roles and settings we bring our unique relational “lens” to work in hospitals, clinical, independent practice, colleges and universities (among other settings) where we have an important impact on many systems that impact families, individuals, and the communities in which they live.

Despite the growing range of family psychology, we face many substantive challenges. Of these, one of the most critical is the need to identify and implement ways to adequately educate psychologists at all levels of their professional development to

bring the most effective, most current, and “best” practices to each of their diverse roles. I would suggest that our current educational and training methods have yet to meet this challenge. As a faculty member and training center director in an APA-accredited Counseling Psychology program where I teach Family Psychology, I know that this task is formidable. We constantly struggle with trying to identify ways to adequately teach clinical interventions in a way that our students are both well versed in our historical models of practice while at the same time being competent in the current clinical models. We work hard to try to develop new ways to teach the critical methodological skills needed for the next generation of both developmental and clinical treatment research scientists to be able to identify the complex relational processes of families. We constantly attempt to find ways to prepare our soon to be family psychologists to gain from the clinical and theoretical work in all areas of psychology while retaining a unique, relationally focused, way of working. I think these struggles are not unique to us but are among the critical challenges of the profession in regard to education and training.

If elected as Vice President of Education I would promote substantive division-wide discussions aimed at identifying predoctoral, postdoctoral, and continuing education and training models with the goal to identify ways to bring the “best” of what we know theoretically, empirically, and clinically into educational and training of family psychologists at all levels. In particular, I would promote discussion of methods of training that would help overcome the research practice gap in clinical practice, move current evidence-based models of practice into the forefront of clinical work, through the development of systematic programs for Family Psychologists.

# Council of Representatives Report

James H. Bray, PhD, and Florence Kaslow, PhD

The Council of Representatives met in Washington, DC, from February 19 to 22, 2004, for the first session of the year. Dr. Diane Halpern, APA President, presided over the meeting. It was a productive and interesting meeting.

The finances of the APA are once again very strong. We ended 2003 with a small budget surplus. Within that budget we were able to provide APA employees a small bonus. This bonus was well deserved after they had gone without pay raises for several years.

We are pleased to announce that the Council passed a \$90 million budget with a projected \$500,000 surplus for 2004. The budget allows us to continue our many successful programs and replace a number of personnel who resigned after our budget deficits in 2002. APA's income comes from an interesting mix of sources. Publication sales contribute 61% of our income. Dues represents **only 16% of income**, and the rest comes from a variety of sources, such as grants and contracts. Our net worth climbed 37% in 2003, and we have topped our previous net worth of \$44 million in 2001. Our able CFO, Jack McKay, deserves lots of credit for helping APA regain its financial position. We were able to regain our financial footing through wise investments and refinancing of our real estate. The refinancing enabled us to take advantage of the low interest rates and provide some much needed working capital.

The following are some of the items passed by the Council that have particular relevance to Division members. The Council accepted a report and recommendations

concerning advertising and children. This report comes from an APA task force. The APA passed a resolution on children's mental health to support the federal and international focus. There was considerable debate about the correct use of the term, "evidenced-based treatments." The APA will work further to create policies and programs to enhance children's mental health. We worked to make sure that a family perspective was represented in this report. The Council also passed a resolution to support the prevention of HIV through legal access to sterile injection equipment. The resolution was passed after reviewing substantial research that supports this position.

The Council also approved a guideline on developing guidelines for education and training in specialty areas. This guideline gives groups necessary information for developing appropriate recommendations for training. Furthermore, it was reported that after a consensus-building meeting between representatives of the Division of Military Psychology and the Division of Gay, Lesbian, Bi-Sexual, and Transgender Psychology, the APA changed its policy and allows the military to once again advertise in APA publications. There had been a ban on military advertising because of its discrimination against homosexuals serving in the military. There will be more details on this later. Finally, the Council created a task force to make recommendations concerning same-sex marriage. Division 43 will play an important role in this task force. Members are encouraged to provide input concerning this timely issue.

Many small states and divisions are having difficulty sending their council representatives to the meetings. Council members were paying their own travel expenses to do the associations work. We introduced a

budget request to help support their travel expenses starting in 2005.

One of Dr. Bray's initiatives as Division 43 president was on collaboration between psychologists and primary care physicians. Dr. Susan McDaniel also made this one of her presidential priorities. We convinced APA to have a Primary Care Task Force that looked at models of collaboration. We are pleased to announce the recent publication of our book (2004): *Primary Care Psychology* edited by Robert Frank, Susan McDaniel, James Bray, and Margaret Heldring by APA Books. The book reports on our work in the task force and other area of collaboration. We are grateful to the Division for supporting this important work.

We are pleased to announce the Dr. Ronald Levant was elected president for 2005. Dr. Levant is a past-president of this division and plans to make family psychology a theme of his presidency. You can contact him at [levantr@nova.edu](mailto:levantr@nova.edu) for more information or to volunteer to help him.

**Hawaii is on the horizon!!!** Plan to attend the APA Annual Convention in Honolulu, Hawaii, July 26–August 1, 2004. I (JHB) was in Honolulu in January and I am happy to report it is still paradise. Check out [www.hawaii.com](http://www.hawaii.com) for information about hotels and fun things to do. Dr. Halpern has planned an exciting, informative, and FUN conference—so come and bring your family.

Please contact us (James—[jbray@bcm.tmc.edu](mailto:jbray@bcm.tmc.edu) or Florrie—[kaslowfs@WORLDNET.ATT.NET](mailto:kaslowfs@WORLDNET.ATT.NET)) if you would like further information about the Council's activities. ❖

# 2004 APA Convention Update

The 2004 APA Convention in Honolulu is quickly approaching. After reviewing the greater than 70 submissions we received for this year's convention, the Division 43 program has been set. This year's program promises to be both informative and exciting and will present a broad variety of issues relevant to family psychologists. Presentations to look forward to include:

A symposium on **Moving Research into Practice in Family Psychology**, with Thomas L. Sexton, PhD, as chair, will include a presentation by James F. Alexander, PhD, entitled "*Process Research and the Mechanism of Change in Family Psychology*." A symposium, chaired by Robert E. Emery, PhD, on **Hearing Children's Voices in Divorce and Custody Disputes** will include a presentation entitled "*Children's Well-Being Twelve Years Following Mediation or Litigation*" by Dr. Emery. In addition, Kristina C. Gordon, PhD, will chair a panel discussion on **Helping Difficult**

**Couples: A Dialogue Between Researchers and Clinicians**. A workshop on **The Impact of Loss on Children/Families: Utilizing Play Therapy** will be co-chaired by Jessica A. Ferreri, MA, and Sandra Perosa, PhD. In collaboration with Divisions 53 and 54, Nadine J. Kaslow, PhD, will present "*Supporting African American Families Empowering their Youth (SAFETY Project)*" as part of a symposium entitled **Health Service Delivery for Children and Families Living in Poverty**. Also planned for this year's conference is a **Student Social Hour**, which will give students an opportunity meet and socialize with each other.

As you may be aware, convention events have been scheduled earlier in the day to allow attendees to enjoy the many things to do and see in Honolulu. In addition to the formal conference events, this year APA is providing several phenomenal activities that will allow participants to enjoy the culture and

landscape of Hawaii. These activities include a luau, scenic cruises, and tours. A complete list of the excursions, plus ticket purchasing information, is available on the APA website ([www.apa.org/convention/leisure.html](http://www.apa.org/convention/leisure.html)).

Finally, continuing education workshops have been designed to provide practitioners and scientists with up-to-date information. You may want to take advantage of these workshops provided by the APA Continuing Professional Education Committee. Call the Continuing Education in Psychology Office at (800) 374-2721, extension 5991, for more information.

You still have until June 21<sup>st</sup> to register early and until July 6<sup>th</sup> to reserve your hotel and qualify for the APA special room rates. Transportation, hotel, and airline information are highlighted on the APA website. We hope you can attend the convention in Honolulu. Aloha!❖

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## The Final Word

*continued from back cover*

A growing number of family psychologists assert that the use of spirituality should not be a daunting task. Clinical psychologists operate on the basis of many things unseen, such as feelings, emotions, the unconscious, and at times a well-trained intuition. As social change agents we are also aware of how contemporary events are pressing us to become well versed about the role of spirituality in the lives of our clients. For example, spirituality and same-sex marriages are likely to be an important area of focus for family psychologists. The evangelical movement is calling for the training of faith-based clinicians, and the cultural competence revolution requires us to be sensitive to families who celebrate diverse values and beliefs about spirituality. These are compelling factors that push us to consider the emergent role of spirituality in our practice; not to mention that it

calls into question the spirituality of the psychologist whose clients may or may not be faith-based people (Rotz, Russell, & Wright, 1993)

So what can a family psychologist do if he or she wants to become more skillful, knowledgeable, and sensitive about spirituality in working with clients? To identify helpful resources, I began a literature search and put out a call for input from the Division 43 members. The purpose of the call was to establish a listserv dialogue based on several questions related to family practice and spirituality. Those questions are listed below.

1. Do you explicitly encourage your clients to discuss their spiritual beliefs?
2. What have the benefits to such practices been or what have been some of the transference or counter transference issues that need to be accounted for?

3. What literature would you recommend to others about this subject?
4. What brief stories can you offer that speak to the benefits and limitations of the exploration of spiritual matters in family psychology practice?

The response to the call was immediate and quite informative. Over 200 resources were provided by Dr. Vande Kamp (now posted to the Division 43 web page). My own search yielded 60 resources (book chapters and articles). These references address training and hermeneutic aspects of spirituality and professional identity as well as the bread and butter issues of training, research, intervention, and assessment. Several members provided vignettes and discussion that illustrate broad interest and comforting examples of competence in regard to ethics with regard to the

subject matter (see the web dialogue from Patterson and others).

You may want to start your review with a special family psychology review (Parke, 2001; and Holden, 2001). These authors indicate that there is a need for much greater specificity and development in regard to definitions, assessment procedures, intervention models, technique, and ethical consideration of the issues. They also inform us that there are some well-researched methods and tools that are ready for immediate use.

Among the postings on the webpage, a simple frequency count revealed that intervention procedures are much more broadly addressed in the literature than are assessment tools and methods. Spiritual ecograms (Hodge, 2000) and spiritual genograms (Frame, 2000) are the assessment tools most often reported in the literature. However, paper and pencil measures also have been developed for general screening tools and for estimating capacities for "forgiveness" in family members and couples (Hodge, 2001, 2003). Dr. Ripley reported on the listserv that there is a ten-item *Religious Commitment Inventory* (Worthington et al., 2003) that is reportedly very useful for intake and treatment-planning purposes. Though limited in number, all of these assessment tools will help us develop more useful conceptualizations of spiritual problems and strengths that are observable in family structure and process.

We noted that assessment and empirical studies on outcomes related to spirituality and family or marital functioning are relatively rare. This is contrasted to a substantially larger body of literature concerning spiritually relevant intervention techniques. Much of this literature is presented from a theoretical or case study perspective. The validity of the work resides in the generalizability of case studies and the relative clinical expertise the reader attaches to the investigator. It was heartening to note that there is ample literature that addresses a wide variety of spiritual applications in relation to a broad range of

cultural and clinical populations as well as professional identity development issues (Streeter & Owens, 1970).

The clinician who is interested in improving his or her knowledge, skill, and attitudes in this area is directed to several classic texts and special journal editions (Parke, 2001; Chubb, 1994; Burton, 1992; Jenkins, 1991; McGoldrick, 1998; Walsh, 1999). These journals and several resource texts cover a wide variety of subject matter related to spirituality and the practice of family psychology. From here the practitioner has a number of options if he or she wants to review representative literature regarding almost any conceivable conceptual link between spirituality and practice with a specific cultural group, a special clinical population, or religious preference group.

A troubling issue from a practitioner and researcher standpoint was the fact that ethical issues are not well represented in the literature. Because ethics is an area that is in grave need of our attention, the practitioners are advised to seek consultation from peers if they feel that they are in a potential ethical dilemma concerning spiritual issues. However, a good primer on the subject is Haug and Ingeborg (1998).

There is a great deal of activity and interest in this area of family work. Your ideas and experience could be very helpful to this effort. Practitioners are invited to review the literature that is posted on the Division 43 Web page (look under the tab for "News"). We hope that you will also follow and respond to the dialogue on the listserv. Your may also direct your dialogue to me, and I will review it for posting (james.dobbins@wright.edu). If you are not currently on the listserv, contact Keith Cooke at APA and he will enroll you (kcooke@apa.org). Lastly, references on family psychology and spirituality are provided below. You may use them for a quick study if you have not already become familiar with issues of spirituality and family psychology.

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## Building Competence with Spirituality in Family Psychology Practice

*James E. Dobbins, PhD, APBB  
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Over the last ten years there has been a ground swell of interest in the role of religion and spirituality in family psychology (Parke, 2001).



In spite of this interest, presenting a well-articulated family psychology perspective that also considers spirituality is a challenge that is recognized not only by psychologists but also by practitioners from related disciplines. Social workers and pastoral counselors, as well as psychologists, are intensely involved in the discovery of the proper use of spiritual

principles while helping families to development, change, and heal from their hurts.

Agreement on a definition of spirituality is among the most serious challenges to our competence in this area of practice. To complicate the matter, definitions of spirituality, a seemingly crucial step in any investigation of the subject matter, are absent or varied in the studies that investigate the relationship of religion. Is spirituality the same as

religion? Is spirituality a set of (12 step) principles that rely on a power greater than self? Is it a transpersonal experience or simply a feeling of uplift, and hope? What are the behaviors and outcomes that are associated with the psychological use of spirituality as a tool? Is healing the process or the outcome? And what is the role of constructs like faith and forgiveness?

An often-cited biblical definition of faith may further develop a foundation for this particular discussion. This definition is offered because in popular dialect we often hear the words “faith based” which implies that there is a set of religious beliefs that define the lenses by which help and support services should be designed and implemented. The definition that is used in the bible is that faith is “the substance of things hoped for and the evidence of things unseen.” This Christian credo could well stand as a metaphor for the challenges that we face as social scientists who are trying to use spiritual tools for the purposes of achieving rapport and change. Parke (2001) reminds us that much of our psychology was built on positivist notions which require that our clinical evidence and substance are presented as observables. Parke (2001) and Holden (2001) also remind us of a powerful truism, that is, that most of our clients live their lives in a faith-based reality. We are compelled seemingly to either move forward in this direction or remain on the periphery of the central motivating constructs in the lives of our clients.

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