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Professional Education and Family Therapy

John T. Middleton, Ph.D.

The author, a professor in the department of counseling, State University of New York in Plattsburgh, gave this address at the 1978 meeting of the National Federation of Catholic Physicians' Guilds in New Orleans.

The profession of family therapy has moved slowly during its short history. The definitions of therapy and who is or who is not entitled to practice or even what the practice is supposed to be have not been clearly fixed in the U.S. Even when there is an agreement on "how," there are problems with "why." There is, as yet, no general agreement on how a therapist is to be prepared and what the philosophical approach, if any, should be. In 1939, the Committee on Professional Education and Family Counselors of the National Conference on Family Relations obtained agreement that there was a need to explore and arrive at a core program.¹ Various efforts have been made to develop consensus. Many views are found in the literature. In 1973, William C. Nichols, Jr. summarized the intervening developments, saying that marriage and family counseling is *not* a profession, has *not* developed consensus concerning core values and core knowledge, and has no theoretical orientation establishing a discipline.²

Some of the present circumstances are made more difficult by the failure of practitioners to agree on such simple things as what a *family* is. (Imagine physicians trying to set up professional standards for practice and not agreeing on what a patient is or what is illness or pathology.) What may appear to be foolish is, unfortunately, too often true. Such a predicament is fostered by rulings from HEW on what is a family or HUD's ruling which, for all practical purposes, was any two people sharing a pad. There are also popularized notions that *family* isn't important and sequential, short-term marriages and destruction of family values are the "in thing."

Twelve states have licensing for marriage and family counseling and therapy, and two national organizations have standards established for approval to practice with certification. HEW has recently approved, in a provisional way, who is to be the accrediting agency for establishing training standards, but the fact remains, there is little general agreement about who, professionally, is to be certified.³

It is disturbing that a large number of those engaged in family counseling and therapy have not studied even one course of family life. Fortunately the consequences aren't as grave, but it is somewhat analogous to a surgeon never studying anatomy. The unfortunate truth is that the lack of study is not peculiar to any professional discipline. There are numerous recognized professions which are represented in the field of marriage and family therapy and even though the specific endeavor may not be professional, some highly qualified people are involved.

Even though many family therapists manage to get by without having seriously studied the family, perhaps the greatest weakness of family therapy is the lack of a positive belief in family, the sanctity of marriage or a respect for life itself. It is similar to being highly skilled but not believing in the value of what is worked with.

Some professional organizations which have relatively stringent requirements for admission of their candidates into full status seem to establish a quasi status for being qualified for marriage and family therapy even though there may not have been any training or practice in the areas as a requirement for membership. There are a number of groups which seek recognition for qualifications as marriage and family therapists simply by association, qualified by associational membership, or a "piggy-back" type of expertise.⁴

Even a cursory review of who does family therapy will show a wide variety of disciplines. Social workers, psychologists, sociologists, clergy of all faiths, counselors — typically from educational backgrounds — and physicians are the more common professions, none of whom need have studied or elected to have studied to become certified in family therapy. Of course, some of them are highly trained and competent, but a look at the majority may give the contrary opinion. Some of the untrained may be among the most competent and some of the best trained may obtain relatively poor results or may even be destructive. Such a paradoxical circumstance brings us back to the question of what therapists believe.

If a person uses or assumes the title of "therapist," then of necessity he should have a value stance of being *therapeutic*, to be one who effects cures or remedies for that which is being treated. No less should be expected for family therapists. Sometimes though, there is a lack of seriousness on the part of the therapists, a lack of commitment

to the family or conjugal unit itself. These therapists will work until the going becomes, to them, meaningless or too problematical and they will then recommend sacrificing the *patient*, in this instance, the *family*. The obvious fact is that any treatment modality which destroys the patient or the patient-system cannot be, at the same time, therapeutic. It is a violation of the basic premise of remedial care.

The following hypothesis can be tested: Is marriage and family therapy a professional discipline? If it is, how is it so and if it is not, why not? A conceptual model can be set up to test the hypothesis so that appropriate conclusions can be drawn if or when the evidence warrants. If marriage and family therapy is a discipline, then it would logically fall within the behavioral sciences.

A behavioral science can be said to have the following parameters (adapted from Thomas):⁵

- a. a body of knowledge which can be identified and learned,
- b. a purpose and direction,
- c. a technique or procedural methods, and
- d. a value stance and, in the helping professions, a value stance or commitment for both prescriptive and proscriptive behaviors and attitudes. (A science is typically value-free.)

If marriage and family therapy is a professional practice of a behavioral science, then it would be necessary to add that a family therapist would also have a high level of skill and a sense of responsibility and accountability. Both of these qualities are elementary requisites for public franchise and licensure.

A. Is there a body of knowledge which can be identified and learned?

A review of family life materials shows that it is one of, if not the most, researched areas of social and behavioral science.⁶ The basic truths are assimilated under the headings of sociology, home economics, psychology, anthropology, and some areas of medicine. There are 11 conceptual models by which one may study family life.⁷ The study of resource materials shows an abundance of work for learning about family interactions and transactions, cross-cultural comparisons, historical evaluations and many evaluations of evaluations. The findings seem clearly supportive that there is a body of knowledge which can be identified and which can be learned. Recent publications of the American Association of Marriage and Family Counselors and the reports of the National Alliance for Family Life indicate that the two groups, independently for the most part, arrived at a rather similar core group of formalized courses of study necessary for future accreditation of training facilities for family therapists.

B. Is there a purpose and direction?

The literature, abundant though it is, has little direct reference to purpose and direction of family therapy. It is quite clear, however, that the purpose is to help in whatever direction is being asked. The direction is not as clear but the general theme of literature is to be toward the alleviation of pain and for promoting the development of the persons in the marriage and family.

C. Is there a technique or procedural method?

The literature abounds with techniques for family therapy. Many freshly written books extol the benefits of one or the other methods, but evaluations of techniques are comparatively scarce, not unusual for a new field. (Some studies show that the conjoint family therapy is superior [*Kelmer's Handbook*] ⁸ and when contrasted with the motif of other techniques, the method seems most consistent with the overriding philosophy of family life being a whole and an interlocking system of sub-systems.⁹ A large scale survey done by *Life* magazine found that people who went to marriage counselors alone typically broke up the marriage.)¹⁰ Two major journals are devoted exclusively to the field of family therapy, namely *Journal of Marriage and Family Counseling* and *International Journal of Family Counseling*.

There is a wide variety of techniques available to the family therapist and newer ones are being developed each year. Family therapists have no techniques or delivery system which are truly unique. But the target group is unique and therefore the results obtained by a family therapist will vary with the nature of the group. The uniqueness of the family therapist comes from the application of the specific techniques applied to the system known as the family.

D. Is there a value stance or commitment for both prescriptive and proscriptive behavior and attitudes? This part of the model is, perhaps, the most important in the area of family therapist.

The vast majority of the counselor-therapist education today is humanistically oriented. Rather than assuming humanism to be simply humanitarian, the true pattern is a secular humanistic approach. There are some basic premises in secular humanism which deserve further exploration to test the hypothesis that such an approach in family therapy is antagonistic or is supportive to the hypothesis. Humanism has seven basic ideas in reference to family life. These are beliefs that:

1. traditional, dogmatic or authoritarian religions do a disservice to humanity;
2. promises of immortality, salvation or fear of damnation are harmful;
3. ethics are autonomous and situational;

4. preciousness of individual is primary, superior to God or any other institution;
5. intolerant attitudes should be dissolved, e.g., repressive sexual conduct, promoting the right of divorce, right to suicide, right to abortion, the obligation for euthanasia and, of course, freedom for contraception;
6. participatory democracy should be required in all groups, including voluntary associations;
7. discrimination on the basis of religion, sex, age, or national origin should be eliminated in all groups.

The above itemization, admittedly an over-simplification of the field of humanism, is representative of the areas most significant for family therapists. It can be concluded that some attitudes, if professed by a humanistic therapist, could be detrimental to the family. For example, the family with religious background and training would be in conflict with the beliefs of the therapist. Values have been said to show and, except in rare instances, values may be assumed to be part of the interactional model, even though not deliberately orchestrated into the communications of therapy.¹¹ Beliefs against organized religions and promises of immortality may help promote or negate family values or the well-being of the family itself.

There is considerable research into the impact religion has on the family. The cumulative evidence shows that families which are religious are rated as happier, more lasting and better adjusted than those which are not. Religious families are those which have a definable or identifiable belief and which practice that belief. Numerous studies have found corroborative evidence to support such a statement, particularly when compared with those families which profess neither belief nor practice of religions. The norm of society is that the majority believe in religion. Seventy-six percent of all marriages each year are under religious auspices and 87% of persons participating in a recent survey in New York State recommended a religious marriage.¹²

Families which are encouraged toward situational ethics compared to families which have firm guidelines are found to be short-term and easily dissolved. Rather than such conditions being claimed as a negative, believers in secular humanism may claim that is precisely the way families should be. Situational ethics also promote a sex code known as *sex without affection* and sex without affection means premaritally, extramaritally, postmaritally or whatever. Sex without affection also means sex without feelings, feelings being the affection. Sex without feelings becomes disruptive in family life and in the socialization process for children when a value stance is taught that sex should be within certain prescribed limits. Sex without feelings becomes, as Pope Paul VI inferred in 1968, sex without concern for the gender, the orifice or the species of the sex object.¹³ Such a belief

system is found to be negative to family life and the well-being of the family as a social institution, and thus the well-being of society.

Believing in participatory democracy in all groups, including the voluntary associations and elimination of all discrimination in all groups, even the religious, sex, age and ethnic groups, would be virtually impossible to hide in working with families. Families do not represent a democratic model; they never have been and they cannot be as long as some symbol of family life as it is commonly known is used as a definition for the family. Family life requires that someone, typically the adult members (normally the parents), assume responsibility and whatever authority is necessary to conduct the affairs of the family for the benefit of all concerned. A family where small children are given voting power equal to that of the father or mother is without governing direction and cannot survive.

Abortion and euthanasia are being treated as essentials in social progress in spite of their obvious variance from the functional requisites of society. These requisites have been identified as those things a society must do to survive. They are providing adequately for:

1. biological necessities,
2. production and distribution of goods and services,
3. reproduction,
4. socialization,
5. motivation for survival, and
6. maintenance of discipline and order.¹⁴

Abortion always kills a member of the family — always a child and grandchild. Euthanasia always kills a member of the family.

When the seven concepts given for humanism are examined for possible effects on the family, several patterns emerge. There is an association between the circumstances of family life and the tenets of humanism based upon the overwhelming evidence found in survey after survey sampling the directions of the family today. One authoritative investigator, Carle Zimmerman, in 1947 and 1972 showed clearly that the family in the United States is becoming more and more like the atomistic model which is characterized by: a) familism being replaced by individualism; b) power and scope of authority of family being reduced to absolute minimum and the state becoming essentially an organization of a group of individuals; c) unabashed hedonism; d) marriage becoming more and more a civil contract and losing its sacred nature; and e) the family losing its capacity to carry out necessary functions.^{15, 16}

The two professional national organizations which accredit family therapists have high codes of ethics and conduct prescribed for clinical members. They differ principally in what is accepted to be a marriage and family unit. One group, the American Association of Marriage and Family Counselors,¹⁷ believes that any union which considers itself a

family is a family, or calls itself a marriage is a marriage, irrespective of the sexes of the parties, or the legal setting or what may, in fact, be against the laws of the community or state. It is suggested that such a perspective suffers from absence of accountability and clearly typifies the situational ethic. AAMFC in no way requires its members to provide professional services when there is a conflict of definitions but does require a referral.

One group, the National Alliance for Family Life,¹⁸ has within its own statement of purposes the recognition that the marital commitment is the cornerstone of an intact society. When comparing the positions of the two groups, it is clear that the basic philosophy is different in reference to an intact family.

These remarks are in reference to family therapy and do not pertain to therapy for individuals with problems.

In reference to accountability, a family therapist who espouses no belief in God, nor in a supreme being, and believes that whatever pleases an individual or group of individuals is preferred over what a society may require as a basic, cannot be said to be really accountable. A philosophical approach which recognizes any union, however it is made up as representing the family, cannot be said to be accountable or responsible to the greater whole of society.

There are many family therapists today who clearly advise that the conjugal unit or pair violate any vows or oaths that they may have taken to begin the family, as if such vows and beliefs are null and void when problems arise. It is troublesome when a group of people calling themselves professional recommends a dissolution of what the conjugal pair had vowed to "let no man put asunder." Religion is important to people, and several writers have said that there was never a society without religion.

Summary

In reviewing the findings thus far, it is clear that a certain pattern emerges. To recap the hypothesis: Is marriage and family therapy a professional discipline or a behavioral science?

- a. Does family therapy possess a body of knowledge which can be identified and learned? The evidence indicates that there is such knowledge which can be identified and learned.
- b. Does marriage and family therapy have a purpose and direction? The evidence indicates it does, but only when certain conditions are met.
- c. Is there a technique or procedural method for marriage and family therapy? The evidence shows that there is a body of technical procedures and professional methods for family therapy

and that a high level of skill is required before one is recognized as a therapist.

- d. Is there a value stance or commitment for both proscriptive and prescriptive behaviors and attitudes in family therapy? The evidence is unclear. If the value stance says that family therapists should treat the family and work towards preservation of it as a lawful or legal union in the society because the family is known to be important to the whole of society, then there is a recognizable value stance. If the value stance recognizes as married any behavior individuals want in a deviant or variant family model, it would not be considered a favorable stance.

Is there a professional accountability and responsibility for marriage and family therapists? A professional person who is so recognized via franchise or license owes an obligation to that group which grants the franchise. Of necessity a franchise or license is a control of others and the basic belief behind a franchise is that the operation carried out therein is to accrue to the greater benefit of the larger society.

In essence then, a family therapist who practices on the basis of the secular humanistic philosophy cannot be said to be professional. Family therapy as a behavioral science seems clearly supported.

The therapist in a society often has the task of helping others to return to some socially acceptable norm in a given society. The family therapist, like other therapists, is regarded as more knowledgeable about norms and what is without disease than the layman. What reference does the family therapist use today? It is well understood that there is much in the media about family values and ideas being in conflict with the norms and values of youth. A considerable amount of television time is spent espousing these issues. Where does a family therapist pick up on what is really normative, wholesome, without serious side-effects, and without excessive costs? The answers to these questions are complicated by the structure of most educational systems today and the effort of most to be without values except that of being neuter. This is unfortunately true for both the public and private sectors.

The family therapist is an opinion leader and makes a significant impact upon what become the norms of society. It is important what education and what value structure a family therapist follows.

Recommendations Relative to Family Therapists

- A. For those who practice individually:
1. Review your own philosophy about why you practice.
 2. Review your techniques.
- B. For those who refer patients to family therapists or who are concurrent therapists:

1. Check out what kind of person(s) he is. Is he the kind of person to whom you'd want your family entrusted? He will be influential on the family.
2. Check out what he believes in. You may find only a few therapists who will be willing to talk about it, but it is your business and your responsibility if you refer someone to him or consult with him.
 - Does the family therapist consider that he has any obligation to the greater society in exchange for this right to practice?
 - Does the family therapist consider important any sacred, sacramental or holy vows and oaths taken in marriage?
 - Does the family therapist respect any religious beliefs that the family may have?
3. Check out if the family therapist has actually trained or been educated in family life or has only a "piggy back" expertise. In all probability a person who has neither training nor beliefs in family life will be a negative influence.

It is further recommended that those who feel a responsibility for society help establish and maintain family therapy as a functional activity of society.

Far too much of the activity of some so-called therapists is dysfunctional because of a lack of feeling responsible for society.

The ecologist helped us learn the needs for balancing environmental forces and maintaining the ecosystems. Physicians have always employed the principle in the healing arts. The young profession of family therapy needs to learn that it is not independent but must also preserve the unit of the family for the good of society and the whole of mankind.

Indiscriminate dismemberment of social units only harms the whole. Each cellular mass in the social organism needs to be attuned to the whole system or indeed we can have a cancerous growth which can and will destroy the system. Protecting and prolonging deviant and variant life styles is similar to protecting and prolonging a sickness. Of course each person in society has the right to be different in his or her self-determination but when we therapists are asked for help, we need not, in the name of responsible professional ethics, help somebody in their right to be wrong. We are expected to have clearer minds and clearer ways to problem management and yes, even preventative management, than the lay clientele, but far too many therapists do not exhibit such expertise for fear of offending and perhaps not being paid.

Family therapists have no immunity from the plague of iatrogenics and too often become part of the problem.

True family therapy is a multidisciplinary profession and all of us can do better than further complicate a marriage, a family, or society. Let us who can, light a candle.

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