



American Family Therapy Academy

Home

About AFTA

Conferences

Membership
Information

Membership
Directory

◆ Newsletters

Web Resources

Contact Us

Purchase
Tapes and CD-ROMs

Privacy Policy

Honor and Grief: AFTA Awards and Losses - In Memory of Emily Visser

Newsletter of the American Family Therapy Academy
Issue #85

[Table of Contents](#)

Table of Contents

[From the Editors Desk](#) Volker Thomas

IN MEMORY OF EMILY VISHER

[Remembering Emily](#) Anne Bernstein

[In Memoriam](#) Emily Visser, Jan Goldman

AFTA AWARDS

[Distinguished Contribution to Family Therapy Theory and Practice Award: Kaethe Weingarten](#) Corky Becker

[Lifetime Achievement Award: Marianne Walters](#) Rich Simon

[Innovative Contribution to Family Therapy Award: Gladis D'Avila Brun](#) Lois Braverman

[Cultural and Economic Diversity Award: Maria Root](#) Monica McGoldrick

[Distinguished Contribution to Family Systems Research Award: Ira Glick](#) Lyman Wynne

2001 ANNUAL MEETING

[Plenary: Transnational Families: The Impact of Separations between Parents and Children](#) Larry Dyche

2002 CLINICAL RESEARCH CONFERENCE

[Boys and Men: Profeminist and Systemic Research and Clinical Perspectives](#) Ronald F. Levant

Departments

[Human Rights Committee](#)

Ellen Pulleyblank Coffey

[Books in Review](#)

Phoebe Prosky

[Home](#) | [About AFTA](#) | [Conferences](#) | [Membership Info](#) | [Members Directory](#)
[Newsletters](#) | [Resources](#) | [Contact Us](#) | [Members Only](#) | [Privacy Policy](#)

AFTA, Inc. 1608 20th Street, NW, 4th Floor Washington, DC 20009
Phone: 202-333-3690 **Fax:** 202-333-3692 **Email:** afta@afta.org **Website:** www.afta.org

Site design © [Vermont Technology Partners, Inc.](#)


[Home](#)
[About AFTA](#)
[Conferences](#)
[Membership Information](#)
[Membership Directory](#)
[◆ Newsletters](#)
[Web Resources](#)
[Contact Us](#)
[Purchase Tapes and CD-ROMs](#)
[Privacy Policy](#)

Honor and Grief:

AFTA Awards and Losses - In Memory of Emily Visser

Newsletter of the American Family Therapy Academy
Issue #85

[Table of Contents](#)

From the Editor's Desk

By Volker Thomas

This is my last issue as AFTA Newsletter Editor-in-Chief. The issue you will receive after this one will mark the transition to a new Editor-in-Chief, who, hopefully, will be appointed soon. Thus, I see this as a time for looking at the balance sheet of my work (to use an accounting metaphor), and for reflecting upon what this experience has meant to me. In the past 4 years, I have edited 10 issues in which I have tried to give space to as many voices as possible. As I look back over this period, I wonder, What have I learned over the last 4 years? And I ask myself, Was it worth the effort? My answer to the second of these questions is an immediate and resounding Yes. It has definitely been worth it. Being editor of the Newsletter is a lot of work, but the position also creates many opportunities, and it has its privileges. Maybe by describing the work as I've encountered it, and the opportunities and privileges as I have enjoyed them, I can begin to answer the first question.

Let me start with the work. Putting together a Newsletter issue is a tedious process. Generating ideas and deciding what to cover is fun; soliciting authors is OK; holding everybody to deadlines is terrible. Seeing the final product, however, makes all the hassle worth it, and receiving positive and encouraging feedback provides considerable motivation for working toward the next issue.

I have really liked the cyclical aspect of the production process. It fits my way of thinking. Linking Newsletter cycles to the natural seasons (i.e., spring, fall, winter issue) reflects my connection to nature and the outdoors and the seasonal changes of the Midwest. Thinking cyclically also makes life, and work, more predictable. I remember the incredible level of anxiety I experienced putting together the first two issues the panic I felt when authors did not comply with deadlines or something else happened that slowed down the process of production. After going through the cycle a couple of times, I gained enough confidence to realize that, regardless of any perceived obstacles, things would eventually work out. Coming to this realization had a very relaxing effect. With the completion of each cycle, I relaxed more and more.

Beyond the work, or, rather, due to much of what the work entails, being the

editor is also a tricky job. It requires creativity, the ability to be flexible and improvise and, at the same time, it requires a great deal of anal retentiveness and rigidity. The latter helps to keep the process on track, while the former is a necessity when working through the panic that wells up when the process gets thrown off track a guaranteed occurrence with every issue. Over the past four years I learned a lot about both of these sides of my personality.

How about the opportunities? Well, I have met countless wonderful people who have helped me with my work. AFTA is so rich with brilliant, supportive, and caring people. I got to know some of them quite well and some even better than they may have cared for (e.g., when I would call after a deadline had passed). Going to board meetings, serving under three presidents and a variety of board members and committee chairs has proven an invaluable opportunity for developing a sense of institutional history. I found myself being rather a quiet observer at these meetings. I understood my role as editor as that of the ears and eyes of the organization. I used my observations as a springboard for ideas for future issues of the Newsletter. In reacting and witnessing, I became creative and produced a publication that, in my perception, reflected what was going on in the organization at the time. When I went too far, I would hear about it. When I did not go far enough, I would hear about it. However, everything I managed to produce as editor was always welcomed with respect, even when people disagreed with the content of some articles, perceived an imbalance of opinions, and/or noted the absence of a crucial aspect of an area that we covered in the Newsletter. Looking back now, when I reflect on the considerable amount of ideological and tangible resources that AFTA members invest in this organization year after year, I find it very humbling to contemplate the overwhelming degree to which both confidence and trust have been placed in me.

That brings me to the privileges. Immigrating from a foreign country has taught me to be humble, but it has also taught me to be naïve about new things, as a way of rendering them less intimidating. When I took the job, I had no idea how important it was and what privileges it included. Working closely with many leaders in the field, experiencing the different interactional styles, developing friendships with some of them, feeling their caring and support (and on rare occasions, their frustration and disgust) has been a great privilege. Getting to know Barbro and Kim in the central office, and receiving their support and generosity has been a great privilege. Receiving the invaluable help from my assistant Beth Bourdeau and copyeditor Jim Drummond at Purdue has been a great privilege. I am especially grateful to them. There were times when they seemed to put their lives on temporary hold to meet one of the many deadlines.

My advisor in graduate school had a sign above his name next to his office door that read, "It takes a lot of work to make things look easy." For some reason the sentence has stuck with me. You be the judge whether the last 10 issues of the AFTA Newsletter have looked "easy." It certainly took a lot of work, but it's been well worth it. It's been a privilege having had the opportunity to be the AFTA Newsletter editor for the past 4 years. As many of you have told me, you look forward to receiving the Newsletter three times a year. That's the best feedback an editor can receive. Thanks for reading, and thanks for AFTA's commitment to allocating so many resources to the Newsletter. I'll miss seeing many of you on a regular basis, and hope to stay actively involved in AFTA in some other way.

[Home](#) | [About AFTA](#) | [Conferences](#) | [Membership Info](#) | [Members Directory](#)
[Newsletters](#) | [Resources](#) | [Contact Us](#) | [Members Only](#) | [Privacy Policy](#)

AFTA, Inc. 1608 20th Street, NW, 4th Floor Washington, DC 20009
Phone: 202-333-3690 **Fax:** 202-333-3692 **Email:** afta@afta.org **Website:** www.afta.org

Site design © [Vermont Technology Partners, Inc.](#)


[Home](#)
[About AFTA](#)
[Conferences](#)
[Membership Information](#)
[Membership Directory](#)
[◆ Newsletters](#)
[Web Resources](#)
[Contact Us](#)
[Purchase Tapes and CD-ROMs](#)
[Privacy Policy](#)

Honor and Grief:

AFTA Awards and Losses - In Memory of Emily Visser

Newsletter of the American Family Therapy Academy
Issue #85

[Table of Contents](#)

Remembering Emily

By Anne Bernstein

Decades have passed since I first met Emily Visser. She and John, her husband, fellow stepparent and parent, co-author, and co-founder of the Stepfamily Association of America, had just written *Stepfamilies: A Guide to Working with Stepparents and Stepchildren*. In the early stages of the relationship that would form the basis for my own stepfamily, I seized on the opportunity to invite Emily to speak to my students. In a one-day workshop for the San Francisco Department of Social Services on-site Masters Program in Family Therapy, her presentation was lively, engaging, and replete with information about families who, until the Vishers began to write on the subject, were markedly underrepresented in the professional literature. At least as interested personally as I was professionally, I was grateful for the newly charted map of the little known territory she set before us. Her, their, contribution to demystifying stepfamily life exposing the myths and unveiling the promise has been immeasurable, the more remarkable for its mastery of that fragile balance: acknowledging the pain while always imparting hope. For those of us following in their footsteps, to hear that, yes, it had been so very difficult, and yes, meaningful and loving relationships do come into being, was an invaluable source of strength during shaky times.

Remembering Emily, in so many contexts, over so many years:

At AFTA, Emily was essential in keeping the Stepfamily Interest Group going, spirited, always eager to learn and to teach, to deliver services to those in need. Even more impressive was her willingness to make herself vulnerable, participating in a Women's Institute "fishbowl" to highlight the challenges of those in "target" groups by speaking for the older women among us, setting an example of aging with grace.

Emily maintained her youthful enthusiasm, her hunger for knowledge, until the very end. Diagnosed nearly four and a half years before her death on October 5, 2001 with a form of cancer that is almost invariably fatal in a fraction of that time, she continued to travel the world, doing workshops internationally, visiting family and friends, and photographing the beauty she explored. And

everywhere her high spirits were infectious. Last February, in New Orleans for an SAA workshop during Mardi Gras, we stood watching the elaborately decorated floats of costumed crews roll by and joined the crowds, holding out our arms for the beads and baubles flung to the people filling the streets to overflowing. And, time after time, those dispensing their favors scanned the crowd, spotted Emily's radiant smile, her dignified bearing and obvious gusto, and carefully aimed necklace after necklace right into upraised hands.

Whatever she did, she went all out, giving herself wholeheartedly to the business at hand, whether it was her professional work, her dedication to her own family and to the world of stepfamilies, the American Association of University Women, her women's group that met for more than thirty years, her generous hospitality to friends, or her thimble collection. I, and we, will miss her.

Anne C. Bernstein is Treasurer of AFTA and edits the Website. She is a family psychologist and mediator in Berkeley, CA.

[Home](#) | [About AFTA](#) | [Conferences](#) | [Membership Info](#) | [Members Directory](#)
[Newsletters](#) | [Resources](#) | [Contact Us](#) | [Members Only](#) | [Privacy Policy](#)

AFTA, Inc. 1608 20th Street, NW, 4th Floor Washington, DC 20009
Phone: 202-333-3690 **Fax:** 202-333-3692 **Email:** afta@afta.org **Website:** www.afta.org

Site design ©[Vermont Technology Partners, Inc.](#)


[Home](#)
[About AFTA](#)
[Conferences](#)
[Membership Information](#)
[Membership Directory](#)
[◆ Newsletters](#)
[Web Resources](#)
[Contact Us](#)
[Purchase Tapes and CD-ROMs](#)
[Privacy Policy](#)

Honor and Grief:

AFTA Awards and Losses - In Memory of Emily Visher

Newsletter of the American Family Therapy Academy

Issue #85

[Table of Contents](#)

In Memoriam: Emily Visher

By Jan Goldman

We lost Emily Visher on September 5, 2001, after a four and one half year bout with liver cancer. Emily died at her home in California, surrounded by her husband John and her large family of children and stepchildren. Emily had outlived all the predictions of time allotted to one with her illness, once again demonstrating the valiant spirit that characterized her to all who knew her. Emily met life head on with an energy that swept into the room along with her. She was a person with a mission and no time to waste. That energy found its expression in raising four children of her own and four children of John's in the stepfamily they formed together when they married over forty years ago. Out of the learning she and John did together, they formed the Stepfamily Association of America in their kitchen, so that the trail they blazed would be marked for others who would follow. And trail blazers they were! They put stepfamilies on the map and marked out the paths that others would have had to find by trial and error in life as a remarried family with children. They inspired other researchers and clinicians to enlarge the discourse. But most of all, they normalized what stepfamilies would go through so that people didn't internalize the inevitable breakdowns as their fault. They set out the norms for stepfamily life and differentiated them from first families, so that when the inevitable comparisons were made, stepfamilies wouldn't suffer in the comparison.

I first met Emily and John at AFTA one evening many years ago during the cocktail hour before a banquet. We struck up a conversation and ended up sitting together at dinner. That was the beginning of a long and wonderful AFTA friendship. Emily and John and Nick and I often had dinner together during the first night of an AFTA meeting after the keynote speaker had finished. We would often call them when we were in California and they would meet us for dinner, and we would continue the conversation as if we had just seen them last week. Emily and John were both so gracious and generous. Indeed it's hard to speak of just Emily or just John, because they were such a close couple. Their life at work or at play was lived very much together. They wrote together and traveled together and presented workshops together. It was from the solid ground of their relationship that they reached out to others with learning and friendship.

I remember sampling what they offered to other professionals when I attended their stepfamily interest group at AFTA one year. Instead of the time usually spent going around and trying to focus on what the group's interest might be, Emily and John had designed an experience for us. They had us form into groups and discuss some topic or do some task; and when this was well underway, they interrupted each group on some pretext and said it was necessary for a given person to move to another group. The person so designated then moved. After the group continued and regained momentum, they interrupted again and said that the person who had moved now had to make a choice as to whether to stay with the new group or go back to their original group. In this way they showed us what children in divorced families or stepfamilies might go through when adults move the children around arbitrarily or fight and ask them to choose loyalties and sides. Just recently Scott Browning told me that this exercise was Emily's innovation. I thought of it often through the years. I think of it now because I have a young girl in treatment currently who is in just this position. Emily trained my "gut" in that long ago exercise, showing me what it felt like and increasing my empathy. I'm counting on it to help in my work with this young adolescent caught in a custody battle with her warring parents. Emily, you are still in my thoughts.

I could cite the many accomplishments Emily had to her credit: the books she wrote together with John such as *How To Win As a Stepfamily* published in 1978, and addressed to the lay public, or the training materials she and John developed for other professionals, *Stepping Together*, a guide to stepfamily life. I could cite her many presentations at conferences to further the cause of stepfamily education and legitimacy. Or the awards of recognition bestowed by the many organizations with which she was affiliated. But perhaps the greatest tribute to her work and to John's is the fact that others now carry it on in the Stepfamily Association of America. As stepfamilies are recognized for the increasingly dominant form that they are in the medley of American families, it is Emily Visser and her beloved John, who through their work and dedication that have made their journey so much easier.

Jan Goldman, Psy.D. is in private practice in Jenkinstown, PA. She is a charter member of AFTA, and formerly headed up the family therapy training to child psychiatry residents at Hahnemann University.

[Home](#) | [About AFTA](#) | [Conferences](#) | [Membership Info](#) | [Members Directory](#)
[Newsletters](#) | [Resources](#) | [Contact Us](#) | [Members Only](#) | [Privacy Policy](#)

AFTA, Inc. 1608 20th Street, NW, 4th Floor Washington, DC 20009
Phone: 202-333-3690 **Fax:** 202-333-3692 **Email:** afta@afta.org **Website:** www.afta.org

Site design © [Vermont Technology Partners, Inc.](#)


[Home](#)
[About AFTA](#)
[Conferences](#)
[Membership Information](#)
[Membership Directory](#)
[◆ Newsletters](#)
[Web Resources](#)
[Contact Us](#)
[Purchase Tapes and CD-ROMs](#)
[Privacy Policy](#)

Honor and Grief:

AFTA Awards and Losses - In Memory of Emily Visser

Newsletter of the American Family Therapy Academy
Issue #85

[Table of Contents](#)

Distinguished Contribution to Family Therapy Theory and Practice Award: Kaethe Weingarten

By Corky Becker

I met Kaethe at a Bread and Roses meeting in 1969 where, as we like to say, we saw each other across a crowded room and began a conversation that has lasted for 33 years. Kaethe has been a mentor and guide as well as my closest friend. At the time we met, she was a mental health worker in the Department of Psychiatry at Cambridge Hospital. Two years later, when she left to go to graduate school, I was hired into her job. Our work and personal worlds have been intertwined since then and the themes of our conversation are the themes that are familiar to a far wider audience, for they are also the themes of Kaethe's professional writing: she has been passionately engaged with me, and with countless others, in envisioning and articulating ways that lives can be intimate and just.

She has brought her intellectual gifts and intense feeling to explorations of how couples construct their lives around work and family; create more intimate than non-intimate interaction; mother without obliterating the self; remain hopeful in the face of overwhelming trauma, domestic, political or medical; and now, in her latest book, she addresses how everyday witnessing can transform violence and violation.

Her method of approach in all of these areas, whether through teaching, research, supervision, clinical work or family and personal relationships, is to provide what she has called "radical listening," for what is present and for what is absent. Informed primarily by feminist and postmodern theory, she listens for what is not said in the context of the cultural discourses that are constraining. With sensitivity and awareness she creates the conditions for voice to be heard and exposes the discursive and relational impediments to that happening.

Whether working in Kosova or in Cambridge, I have met no one else who can hold cognitive complexity with as much feeling as she. She is always interested in the detail of people's lives, for she believes that these are fractals of the larger political issues of our times. In Kosova, for example, she

interviewed a family in front of 30 Kosovar colleagues, painstakingly checking in with each person to be sure that the meaning of her questions and their responses were mutually understood and culturally congruent. She wove a thread throughout the therapeutic conversation that changed the meaning of crying for the women and the men in the family, giving the expression of emotion a riverbed, so that their options were no longer to flood the banks or go underground. That afternoon she annotated the interview practically verbatim, while facilitating a conversation about gender and emotional expression with our Kosovar colleagues.

Kaethe graduated Junior Phi Beta Kappa with distinction from Smith College. She earned her Ph.D. in three years from Harvard University in Clinical Psychology and Public Practice. During graduate school, she helped organize the Somerville Women's Health Collective, one of the first free-standing health clinics run for women by women, and she helped develop a home visiting family therapy program serving single mothers and their families living in federally-subsidized housing projects.

From 1975-1978, she was an assistant professor in the department of psychology at Wellesley College with an appointment at the Wellesley Center for Research on Women, where she participated in the creation of that community, a premier research facility for scholars studying all aspects of women's lives.

In 1979, the same year she became a charter member of AFTA, she was hired to develop an interdisciplinary family therapy training program for the Department of Psychiatry at Children's Hospital and Judge Baker Children's Center. Each year until she left that position in 1987, there were upwards of 60 trainees and staff involved in the program. In fact, she ran a seminar on supervision for 16 years and in the last year, 50% of the membership of the seminar had started in the first year of the seminar.

In 1987, she became Clinical Director of the Trauma Evaluation and Treatment Team, based at Judge Baker Children's Center, contracted by the Massachusetts Department of Social Services to provide evaluations and treatment for sexual abuse to children and their families. The integration of a family and community centered, resiliency focused, narrative approach to trauma has been central to her more recent work, both in the United States and internationally.

She joined the faculty of the Family Institute of Cambridge in 1983, and collaborated with Sallyann Roth to develop two of the Institute's Core Programs, one on systemic family therapy, which developed into the program on Narrative Approaches to family Therapy. She co-developed teaching methods that linked theory with practice, and allowed people to move flexibly between personal and professional themes, stimulating growth and development in both.

As in everything she has done, her professional passions have been animated by and consistent with her own personal learning. Faced with a life-threatening breast cancer diagnosis and a year of arduous treatment, she resolved she would "turn private pain into public purpose." She began writing in earnest for professional audiences in 1990 and has been writing steadily since. She has

written, co-written, edited or co-edited 5 books, and over 30 articles or book chapters.

Writing has been key to her contribution to family therapy. She has been committed to illuminating issues of power and justice from a feminist perspective, and to making these ideas accessible and clear, grounded in story. She writes beautifully, with clarity and grace. She presents complex theoretical ideas through anecdotes that are vividly familiar. In her paper on intimacy there is a vignette about her father falling asleep in her hospital room and her daughter vomiting on her that exemplify using the commonplace to make significant theoretical distinctions. In a later paper, "The Small and the Ordinary," she makes explicit that it is by exploring and not ignoring the small and the ordinary that she is trying to expose the ways large systemic oppressions impact our lives. These are ideas she has written about and practiced with hundreds of clients and well over 1000 students and supervisees. She has also given hundreds of workshops locally, nationally and internationally.

She has been recognized for her achievements and received a number of honors and prizes, including the 1994 Psychotherapy with Women award of Division 35 of APA. She is a Fellow of Divisions 43 and 35 of the American Psychological Association, a distinction held by fewer than 3% of APA members. She serves on four editorial boards, and served as a Board member of AFTA from 1995-2001.

Since 1997, she has been working internationally in South Africa, Kosova, and New Zealand. She has sustained close friendships and collaborative relationships by e-mail. She is committed to staying mindful of her American white-skinned privilege in these consultative relationships. She says it has been humbling, terrifying and inspiring to turn on her computer, usually before the sun rises, to read about the lives of people her friends are passionately working to assist. Nothing has been more effective in bringing home the relativity of what people witness everyday.

Kaethe's ability to use her life experience to clarify, educate and inspire others is unrivaled. She has enormous persistence, resilience, humor, and a deeply felt and lived compassion. A central gift is her ability to frame and pose questions that instantly foster clarity and generate possibility. Her questioning is gentle, appreciative, and respectful. She is exquisitely sensitive to process in whatever group or task she is involved in and she uses this to make space for the contributions of marginalized persons and ideas.

Peggy Penn wrote to me that Kaethe's biggest move was one she had been preparing for her whole life: a move from the local to the global, taking her ideas about trauma, witnessing and radical listening and moving them from a two-person conversation to ideas about reducing global violence.

I have never known anyone as resilient, resourceful, or courageous in rebounding, day after day, week after week, year after year, from an onslaught of challenges to her physical health. As a witness to her life, I want this award to honor her incredible spirit too. She awakens every morning and, no matter what she has been through the day before, she faces each day with commitment and a hope that if she lives her life full throttle and writes well she

may make a difference to the lives of others. I am honored and grateful to present her with this award.

Selected Readings

Weingarten, K. (1991). The discourses of intimacy: Adding a social constructionist and

feminist view. *Family Process*, 30, 285-306.

Weingarten, K. (1992). Consultations to myself on a work/family dilemma: A postmodern, feminist reflection. *Journal of Feminist Family Therapy*, 4, 3-29.

Weingarten, K. (1995). Radical listening: Challenging cultural beliefs for and about

mothers. In K. Weingarten (Ed.), *Cultural Resistance: Challenging Beliefs about Men, Women, and Therapy* (pp. 7-22). New York: Haworth Press.

Weingarten, K. (1997). *The Mother's Voice: Strengthening Intimacy in Families*. (Second

Edition). New York: Guilford.

Weingarten, K. (1998). The small and the ordinary: The daily practice of a postmodern

narrative therapy. *Family Process*, 37, 3-15.

Coll, C.G., Surrey, J., and Weingarten, K. (Eds.). (1998). *Mothering Against the Odds:*

Diverse Voices of Contemporary Mothers. New York: Guilford.

Weingarten, K. (1999). Stretching to meet what's given: Opportunities for a spiritual

practice. In F. Walsh, (Ed.) *Spirituality in Families and Family Therapy* (pp.240-255). New York: Guilford.

Weingarten, K. (2000). Making sense of illness narratives: Braiding theory, practice and

the embodied life. In *Working with the Stories of Women's Lives* (pp.11-126). Adelaide, Australia: Dulwich Centre Publications.

Weingarten, K. (2000). Witnessing, wonder and hope. *Family Process*, 39, 389-401.

Weingarten, K. (in press). *Common Shock: Everyday Witnessing and the Transformation*

of Violence, to be published in 2003 by Dutton Press.

Corky Becker, Ph.D. has been a member of AFTA since 1992. Corky teaches family therapy at the Family Institute of Cambridge. She is a member of the Public Conversations Project and has presented the work of the Public Conversations Project at AFTA conferences. She has made four trips to Kosova as part of the Kosovar Family Professional Education Collaborative, AFTA's Human Rights Committee project in Kosova. She is currently on the AFTA 2002 conference organizing committee.

[Home](#) | [About AFTA](#) | [Conferences](#) | [Membership Info](#) | [Members Directory](#)
[Newsletters](#) | [Resources](#) | [Contact Us](#) | [Members Only](#) | [Privacy Policy](#)

AFTA, Inc. 1608 20th Street, NW, 4th Floor Washington, DC 20009
Phone: 202-333-3690 **Fax:** 202-333-3692 **Email:** afta@afta.org **Website:** www.afta.org

Site design ©[Vermont Technology Partners, Inc.](#)



Home

About AFTA

Conferences

Membership
Information

Membership
Directory

◆ Newsletters

Web Resources

Contact Us

**Purchase
Tapes and CD-ROMs**

Privacy Policy

Honor and Grief:

AFTA Awards and Losses - In Memory of Emily Visser

Newsletter of the American Family Therapy Academy
Issue #85

[Table of Contents](#)

Lifetime Achievement Award: Marianne Walters: Down from Mt. Olympus

By Richard Simon

I first met Marianne in 1980 when she descended upon the therapeutic wilderness of Washington, DC from Mt. Olympus (otherwise known as the Philadelphia Child Guidance Clinic) to establish and direct the Family Therapy Practice Center. She had already made waves a few years before by organizing the first workshop in family therapy to deal with what were then quaintly known as "women's issues," and had gone ahead with her three partners in crime—Betty Carter, Peggy Papp and Olga Silverstein to found the Women's Project in Family Therapy.

I was a novice at the still-new and somewhat *avant-garde* system of family therapy, and she was my supervisor and instructor in a training group she organized. We met with her once a week to hear her lecture, watch her with clients and then practice a little on our own while she observed us from behind the one-way mirror. She was by then a certified family therapy virtuoso and when we began showing off our own primitive skills, we felt like first-year piano students plunking out our little set pieces before Vladimir Horowitz.

But Marianne was as far as possible from the lofty, solemn, priestly figures we expected a family therapy guru to be. Certainly, she never suffered fools gladly, and when we made some flat-footed intervention or let a session get away from us, she had an unambiguous way of letting us know just how we had screwed up, and in exactly what ways our work had been uninspired or wrong-headed. Though she clearly had no trouble bringing us down a peg when she thought we needed it, what I remember most was the informal but intellectually provocative atmosphere at Marianne's Center hanging out and sharing food while digesting theory, drinking gallons of coffee while sampling new ideas.

She wasn't playing capital-T Therapist or capital-M Master Teacher, she was just Marianne, a straight shooter with a gift for the hilarious wisecrack, an impish cut-up behind the one-way mirror, a character who bummed cigarettes and snatched food, and a dynamo of energy who never let us forget that,

however serious this calling, there was also something deeply joyous about it. With Marianne, you discovered that the ability to have fun, lighten up, laugh even in sessions! could be just as valuable a therapeutic asset as any of the fancy interventions we couldn't wait to try out. In a gray-suited, monotone professional world, Marianne operated in sparkling Technicolor.

What stands out most for me from that time was Marianne's unfailing radar for what was real and true in people. Time after time, some student therapist would be slogging through a session, beating his or her way through a clinical fog as thick as the pea soup off Nantucket, when the door would open and Marianne would burst into the room like a sharp gust of clearing wind (she never tiptoed in discretely on little cat feet), and somehow do in five seconds what the struggling therapist had been unable to do in an hour. With a huge smile on her face, she would make a joke, or complain about how her back was hurting, or announce that everybody in this session was working *far* too hard.

In those first moments, she had the ability to connect almost immediately with the family, make them feel that she saw and heard *them*, the real people in all their palpable uniqueness. For all her commitment to family systems, Marianne was always wary of the field's preoccupation with theoretical abstractions and clinical technique every bit as abstruse and potentially distancing as psychoanalytic jargon. "As we become more attached to the circuitry of family systems," she wrote for the *Networker* in 1985, "we become *less* attached to the source of the family's energy. The diagrammed, strategized, maneuvered, paradoxed, detriangled family may have lost its soul. . . . The family viewed as a mechanism to be acted on, a series of interconnecting stimuli, may begin to be experienced as 'other.' The result is the loss of the very familiarity, the knowing, that we bring with us as therapists who work with families."

Marianne certainly seemed to *know* intimately the families she saw. She always managed to convince them, as she was apparently herself already convinced, that she and they were all *old* friends, who went *way* back and understood each other perfectly. When she swooped into some leaden and dispiriting session, the atmosphere changed instantly; with Marianne at the helm, it wasn't a professional therapist doing "therapy," but a favorite aunt maybe something of a yenta giving them some affectionate, hard-headed advice and making them laugh at the absurdity of being human as well. She made it all seem so easy, so simple and obvious. When Marianne did something like this, the student's first thought was, "Now, why didn't I think of that?" This being obviously, she would insist the necessary first step in uncovering the theory embedded in the knowing; the value system informing the intervention; the use of self constructing the relationship.

Of course, one of the ostensible reasons Marianne is getting this award is for her genuinely path-breaking work with the Women's Project, an enterprise that in 1988 produced *The Invisible Web*, a vanguard book that offered practical, sensible, powerful ways to incorporate feminist insights into daily clinical practice. Marianne has always been committed to the proposition that there is no such thing as "value-free" therapy, that the private world of the family and the so-called public world of society, culture and economics are inseparable. "Methodology must continually be measured against social values," she wrote. "If all symptoms only serve some function within the family system, then we do not need to understand the immigrant experience, the impact of poverty, the

effect of overcrowded living conditions, the racial slur, the gender stereotype. If we concentrate only on hierarchy within the family, we do not need to worry about power arrangements and inequities outside of it. . . . If we look only at the reciprocity in parental relationships, we do not need to rationalize a social mandate that assigns mother the primary responsibility for child rearing, or the psychological theory that blames her for all her children's problems." All this has now become such a standard correction that we might lose sight of sexist, racist or even middle-class, white, privileged blinders creeping back to blur our vision of the human condition but not entirely as long as Marianne has any say in the matter.

Marianne was surely a pioneer in bringing or dragging, kicking and pulling—the family therapy establishment into better alignment with a feminist perspective. Just as she never let the orthodoxies of family systems get in the way of knowing the people she worked with, so she has never let the personal be trampled in the pursuit of the political. "The leverage for change," she said, "is the fundamental desire for human connection. In a small system, no matter how culturally skewed, we have to make contact with that desire."

As politically astute and tough a fighter as Marianne is and I would advise never underestimating her combat skills she brings to therapy the kind of human knowingness that families pick up on right away. It seems very appropriate that Marianne is getting AFTA's lifetime achievement award, because notwithstanding her formidable accomplishments, her courage, her enormous influence on the field, it is her life that has been her greatest achievement. It is an achievement that becomes immediately obvious in therapy. The moment a family sees her incandescent smile they know they can trust her, because she has been where they are, wherever that is. It isn't in some rarified temple of higher psychotherapeutic wisdom that she has found her truth, but in her own experience as someone who personally knows all about marriage, kids, divorce, family life, single parenthood, grandparenthood, friendship from the inside out—who understands *life* itself in all its glory, craziness and pure drama.

Rich Simon is the Editor of the Psychotherapy Networker and a 20-year member of AFTA.

[Home](#) | [About AFTA](#) | [Conferences](#) | [Membership Info](#) | [Members Directory](#)
[Newsletters](#) | [Resources](#) | [Contact Us](#) | [Members Only](#) | [Privacy Policy](#)

AFTA, Inc. 1608 20th Street, NW, 4th Floor Washington, DC 20009
Phone: 202-333-3690 **Fax:** 202-333-3692 **Email:** afta@afta.org **Website:** www.afta.org

Site design © [Vermont Technology Partners, Inc.](#)


[Home](#)
[About AFTA](#)
[Conferences](#)
[Membership Information](#)
[Membership Directory](#)
[Newsletters](#)
[Web Resources](#)
[Contact Us](#)
[Purchase Tapes and CD-ROMs](#)
[Privacy Policy](#)

Honor and Grief:

AFTA Awards and Losses - In Memory of Emily Visser

Newsletter of the American Family Therapy Academy

Issue #85

[Table of Contents](#)

AFTA Award to Gladis D'Avila Mello Brun

Innovative Contribution to Family Therapy

By Lois Braverman

Gladis D'Avila Mello Brun is one of the most influential teachers and trainers of family therapists in Brazil. I first came to know her work when she and her colleague Anna Hoette presented on training psychoanalytically trained psychiatrists to think systemically at an AFTA meeting in the early 1990s. The round table group was electrified and I soon integrated many of her exercises into my work with my own trainees. It was not until the summer of 2000 that I had the opportunity to connect personally with Gladis at the Brazilian Family Therapy Association (ABRATEF) meeting in Brasilia, Brazil. There, I saw the enormous influence Gladis has had on several generations of family therapists throughout Brazil and saw in action what Janine Roberts wrote about her: "She is a woman who bridges languages, cultures, and worldviews about therapy, a woman generously attentive to complex dynamics, nuance and detail, and the ways that changing families teach us to shift our theories and ways of working" (*AFTA Newsletter*, June 2001).

The geographic migrations of Gladis' personal life paralleled her theoretical migrations. Born in Rio De Janeiro, she left her country in the 1967 for political reasons and migrated to Chile. This migration was not just geographic. Here, a theoretical shift took place from psychoanalytic to systemic theory and from child focused therapy to family therapy. She moved from Chile, again for political reasons, to Argentina, and then, finally, from Argentina back to Brazil.

In 1976, returning from Argentina after working closely with Maria Rosa Glasserman, the founder of CEFYP, she began to do workshops throughout Brazil, and organized study groups where she shared her ideas about a contextual approach. In 1980, she began a long term collaboration with AFTA member Anna Hoette, and they established several institutes together. The Family and Couples Center (CEFAC) was the first of these, offering clinical practice and a place to study new ideas about systemic therapies.

By 1987, she, Anna Hoette, and others had founded the Family Institute of Rio

de Janeiro (ITFRJ), where she served as Director from 1987 to 1997. Here, she and her colleagues developed a formal systemic training program and a research project connected with clinical practice on family and couple issues. She progressively refined methods of teaching family and systemic ideas to psychoanalytically oriented therapists. This institute influenced the formation of other institutes throughout Brazil and many of them note Gladis as their mentor, their resource, and their inspiration. The faculty of the Family Institute of Sao Paulo write: "Gladis opened to us at the same time: the doors of her Institute, her knowledge about constructivist-constructionist therapies, and her friendship and generosity. Learning, sharing and being legitimized as colleagues were crucial experiences that made it possible for the six of us to build our own institute in San Paulo that will soon celebrate its 10th anniversary. In these ten years we became known in the field, in our country. . . in a way made possible only through the generosity of Gladis."

As family therapy ideas and practices developed, Gladis and her colleagues believed a journal was needed to reflect family and systemic thinking in Brazil. In 1991 the journal, *Nova Perspectiva Sistemica* was founded, with Gladis as its founding editor. She served until 1996.

In 1997, Gladis ended her institutional responsibilities as editor of the journal and director of the institute and shifted her attention from a professional audience to a non professional one. One of her personal convictions is a belief in the importance of bringing the ideas and experiences from the family therapy field to the public at large. Aside from her numerous professional articles, she began to write fiction stories about marriage, divorce and step families infused with concepts in family and systems thinking. Her first book, *Pais e Filhos & Cia. Ilimitada*, (*Parents, Children and Company*) is a story about divorce and remarriage, "written with accuracy, tenderness and humor, where coherent premises are embodied in everyday language." *Pais e Filhos & Cia. Ilimitada* was nominated for the major book award in the category of Human Sciences and Education--Premio Jabuti 2000. Her second book *Bem me Quer, Mal Me quer Retratos de Divorcio* (*Love me, Love Me Not: Images of Divorce*) tells the stories of nine fictional women all divorced under different circumstances who create new post-divorce lives.

AFTA is honored to recognize Gladis' dedication, leadership and innovation in spreading ideas about families and family therapy and to present her with the AFTA Award for Innovative Contribution to Family Therapy. I congratulate my dear friend Gladis Brun upon receiving this award from AFTA and praise AFTA for giving her this well deserved recognition.

Lois Braverman, MSW is in private practice in Des Moines, Iowa. She has served as an AFTA Board member, AFTA secretary, Program Chair, and Membership Chair. She has written on feminism and family therapy.

[Home](#) | [About AFTA](#) | [Conferences](#) | [Membership Info](#) | [Members Directory](#)
[Newsletters](#) | [Resources](#) | [Contact Us](#) | [Members Only](#) | [Privacy Policy](#)

AFTA, Inc. 1608 20th Street, NW, 4th Floor Washington, DC 20009
Phone: 202-333-3690 **Fax:** 202-333-3692 **Email:** afta@afta.org **Website:** www.afta.org

Site design © [Vermont Technology Partners, Inc.](#)



Home

About AFTA

Conferences

Membership
Information

Membership
Directory

◆ Newsletters

Web Resources

Contact Us

Purchase
Tapes and CD-ROMs

Privacy Policy

Honor and Grief:

AFTA Awards and Losses - In Memory of Emily Visser

Newsletter of the American Family Therapy Academy
Issue #85

[Table of Contents](#)

Diversity Award: Maria Root

By Monica McGoldrick

Maria Primitiva Paz Root is a pioneer who has been challenging the meaning of race in the United States for two decades. Her groundbreaking analyses have made her an award winning author for her books *Racially Mixed People in America* and *The Multiracial Experience: Racial Borders as the New Frontiers*. Her newest book, *Love's Revolution: Interracial Marriage* is a remarkable study of interracial marriage. As Patricia Hill Collins put it: "In a time when race is much discussed yet less understood, Root's painstaking analysis of people who are challenging the meaning of race in America reads like a breath of fresh air. Through meticulous scholarship and an array of fascinating first-person narratives, Root provides one of the most comprehensive and insightful analyses of interracial marriage thus far. *Love's Revolution* makes a distinctive and important contribution to contemporary scholarship on race and ethnicity."

Root's scholarly yet user-friendly research and her incisive, touching and humorous teaching and writing are nothing short of revolutionary on every dimension. In the opening of her latest book, *Love's Revolution*, she writes:

"Although not intended as a political tool, each interracial marriage helps to change long-held assumptions and social conventions. . . . Love promises happiness and wholeness. Contemporary marriage suggests that fulfillment of these promises is invaluable and worth sacrifices. With love as a beacon, a couple commits to a constructive and transformative phase of their life, believing that they and the world will be better off as a result. They believe they can become better human beings through marriage than they can by remaining single. Families support this ideology of love as long as their children uphold two conventions in their choice of partners. Marry within your own race. Marry someone of the opposite sex. Until quite recently, beloved sons and daughters who defied these rules were rejected and disowned. Fear and hate invaded homes that were previously full of love: racism rendered them loveless."

Thus, Maria Root opens her fascinating study of racial intermarriage, for which she spent more than 600 hours over 10 years interviewing couples, individuals and groups to understand their experiences. No wonder Maria has had the

ability to break through the boundaries of thought and practice in her remarkable work. She has the brilliance, intuition, and patience to study her subject carefully, personally and with a unique perspective, for which I am most proud that AFTA is offering her this award.

Maria P.P. Root, Ph.D., is a clinical psychologist Seattle, Washington, who has researched extensively on the co-construction of gender, race, and class on identity development, and related topics. She developed a Multiracial Families Project and a Biracial Sibling Project at the University of Washington. Her books have been used by the U.S. Bureau of the Census to facilitate deliberations on a historical change to the census for the year 2000. Dr. Root has received several career contributions and research awards from the Washington State Psychological Association, the American Psychological Association, The Asian American Psychological Association, and the Filipino American National Historical Society. She is current President of the Washington State Psychological Association and chair of the Board for the Advancement of Psychology in the Public Interest with the American Psychological Association. Her awards include an Emerging Leadership Service Award, and Early Career Award for Psychology in the Public Interest from the American Psychological Association, an award for Innovations in the Treatment of Ethnic Minority Populations and a Leadership Citation Award from the American Psychological Association's Committee on Women in Psychology.

A uniquely innovative thinker and researcher, a creative, touching, and entertaining teacher, Dr. Root has a few talents that many people might be surprised to learn about which reveal her many-faceted personality, her artistic sensitivities and her care for context in all its complexity and detail. She is a great movie buff she admits she has a special fondness for quirky films, which she loves to use in her teaching indeed, she has compiled the most extensive and amazing list of films that address issues of race of anyone I have ever known. She has also been a potter for more than 25 years. Her work has been shown in galleries in Washington and Hawaii, and her skills as a potter helped to support her through college. One of her most impressive talents to me personally is that she is a handy-woman. If you need drywall hung, plastering, a toilet replaced, painting, simple wiring, plumbing or framing, she's your woman! Her parents let her be the interior designer for the family home from the time she was 11! No wonder she has been able to offer us such creative re-visioning of our cultural and racial contexts. That is what she is about. She looks, she listens, and she shines a new and radically different light on realities and possibilities in all that she does.

Dr. Root was born in Manila, Philippines in 1955. She moved to the US as a small child and grew up in Los Angeles, during the Watts riots, attending high school where kids had knives and guns and lockdowns were frequent. Because she was a child of intercultural, interclass, and interracial relationships, she developed keen interest in discovering how the problems so often created by these differences can be understood and resolved. She grew up in a family that had overt discussions of gender socialization, class structures, colorism, ethnic and racial oppression. From her mother's intelligence and cultural pride, she was able to develop the strength to realize that White people were not superior, which later allowed her to challenge messages she received about White supremacy. The experience of her cultural and racial ambiguity through others' eyes and the advantage of living in the margins ultimately shaped her

understanding of what experience is possible when issues are not clearly recognized and labelled.

Maria graduated from the University of California at Riverside in 1977 with a double major in psychology and sociology, evidence that already then she was trying to put different worlds together to place individual processes in social context on the one hand and to understand how individual differences might influence group processes and social stratification on the other. She then began a PhD in experimental psychology with an emphasis on cognitive psychology at the Claremont Graduate School, but soon switched to clinical psychology at the University of Washington, where she obtained her Ph.D. in 1983.

Maria acknowledges her good fortune in having many teachers who encouraged her despite the ways some of them stereotyped her. Among her primary mentors were Ovid Tseng (cognitive psychology), Austin Riesen (animal behavior), Sally Sperling (learning), Edna Bonacich (economic theory of groups and group oppression), Shirley Feldman (gender and mental health), William Friedrich (systems theory), and, in particular, Stanley Sue, whose guidance in her first years of clinical psychology were pivotal for her. Sue helped her, as he has helped many students, especially minority students, to develop a network of bonds that have endured through moves and life changes. He also provided her a foundation for making the links between psychology and sociology through community psychology.

Since receiving her doctorate, Dr. Root has taught in the departments of Psychology, Women's Studies, and American Ethnic Studies at the University of Washington in Seattle. She also spent a year as a visiting professor at the University of Hawaii. Her work has kept alive questions about the dynamic nature of ethnic identity and the political and historical idiosyncrasies by which race, gender and class influence identity development. It is her creative work in this area for which we are so proud to honor her.

Maria's book *Love's Revolution* traces the social changes that account for the growth of intermarriage as well as the lingering prejudices and false beliefs that oppress racially mixed families. For this book Dr. Root interviewed many people from a wide spectrum of racial and ethnic backgrounds. Speaking out about their views and experiences, these partners, family members, and children of mixed race marriages confirm that the barriers are gradually eroding; but they also testify to the heartache caused by family opposition and disapproving strangers. Root's book traces race prejudice to the various institutions that were structured to maintain white privilege, but the heart of the book is her analysis of what happens when people of different races decide to marry. Developing an analogy between families and business, she shows how both positive and negative reactions to such marriages are largely a matter of shared concepts of family rather than individual feelings about race. She probes into the identity issues that multiracial children confront and draws on her clinical experience to offer child-rearing recommendations for multiracial families. *Love's Revolution* provides a frank examination of the challenges that racial intermarriage entails. At the same time, it offers insights into the transformative power of love on the individuals in these relationships and points to the revolutionary potential this transformation holds for re-visioning the pursuit of a more equitable society.

Over the last dozen years, Dr. Root has been doing most creative work on multicultural identity. She has developed an ecological framework of identity development which serves as a foundation for understanding the myriad identities that exist among multiracial people. This interactive, contextual model makes clear why we must continue to talk about race and shows how racial constructions have changed identity options over the generations.

For most of her young life, Maria Root couldn't escape the question "Where are you from?" Teachers, friends, their parents, and strangers asked the same thing. She would rattle off her street, city, or some landmark near her home. When that didn't seem to satisfy their curiosity, she would mention her birth country, the Philippines, a place she couldn't remember. Other questions would follow: "Is your dad in the military?" or "Are your parents married?" Root couldn't help feeling put on the spot because of her "physical ambiguity" of being the child of a Filippina mother and a Caucasian father. "That stings," she says. "It was always being pointed out that I was different and didn't fit in anywhere. "With millions of Americans coming from mixed racial backgrounds, those feelings resonate throughout the land. Long a country that has perceived itself as white, the US is facing a change of stunning magnitude as the number of interracial marriages and children multiplies exponentially. "Who are we as a people?" Root asks. "The face of America has changed forever." The thrust of her work is to recognize people of mixed racial heritage and point out the injustices they've faced their entire lives. Being forced to identify ourselves racially by one the multiplicity of our heritages. Root's "Bill of Rights for Racially Mixed People" has become a classic document that at once empowers multiracial people and educates everyone about the social constraints of race that operate so pervasively in our society. The rights she asserts include the following:

I have the right:

not to justify my existence in this world

not to keep the races separate within me

not to be responsible for people's discomfort with my physical ambiguity

to identify myself differently than strangers expect me to identify

to identify myself differently than how my parents identify me

to identify myself differently than my brothers and sisters

to identify myself differently in different situations

to change my identity over my lifetime - and more than once

to have loyalties and identify with more than one group of people

to freely choose whom I befriend and love

Dr. Root conducts all her work in a compassionate, thoughtful, humorous way, refusing the push to over-simplify the complexities of identity development with models which are too narrow to include the vicissitudes of life cycle transitions, multigenerational family process, class, school, work and community contexts, gender and sexual identity, and other complex factors that influence us as we move through life. It is for her richly layered yet clearly and delicately presented over the past 20 years that we are so happy to celebrate her contribution to our field. We hope she will continue to guide us toward deeper understandings of the complex and ever changing meanings of culture and race on all of us in this country and on the politics that have kept us from fully realizing who we are and more important who we can be through the life cycle in our country. She prides herself on having benefited from odd juxtapositions of experiences and friends and colleagues who often see things differently from each other. "Rather than taking sides, my experience of making sense of the margins has been to take whatever gifts each person offers and come to my own conclusions, which are undoubtedly a synthesis of all the thinking to which I have been exposed." I hope we can all learn from Dr. Root to draw power from the different gifts each person has to offer and come to our own conclusion and synthesis, rather than becoming polarized by conflicting points of view or by the mindset of the dominant groups in our society that have so strenuously worked to keep us from recognizing that we are all in it together. One of Maria's greatest strengths is her ability to create a space where multiple differences can stand side by side.

Monica McGoldrick, M.S.W., Ph.D. (Hon) is the Director of the Multicultural Family Institute in Highland Park, New Jersey. She is also a Visiting Professor at Fordham University, School of Social Service and an Adjunct Professor in the Psychiatry and Obstetrics/Gynecology Departments at the Robert Wood Johnson Medical School.

[Home](#) | [About AFTA](#) | [Conferences](#) | [Membership Info](#) | [Members Directory](#)
[Newsletters](#) | [Resources](#) | [Contact Us](#) | [Members Only](#) | [Privacy Policy](#)

AFTA, Inc. 1608 20th Street, NW, 4th Floor Washington, DC 20009
Phone: 202-333-3690 **Fax:** 202-333-3692 **Email:** afta@afta.org **Website:** www.afta.org

Site design © [Vermont Technology Partners, Inc.](#)


[Home](#)
[About AFTA](#)
[Conferences](#)
[Membership Information](#)
[Membership Directory](#)
[◆ Newsletters](#)
[Web Resources](#)
[Contact Us](#)
[Purchase Tapes and CD-ROMs](#)
[Privacy Policy](#)

Honor and Grief:

AFTA Awards and Losses - In Memory of Emily Visser

Newsletter of the American Family Therapy Academy
Issue #85

[Table of Contents](#)

AFTA AWARD

Distinguished Contribution to Family Systems Research:

Ira D. Glick

By Lyman C. Wynne

The 2002 AFTA Research Award for significant and cumulative research contributions to the field of family therapy is given to Ira D. Glick. In response to the request from Volker Thomas to write a piece for the *AFTA Newsletter* about Ira, I first retrieved from my files reprints of many of his research publications, dating, to my surprise, back to 1964. Then I looked over the books on my shelves and re-discovered a 1971 volume by Glick and, as junior co-author, none other than Jay Haley. On a modern note, I also found the fourth edition, year 2000, of his splendid textbook, *Marital and Family Therapy*, with an eminent assemblage of co-authors. This wide range of contributions led me to request a copy of Ira's CV. And there I found, considerably beyond what I had expected, a truly far flung diversity of publications, presentations, teaching assignments, and past awards. Even though he has maintained an enduring focus on issues in family therapy, I became aware that much of Ira's productivity has involved the integration of family therapy with other approaches. Many, if not most, practicing family therapists have not, I am sure, given appropriate attention to his important work that extends beyond our disciplinary boundary.

Ira Glick, born in Brooklyn in 1935, has shuttled, almost annually, between east coast and west coast for 40 years, exposing himself to an exceptionally wide range of programs and mentors. Easterly, he has trained and been on the faculty of Cornell, Columbia, Hillside Hospital, and NIMH. Westerly, he has worked in various programs in San Francisco and since 1993, at Stanford as Professor of Psychiatry & Behavioral Sciences. Cross-culturally, he has worked most intensively in Japan and Italy, but also in Peru, Uruguay, Netherlands, Korea, and Australia.

As a co-author, his first publication in the *Archives of General Psychiatry* in 1964 was a study of indications and rationale for family therapy with a series of 20

inpatients, mostly schizophrenic, with, what was almost unique at that time, study of outcome at 6-month follow-up. This could be viewed as a prologue to what perhaps was Ira's most important later research. With John Clarkin, Gretchen Haas, and James Spencer as his most frequent colleagues, he published an extensive series of papers on inpatient family intervention.

There were several special features of this study. First, and quite unusual in family therapy research, the design was a randomized clinical trial, in which families were randomly assigned to one of two treatment conditions, with and without family intervention during the inpatient stay of 84 schizophrenic and 60 major affective disorder patients.

Second, the family intervention was brief, a minimum of 6 to 9 sessions over an average 5-week hospitalization of the patient family member. Third, the family interventions were not split off from other approaches, but were carried out with attention to a specific question: Does adding an family intervention during inpatient care improve the outcomes obtained with medication and standard hospital multimodal treatment? And fourth, another question was: Is family intervention more beneficial for one gender than the other or for certain diagnostic subgroups?

This study came close on the heels of the pioneering work by Michael Goldstein and Carol Anderson using psychoeducational and problem-focused family intervention with seriously ill patients, with the goals of helping the patient and family cope with hospitalization and prepare for better posthospital adjustment. The Glick study was the first randomized clinical trial to take place during inpatient stay. Given the brevity of the intervention in the face of what are commonly long-term clinical problems, the likelihood of enduring posthospital benefit seemed dubious at best.

However, a unique feature of the study was the follow-up, beginning at hospital discharge and recurring at 6 months and again at 18 months. In my view, perhaps the most significant finding from this study was that there actually was superior 18-month outcome in role functioning in the group that had had family intervention during the inpatient stay. Somehow, it seems to me that a systemic process had been set in motion by the intervention so that the family's posthospital participation was lastingly altered. At a statistically significant level, at 18-month follow-up the families that had received the inpatient intervention had entered into and spent more time in posthospital family therapy, in self-help support groups, and in patient vocational rehabilitation. Another interesting result was that females benefited from the intervention more than males, consistent with other studies that suggest that interpersonal interventions are more effective with females.

Quite contrary to the trends over the last half century in which psychiatrists have become less and less involved in family therapy and family therapists have received less and less training and experience with families of seriously ill patients, Ira Glick has maintained an identity as a family therapist at the same time that he has become highly skilled in psychopharmacology. Perhaps more than any other family therapist, he has actively participated in many studies in which medication and family therapy are integrated. In honoring Ira Glick with the AFTA Research Award, AFTA does credit not only to him but to itself as an organization that can still reach out to encompass attention to a great diversity

of serious psychiatric problems.

Lyman Wynne, MD, PhD, was President of AFTA (1986–87) and was long-time President of the Board of Family Process. After 20 years at NIMH, he became Chair of Psychiatry in 1971 at the University of Rochester, where he continues as Professor Emeritus and co-founder, with wife Adele, of the Wynne Center for Family Research.

[Home](#) | [About AFTA](#) | [Conferences](#) | [Membership Info](#) | [Members Directory](#)
[Newsletters](#) | [Resources](#) | [Contact Us](#) | [Members Only](#) | [Privacy Policy](#)

AFTA, Inc. 1608 20th Street, NW, 4th Floor Washington, DC 20009
Phone: 202-333-3690 **Fax:** 202-333-3692 **Email:** afta@afta.org **Website:** www.afta.org

Site design © [Vermont Technology Partners, Inc.](#)



Home

About AFTA

Conferences

Membership
Information

Membership
Directory

◆ Newsletters

Web Resources

Contact Us

**Purchase
Tapes and CD-ROMs**

Privacy Policy

Honor and Grief:

AFTA Awards and Losses - In Memory of Emily Visser

Newsletter of the American Family Therapy Academy

Issue #85

[Table of Contents](#)

2001 Annual Meeting Plenary:

Transnational Families: The Impact of Separation Between Parents and Children*

By Larry Dyche

It would be difficult for AFTA to conduct a conference on Pan-American affairs without giving careful attention to immigration, arguably the defining issue of our inter-continental community. This was done with great eloquence in the presidential plenary session, "Transnational Families: The Impact of Separations between Parents and Children." Three scholars, themselves transnational women, two of whom were guests of AFTA, presented research and clinical work that explored the multi-layered phenomenon of immigration. Pierette Hondagneu-Sotelo discussed the global economic forces that foster the separation of parents and children. Carola Suarez-Orozco presented a longitudinal study of recently immigrated children, and Eliana Korin showed videotapes of clinical work that brought forth the voices of immigrant mothers who had to leave their children behind.

After introductions by Marcelo Pakman, Dr. Hondagneu-Sotelo, from the department of Sociology at the University of Southern California, presented her paper, "Families on the Frontier: From Braceros to Braceras in the Home." In the post-industrial U.S. economy, she explained, labor demand, immigration restrictions, and cultural transformations have encouraged the emergence of new transnational family forms among Central American and Mexican immigrant women. This labor demand, which only a few decades ago was primarily for male workers, is now for occupations most often held by women: nursing and paid domestic work. These women, in the context of very limited options, leave their families and children behind to seek employment in the United States. They work in one nation state often caring for another's children while supporting their own children in the home and country they left behind.

She pointed out that the exponential growth of paid domestic work is due, in large part, to the increased employment of married women with children, as well as to the underdeveloped

nature of child care in this country. Actually, this is a global phenomenon, resulting from the inequality of nations; most wealthy countries recruit domestic labor from nearby developing countries whose stress on family structures is similar to their own. Some countries, however, have structured programs for importing domestic workers that provide a semblance of protection that is absent in the United States.

The very nature of live-in domestic work virtually mandates a woman's separation from her family. The immigrant women who occupy these jobs find that they must be "on-call" during all waking hours and often through the night. There is no clear line between work and non-working hours, no boundary between job space and private space. The South and Central American women immigrate with the understanding that the separation from family is a temporary solution, but circumstances may cause it to endure for long and sometimes, undetermined periods of time.

Bringing children to the United States poses its own set of problems. In the late 1990s, there was a militarization of the U.S.-Mexico border through border control programs that made it a zone of danger, death, and violence. Children of undocumented immigrant parents must enter the country surreptitiously, often only in the company of strangers who are paid to smuggle them. Many immigrant parents also view the United States as a highly undesirable place to raise children. They fear the dangers of gangs, violence, drugs and second rate schools to which their children are likely to be exposed in poor, inner-city neighborhoods. They are also appalled by the contestations to generational authority which often occur with immigration.

Dr. Hondagneu-Sotelo concluded with the *caveat*: The continued privatization of domestic labor among American professional and managerial classes has broad repercussions for the social relations among new Latina immigrants and their families. Who will continue to pick up the cost of raising the next generation? Surely we can hope for a society where Latina immigrant women and children are not first in bearing the costs.

The next presentation was made by Carola Suarez-Orozco from the Harvard School of Education and was titled, "The Transnationalization of Families: Immigrant Separations and Reunifications." Dr. Suarez-Orozco presented data derived from a longitudinal study of the educational adaptations made by immigrant children. The purpose of the study was to define the prevalence of families experiencing parent-child separation during the immigration process and describe its form, duration and outcome. Because much of the existing data is drawn from clinical populations, it tends to focus on families and youth that are not successful in managing these separations without clinical intervention.

Four hundred and seven recently arrived children from Central America, China, the Dominican Republic, Haiti and Mexico between ages nine and fourteen were recruited from seven school districts in Boston and San Francisco. The findings emerged from parent and child interviews designed to elicit background information about the participants and a follow-up child interview focusing on the separation and reunification process. The study protocol included a psychological symptom scale designed to be developmentally and cross-culturally relevant.

The study found that separations between family members during immigration occurred in 85% of the sample. The vast majority of children had been separated from one or both parents during the immigration process. The examination of psychological sequela indicated that children arriving in the US with their parents were less likely to report depressive symptoms than children whose families had separated during the migratory process. However, no differences were found on other sub-scales which included anxiety, cognitive functioning, inter-personal sensitivity and hostility.

Dr. Suarez-Orozco indicated that our ability to understand the impact of immigration and separation on families is confounded by the fact that a demise in marital relationships often occurs in tandem with migration. The anticipation of migration may cause relationships to rupture prior to leaving, while a marital separation may itself propel a parent to journey abroad in search of a stable income. Sometimes, following a protracted separation, the links in the marital dyad may be so weakened that the relationships come apart in the new context. These events can precipitate a family process that negatively impacts the children apart from the immigration related separations themselves.

She identified several processes that buffer the stress of separation on the children and attenuate the period of adjustment. When the child is left behind, the quality of relationships between the child and the caretaker and between the mother and the caretaker take on great significance. If the caretaker is grieving the loss of the parent who immigrated, the children may be reluctant to discuss their own feelings. Maintaining consistent contact during the separation is also linked to better outcomes since inconsistent or minimal contact may be interpreted by children as abandonment.

Dr. Suarez-Orozco's study gives us a more acute lens on the processes of immigration and its impact on families, and it challenges us to tailor our clinical interventions with greater precision.

The final presentation was made by Eliana Korin, an AFTA member familiar to a great number of the conference attendees. While each of the prior presentations included qualitative data, it was Eliana's role to bring the voices of the immigrants to us. She began her presentation, "Intergenerational Impasses: Conflict and Reconciliation among immigrant Mothers, their Children and their Families," with a personal story. She once told a Nicaraguan baby-sitter how hard it was to leave her 10 month old to return to work only to learn that the woman herself was grieving children left behind in her quest to provide for them. "Such a poignant reminder of my own privilege," Eliana acknowledged.

Eliana's material, presented with videotaped, translated interviews, was drawn from her own teaching and clinical work with immigrant women and their families in a primary care medical setting in the Bronx. Her clients come from the Caribbean area, and Central and South

America, and are primarily voluntary immigrants. They are unlikely to seek psychotherapy and are inclined, instead to present to a medical clinic with somatic complaints. Eliana's presentation sought to portray immigrant mothers' lifelong feelings of grief, guilt and regret; and the intergenerational conflicts

that affect the mother-child relationship.

In a taped segment Eliana titles, "Apple Pie but not Motherhood," she introduced us to a mother who left economic hardship and an abusive marital relationship to seek a new chapter in her life. In doing so, she left her three-year-old son with her family in the Dominican Republic. By working for years as a home health aide, she was able to provide for her family, enable several siblings to immigrate, and, finally, to bring her son to be with her when he was ten.

From the videotape, the mother told us of her preoccupation that her son was not well taken care of. "I used to dream a lot about him. Since he was little, he was very mature. Once I dreamt that he swallowed some scissors... So I told him, 'Please don't touch any scissors,' 'Oh Mom, are you crazy, How would you think I'm going to swallow scissors?' So I missed him.. as a mother."

"My great regret is my son," she continued, "Because he was left there when he was less than three. . . . Now I understand that it is very hard. I suffered. I would call him every day, I would send him all the toys I could get. But that is not what really counts, what is important is to be there when he needs you. This is what is important: that you give him a kiss. This love is missed, motherly love. My brothers love him and my father adored him. But the love of a mother, he missed a lot, not to have had that love at that age." In bringing the voice of this mother and of other family members who struggled with the hardships of immigration, Eliana brought depth and emotion to what we often hear only as statistics.

The session concluded with a vigorous round of questions, and I heard many observe that the integration of geo-political perspectives with quantitative and qualitative information made for a particularly stimulating, and sometimes troubling, exploration of the boundaries between the Americas.

Larry Dyche ACSW, is a member of the behavioral science faculty in the Department of Family Medicine and Community Health at the Albert Einstein College of Medicine, Bronx, New York City. He also maintains a family-oriented practice in Long Island.

* Editor's note: Due to editorial problems this important plenary was not covered in AFTA Newsletter #83 that covered the Annual Meeting 2001. Thanks to Eliana Korin for her help in correction the editorial error.

[Home](#) | [About AFTA](#) | [Conferences](#) | [Membership Info](#) | [Members Directory](#)
[Newsletters](#) | [Resources](#) | [Contact Us](#) | [Members Only](#) | [Privacy Policy](#)

AFTA, Inc. 1608 20th Street, NW, 4th Floor Washington, DC 20009
Phone: 202-333-3690 **Fax:** 202-333-3692 **Email:** afta@afta.org **Website:** www.afta.org

Site design © [Vermont Technology Partners, Inc.](#)


[Home](#)
[About AFTA](#)
[Conferences](#)
[Membership Information](#)
[Membership Directory](#)
[◆ Newsletters](#)
[Web Resources](#)
[Contact Us](#)
[Purchase Tapes and CD-ROMs](#)
[Privacy Policy](#)

Honor and Grief: AFTA Awards and Losses - In Memory of Emily Visher

Newsletter of the American Family Therapy Academy
Issue #85

[Table of Contents](#)

AFTA CLINICAL RESEARCH CONFERENCE

October 17–20, 2002, Niagara-on-the-Lake

BOYS AND MEN: PROFEMINIST & SYSTEMIC

RESEARCH AND CLINICAL PERSPECTIVES

Ronald F. Levant

Why Study Boys and Men?

Those not familiar with the new work in this area sometimes ask: "Why do we need to study boys and men? Isn't social science in general the social science of men?" The answer is: Well, yes, of course, for many years, most sociological and psychological research focused on males. However, these were studies that viewed males as representative of humanity as a whole. Feminist scholars challenged this traditional viewpoint by arguing for a gender-specific approach, and in the past three decades, have developed a new social science of women. In the same spirit, men's studies scholars over the past fifteen years have begun to examine masculinity not as a standard by which to measure humanity (both males and females), but rather as a complex and problematic construct. In so doing, they have provided a framework for a perspective on men and masculinity that questions traditional norms of the male role, such as the emphasis on toughness, competition, status, and emotional stoicism, and views certain male problems (such as aggression and violence, devaluation of women, fear and hatred of homosexuals, neglect of health needs, and detached fathering) as unfortunate but predictable results of the male role socialization process. They have also provided a framework for creating positive new definitions of masculinity that support the optimal development of men, women, and children.

This new perspective on boys and men is both overdue and urgently needed. Boys and men are disproportionately represented among many problem populations school children with learning or behavior problems as well as those diagnosed with ADHD, parents estranged from their children, the homeless,

substance abusers, perpetrators of family and interpersonal violence, sex addicts and sex offenders, victims of life-style and stress-related fatal illnesses, and victims of homicide, suicide, and fatal automobile accidents. A new perspective on boys and men might contribute to the understanding and solution of some of these male problems which have long impacted women, men, boys, girls, and society in negative ways.

In addition, there is a "crisis of connection" between men and women resulting from major structural changes in women's roles over the past 40 years without compensatory changes in men's roles. This resulted from women's dramatically increased participation in the labor market. There has been an almost 600% rise in the employment of mothers of small children since the 1950s: 12% mothers of children under the age of six were employed in 1950, whereas almost 70% were employed in 2000. Women have thus moved from a sole emphasis on the family, and now combine career and family concerns. In making this shift, they have integrated traditional values such as love, family, and caring for others with newer values such as independence, career, and defining themselves through their own accomplishments. Many men have yet to make equivalent and corresponding changes. Although there has been some increase in men's openness to relationships, and greater participation in the emotional and domestic arenas, most men still cling to the older definitions, and emphasize work and individual accomplishment over emotional intimacy and family involvement. As a result, the pressures on men to behave in ways that conflict with various aspects of traditional masculinity ideology have never been greater. These new pressures pressures to commit to relationships, to communicate one's innermost feelings, to share in housework, to nurture children, to integrate sexuality with love, and to curb aggression and violence have shaken traditional masculine ideology to such an extent there is now a "masculinity crisis" in which many men feel bewildered and confused, and the pride associated with being a man is lower than at any time in the recent past.

To many men, the question of what it means to be a man today is one of the most persistent unresolved issues in their lives. Raised to be like their fathers, they were mandated to become the good provider for their families, and to be strong and silent. They were discouraged from expressing both vulnerable and caring emotions, and required to put a sharp edge around their masculinity by avoiding anything that hinted of femininity. Unlike their sisters, they received little, if any training in nurturing others, or in being sensitive to their needs and empathic with their voice. On the other hand, they received lots of training in logical thinking, problem-solving, staying calm in the face of danger, risk-taking, and assertion and aggression. Finally, they were required at an early age to renounce their dependence on their mothers and accept the pale substitute of their psychologically, if not physically absent fathers.

For the past several decades, men have had the experience of attempting to fulfill the requirements of the masculine mandate in the midst of criticism that has risen to a crescendo. Men feel that they are being told that what they have been trying to accomplish is irrelevant in today's world. Since women now work and can earn their own living, there is no longer any need for The Good Provider. Furthermore, society no longer seems to value, or even recognize, the traditional male way of demonstrating care, through *taking care* of family and friends, by looking out for them, solving their problems, and being one who can be counted on to be there when needed. In its place, men are being asked

to take on roles and show care in ways that violate the traditional male code and require skills that they do not have, such as revealing weakness, expressing their most intimate feelings, and nurturing children. The net result of this for many men is a loss of self-esteem and an unnerving sense of uncertainty about what it means to be a man.

Men are caught in a trap both because they do not have the incentives and because they are ill-equipped to address the loss of the good provider role in a collaborative and equitable fashion with the women in their lives, and as a result react with anger and defensiveness. They do not have the incentives to address the loss of the good provider role in collaboration with their wives because of the power, prerogatives, and entitlements that accrue to them in a patriarchal society. And they are not equipped to address it in this way because to do so would require a degree of comfort and fluency with emotions (particularly those emotions that make one feel vulnerable, such as sadness, fear, or shame) that is rare among men, due to the effects of the male gender role socialization process.

As the relative power between men and women shifts as a result of the gains of feminism and women's increasing financial independence from men, men derive less benefit from their power and become more aware of their pain. To help men take the next step, and connect their pain to a critical examination and reconstruction of masculinity, we need to do two things. First of all, we must take men's experience seriously and adopt an empathic approach to their pain. If we want men to hear our message, we must first listen to theirs. Second, the masculinity crisis has resulted in a wholesale trashing of all aspects of masculinity, such that for many men the essential dilemma is that much of what they have been taught to value since childhood is under attack. To help men come to terms with the crisis and restore their lost sense of pride, we also must honor the still-valuable aspects of masculinity in order to restore the lost sense of pride associated with being a man. But before we undertake such a project of helping men reconstruct masculinity, it is important to have an in-depth understanding of the psychology of men and masculinity in the context of the family, and that is what we propose to do this in this Clinical Research Conference.

If you have not attended this conference before, it is typically a smaller gathering (about 70 people), and an intensive but also relaxing one. The programming is absolutely first-rate, and artfully blends science and practice, with maximum time in each plenary for active audience discussion with the speakers and with each other. In the past, these small conferences have had a very strong and lasting impact on the field of couples and family therapy

All registrants stay at the same resort hotel and eat all meals together, allowing for lots of informal interaction. There are also scheduled times for discussion as well as free time for participants to see some of the wonderful surrounding areas. We also have scheduled group entertainment at the highly acclaimed Shaw Theatre Festival Friday evening.

The program will begin Thursday eve, 10/17, with a plenary session featuring sociologist **Michael S. Kimmel**, a leading thinker in the field of profeminist men's studies, and renowned family therapist **Michelle Bograd**. Friday's schedule will begin with a morning plenary session on boys and young men in

developmental and multicultural perspective, featuring psychologists **A. J. Franklin** and **Ronald F. Levant**, followed by an afternoon plenary session on men's health issues featuring sociologist **Donald Sabo** and family therapist **Gonzalo Bacigalupe**. To round out the day, there will also be poster session, free time and a video plenary featuring **Gary R. Brooks** and **Ronald F. Levant**.

Saturday morning will begin with a plenary on the variety of masculinities in terms of the dimensions of race, culture, and sexual orientation, with distinguished speakers **Louise B. Silverstein**, **Carl F. Auerbach**, **Robert-Jay Green**, and **Jaipual Roopnarine**. After lunch there will be a block of free time to visit Niagara falls or do whatever conferees wish to do. This will be followed by a late afternoon panel discussion on couples featuring brief remarks by **Norma Akamatsu**, **Judith Myers-Avis**, **Don-David Lusterman**, and **Miguel Hernandez** with plenty of time for participants to discuss the material.

On Sunday morning, we have scheduled a plenary on men's violence, with family therapist **Rhea Almeida** and psychologist **James M. O'Neil**. This will be followed by a panel discussion on feminism and men's lives, featuring **Monica McGoldrick** and **Gillian Walker**.

Ronald F. Levant, Chair, AFTA Clinical Research Conference Planning Committee

Committee Members: Gonzalo Bacigalupe, Martha Edwards, Robert-Jay Green, Sue Johnson, Matthew Mock, Louise Silverstein

FOR INFORMATION ON CONFERENCE REGISTRATION, CONTACT:

American Family Therapy Academy

PMB 273, 202 Pennsylvania Avenue, NW

Washington, DC, 20006-1846

202-994-277

Afta@afta.org

Ronald F. Levant is the Chair of the AFTA Clinical Research Committee. He earned his doctorate in Clinical Psychology and Public Practice from Harvard in 1973 and has served on the faculties of Boston, Rutgers, and Harvard Universities. He is currently Dean and Professor, Center for Psychological Studies, Nova Southeastern University. One of Dr. Levant's major interests is in the new psychology of men. He has been an active investigator in this area, conducting a research program on masculinity ideology in multicultural perspective. He was also the co-founder and first President of APA Division 51 (the Society for the Psychological Study of Men and Masculinity). His books include Between Father and Child (1991, Penguin), Masculinity, Reconstructed, (1995, Dutton), A New Psychology of Men, (1995, Basic Books), Men and Sex: New Psychological Perspectives (1997, John Wiley & Sons) and New Psychotherapies for Men (1998, John Wiley & Sons).

[Home](#) | [About AFTA](#) | [Conferences](#) | [Membership Info](#) | [Members Directory](#)
[Newsletters](#) | [Resources](#) | [Contact Us](#) | [Members Only](#) | [Privacy Policy](#)

AFTA, Inc. 1608 20th Street, NW, 4th Floor Washington, DC 20009
Phone: 202-333-3690 **Fax:** 202-333-3692 **Email:** afta@afta.org **Website:** www.afta.org

Site design © [Vermont Technology Partners, Inc.](#)



Home

About AFTA

Conferences

Membership
Information

Membership
Directory

◆ Newsletters

Web Resources

Contact Us

**Purchase
Tapes and CD-ROMs**

Privacy Policy

Honor and Grief: AFTA Awards and Losses - In Memory of Emily Visher

Newsletter of the American Family Therapy Academy
Issue #85

[Table of Contents](#)

Report from Kosova Year 2 The Kosovar Family Professional Education Collaboration (KFPEC)

By Ellen Pulleyblank Coffey

My last trip to Kosova was in December. It was my third visit as a member of the KFPEC team and the trip came soon enough after September 11th for me to feel anxious about leaving the US. I went with James Griffith (Project Co-Director of Training). We met in Washington D.C., and before we got on our plane the entire airport was evacuated. Many hours later, when we arrived in Prishtina we were kept out in the cold by new security measures that made it necessary for each planes' passengers to enter the airport one plane at a time. When we finally got through, we were warmly greeted by Shqipe Ukshini, the Kosovar training director. As with everyone we saw that trip she hugged us and expressed her grief and condolences for the losses that we had all experienced on September 11th. At the time, I felt safer in Kosova than I had in the US.

Our trip followed a trip to Kosova in November by Steve Weine (from the University of Chicago). As the American Research and Services Co-Director, Steve had traveled to Kosova in order to set up the administrative structure of this year's project, called "Services Based Training (SBT) for Kosovar Community Mental Health and Prevention." The project is funded by the Jewish Coalition for Kosovo Relief and Assistance. The overall aim of this project is to collaboratively support the development of the community-based mental health and preventive service capacities of Kosovar professionals, community workers and other groups working in the emerging mental health system. This service delivery system builds upon the work of the KFPEC over the past 18 months. Here's an edited version of how Steve described the project following his November trip:

The regional community mental health centers are beginning to open as planned, and are also receiving support from multiple international sources. The centers in Gjakova and Ferizaj are open. One of the challenges faced by the centers is how to build family-focused and community-based services at those centers. That is again where our initiative comes in. So for example, they have outpatient services and a day program. Our initiative will, in effect, be organizing multi-family support and education groups for families in the

community who are providing care for the chronically mentally ill. We will also be working on building networks of helping professionals, community helpers, and ordinary families that connect those centers with persons and groups in their communities.

We are starting with chronically mentally ill because this has been identified by the Kosovars as an area of urgent need. For example, there is intense political pressure upon Ferid Agani (Administrative Director of the project and Director of Mental Health Services in Kosovo) and other leaders to solve the problem of chronically mentally ill. Ferid has made the strategic decision not to build a large chronic hospital, but instead to invest in community services and acute wards. If we are able to help to build those community services and networks, then in a subsequent stage, we would plan to address other priority needs, such as those concerning youth.

In December, Griff and I went to develop a plan for how the KFPEC's ongoing training and consultation could support this project. We arrived to find the Prishtina SBT teams enthusiastic and confident about resources that they bring to the project. They requested training in how to become trainers and supervisors of the community mental health teams in this new phase of their work with our American team.

As was the case with all of the previous trips to Kosova, our plans were formed with flexibility in mind, so that we could better respond to what was happening while during our stay. Family concerns, religious events and social relationships were woven through our time there, with the necessary shifting priorities between work and family (a major part of my learning from the project has been the result of this continuing necessity to "go with the flow"). Our visit fell upon Bayaram, the ending of Ramadan, on December 16, which meant our project work needed coordination with responsibilities for religious observances and community hospitality in project members' homes. Unrelated to the Bayaram observances, but parallel in significance, Afrim Blyta's mother died on December 13. Afrim is one of the leaders of the Kosovar team, and the death of his mother meant that the Kosovar team members were required, appropriately, to be present to assist with the funeral and needs of his family. We were also invited to attend the funeral and visit the family. Our ability to keep our plans flexible served us well in other situations too. It snowed throughout the trip, resulting in transportation difficulties and an absence of electrical power for most of the hours of each day. Due to the weather, the Gjakova team arrived two hours late on December 14, and, when the team did eventually arrive, due to the Bayaram observances it did so absent its female team members. One other event had a significant impact on the training. One of the Gjakova nurses was beaten by a patient the night before she was to come for our meeting and was raced to the hospital in Prishtina for emergency neurosurgery. The team members present spent some of the training time visiting her in the hospital. Despite the number and variety of these constraining factors, the major objectives for our consultations were met. Here is a summary taken from our trip report of some of the ideas developed during our trip that will inform the project. :

1. Gjakova and Prishtina (where the project has been located for the past 18 months) represent distinctly different Kosovar subcultures. Gjakovans traditionally have been regarded as better educated and more successful in

business than others in Kosovo. We were told that Gjakovans follow structured social practices organized around status and an implicit sense of superiority in regard to other groups in the country. They tend to stick together and with less openness to outsiders or outside influences. With this cultural template it was not surprising to learn that the Gjakova clinicians have had mixed reactions to the project. Initially the Gjakova clinicians objected to the lack of payment for their work with the project. The Kosovar project leaders however, felt that they were able to address these concerns and that the team from Gjakova had become more interested in the project. In fact, although only three Gjakova clinicians were initially sought, all eleven nurses signed up as interested in participating.

2. The Homeless Mentally Ill The Kosovars give a different meaning to "homeless" than do Americans, in that they have thus far refused to permit mentally-ill patients without homes to live on the streets. Rather, these patients, most of whom have diagnoses of schizophrenia, are admitted repeatedly as "revolving door" cases or are hospitalized chronically in about 120 acute psychiatric beds (approximately 72 Prishtina, 20 Gjakova, 15 Peje, 12 Prizren), which has compromised the capacity of the mental health system to respond to other acutely psychotic or behaviorally-disturbed patients. The typical patient whom Kosovar clinicians hope to involve in the project is either:

- A psychotic patient whose nuclear family cannot manage him or her, and quickly returns the patient to the hospital after discharge. Some patients have been hospitalized continuously for months at a time.
- A psychotic patient with no nuclear family available who must be discharged to the care of a relative. The relative's family then objects to the burden of the patient. For example, the family of one woman emigrated to Canada, such that she was discharged to the care of her uncle, her only relative. He returned two days later to the hospital reporting that her presence in the home was too damaging to the relationships among his family members.

There are few patients who have no family members or relatives who might be potentially involved in living arrangements.

3. Foster Families Kosovar clinicians described the notion of "foster family" as a poor fit for their culture in the sense that the term is often used in the US. They explained that it generally has not been acceptable for a person to live in a household if that person does not have family kinship, particularly if there are children in the family and if the foster person is an adult male. It thus would be very unusual for non-blood relatives to live in the same house. This does happen in rare cases with children and elderly people, but is the exception rather than the rule. Foster care for an adult chronically mentally ill person would thus be extremely unusual.

The Prishtina STB have introduced the term "hospitalized homeless" to describe the focus of their concern. As noted above, these patients either live for long periods of time in the hospital or go in and out of the hospital. The criterion of "six months out of the family" may need to be made more flexible to include patients who are repeatedly discharged and readmitted during a span of six months, rather than only those who have not reentered a household. At present, several families for the Gjakova team have been identified, but the

pace of the project, complicated by the holidays, means that actual interviewing will not take place until January.

3. The Emerging Clinical Work with Families in Kosova The belief that every family member has a place in the family that deserves respect is central to the emerging clinical work by Kosovar clinicians. This means that every family member must be thought of as someone's child and in this way deserving of care. This belief is grounded in Kosovar traditions and is important for the teaching of values to children currently living in the family. The clinical work taught to trainees by Shqipe Ukshini (Kosovar Project Training Co-Director) revitalizes hope and purpose in families by reminding them of their cultural heritage and the obligations of their traditions. This gives rise to a structural family therapy whose central theme is that "each family member has a position in the family that deserves respect." This should include members with mental illnesses. While this description emphasizes how the project supports traditional values, there are indications that family values are diverse and clearly changing and narrative perspectives are relevant here. At some point, we need to bring these issues into the forefront of our discussions. As elsewhere, patients in mental health may lead the wave of societal change.

Griff and Corky Becker (member of the KPFEF) have just returned from a third trip. The focus of their trip was to train and consult with the team of professionals in Prishtina who trained with us last year and are now training the mental health teams in the two outlying community mental health centers of Gjakova and Ferizaj. They also visited the community mental health centers, met with families who are now in the project and met with community leaders. To give you a flavor of their trip I am including here some of their notes about their experiences:

Notes from Griff:

We met for two full days on Saturday and Sunday with the two SBT teams (Gjakova and Ferizaj) each with two psychiatry residents and a nurse, together with Jusuf Ulaj (Project Services Co-Director) and Shqipe Ukshini (Kosovar Project Training Co-Director). The Gjakova team has signed contracts with 8 families, and the Ferizaj team (who just got started) with 2. Our model is for the Prishtina teams to teach and supervise the nurse community teams at the mental health centers. The approach we decided last time was to do this by conducting this phase of the project by two Prishtina SBT team members and two nurses who conduct the family assessments, psycho education, and therapies as a joint treatment team. This seems to have been a good approach, with the nurses showing engagement and curiosity about the learning. We haven't encountered supervisory strains that we thought could arise between the Prishtina supervisors and the community teams. We also spent substantial time on assessment methods, each for the families, the community teams, and the supervising SBT teams, and on inclusion criteria for the families. We originally were including patients with at least 2-3 hospitalizations within 6 months and who were disconnected from their families. The community clinicians are worried about those in the community who are not hospitalized but live isolated under poor conditions and are disconnected from families. A man in Ferizaj, for example, lives in a little room with no contact with relatives except when they leave some food for him from a distance. We decided to include those.

The Monday visit to Gjakova consisted of a home visit with the team and a 3 hour meeting, followed by group lunch, with 30 community representatives and mental health clinicians. This included the head Imam for the 13 mosques in the city, a Catholic nun nurse, the municipal director of health, the primary school superintendent, another school teacher, two police representatives, a primary care physician, and others. The Ferizaj day on Wednesday was similar, with a two hour community meeting then lunch with 26 mental health clinicians and community representatives. Our home visits were important for emphasizing the poverty under which families try to meet obligations to mentally ill relatives while caring for their primary families, such as multiple adult family members (in one case, two with psychoses) living in one room. The WHO Mental Health Officer is enthusiastic in supporting the project, seeing it is as developing a model that would be alternative to building a residential facility for individual patients.

In the Tuesday didactics and workshop, I focused on family-centered treatment of schizophrenia during the re-entry first year after hospitalization, and Corky focused on building resilience of children living in the home with a psychotic parent. Much of the workshop time was spent walking through construction of a family psycho education program for one of the nurse's cases she presented. There is much cultural stigma here around mental illness and genetics, in that families sometimes hide a psychotic member because community awareness may mean their sons and daughters will not be able to marry.

Notes from Corky Becker:

The two major events of Wednesday were a community meeting and a family meeting in Ferizaj. After introductions, names and positions, and a brief introduction to the project by Jusuf and Griff, I spoke about the need for a better understanding of mental illness and psychosis, and the possibility of some collaboration with people in the community. I invited them to speak about their experiences and perspectives. The central themes in the stories they told reinforced the impression we had from Tuesday's workshop, that people do not understand psychosis and schizophrenia, and they hide someone who is ill, isolate themselves, and are judged negatively in the community. There is a lot of fear. People make fun of others who have disabilities. The ill person is likely to go to the Hoxha (traditional religious healer) before getting help from the mental health center because of the stigma of coming to the center: eg, "Don't go to the center, or you won't be married."

There was a lot of momentum in the conversation toward public health education, using the media, TV, radio, literature, booklets: broad communication to change the views of the public. Education, of course, is one thing, changing beliefs is another. When we asked if there were specific areas where collaboration might be helpful, they mentioned neighbors, the police, the schools, joining with NGOs with similar goals to educate people. People responded from their own points of view and not all participants in the discussion understood our project, but they used this as a forum for speaking about broad needs for education about many public health issues. There was a lot of enthusiasm for "the strength of working together" clearly a cultural value which supports a multi-disciplinary approach.

After a lunch with thirty people from the meeting, we saw a family. This was very challenging. In both families that we saw I was impressed with the possibility that the session could create relapse, or an episode of decompensation. Bringing people together is a good way of seeing the family's dilemmas, if one can navigate the delicate territory of touching too closely the issues that excessively distress family members.

The next planned visit of our team members to Kosova will be on May 3rd. In the beginning of April, in Chicago, the leaders of the Kosovar team will meet with AFTA members of the project, members of the AFTA Human Rights Committee and representatives of the University of Chicago, in order to form an Advisory Board for the Kosovar project. This first meeting of the Advisory Board will hopefully set the course for future collaborations between AFTA members and our colleagues in Kosova.

Ellen Pulleyblank Coffey Ph.D. is a clinical psychologist in private practice in Berkeley, California. She directs the Community Solutions project that focuses on research and development of family centered community based mental health services both here and abroad. She is an adjunct faculty member at The Wright Institute and a Research Associate at The Center for Innovative Practice at Smith College.

[Home](#) | [About AFTA](#) | [Conferences](#) | [Membership Info](#) | [Members Directory](#)
[Newsletters](#) | [Resources](#) | [Contact Us](#) | [Members Only](#) | [Privacy Policy](#)

AFTA, Inc. 1608 20th Street, NW, 4th Floor Washington, DC 20009
Phone: 202-333-3690 **Fax:** 202-333-3692 **Email:** afta@afta.org **Website:** www.afta.org

Site design © [Vermont Technology Partners, Inc.](#)


[Home](#)
[About AFTA](#)
[Conferences](#)
[Membership Information](#)
[Membership Directory](#)
[◆ Newsletters](#)
[Web Resources](#)
[Contact Us](#)
[Purchase Tapes and CD-ROMs](#)
[Privacy Policy](#)

Honor and Grief:

AFTA Awards and Losses - In Memory of Emily Visher

Newsletter of the American Family Therapy Academy
Issue #85

[Table of Contents](#)

BOOK REVIEW

Sommers, Christina Hoff (1994) *Who Stole Feminism?* Simon and Schuster, New York.

Reviewed by Phoebe Prosky

As is abundantly clear, the woman's movement has made an enormous contribution to the rebalancing of perspective in this and other countries. In spite of the enormous transformation which it has brought about, I have heard women say that they find themselves in the strange position of being unable to identify with it. Often they are unable to put their finger on the problem but know they are uncomfortable being identified as a feminist. I, too, have had this problem, despite being the third generation of working women in my family and therefore a staunch supporter of equal rights for women. It has been difficult to describe my concern or to express it without being dismissed.

So when a female client recently recommended Christina Hoff Sommers' book *Who Stole Feminism?*, I was intrigued. The author gives an historical overview of the feminist movement and conceptualizes the difficulties which have emerged in a way that was clarifying for me and may be for others who find themselves troubled by the tenor of the movement.

In its historical exploration, the book identifies two main elements in the feminist movement equity feminists and gender feminists. It describes the original feminists as "equity" feminists, fighting against clearly defined inequities, such as women's right to vote, or equal pay for equal work. Over time "gender" feminists emerged and have held sway in the movement. Gender feminists view all of society through a sex/gender prism. This new feminism is marked by resentment and the rejection of things male. All male references are transformed into female forms, going so far as, for example, to convert the word "seminar" into "ovenar." This type of activity indeed generates a kind of sexism of its own. It is perhaps in this transition from equity feminism to gender feminism that I have found myself estranged from the movement.

The first two chapters of the book explore the effects of gender feminism on the feminist movement. They talk about the ways in which gender feminists, in

their ardor, have distorted facts and figures, often boldly ignoring inaccuracies in a means-justifies-the-end kind of position. According to Ms. Sommers, the movement often has captured audiences through misrepresentation of the subject being presented and through the manipulation and misrepresentation of statistics. For example, she states that the figure for how many women in the United States were anorexic or bulimic was widely misrepresented as the figure for the number of women who had *died* of these conditions in that year, and the resulting carnage compared to the Holocaust. Another example is the statement, quoted in *Time Magazine*, that a March of Dimes report found that domestic violence is responsible for more birth defects than all other causes combined. This statement incited floods of alarmed calls to legislators and the Health Department. The March of Dimes had not made such a statement, and *Time* was supposed to publish a retraction, but never did. Ms. Sommers points out that such statements, unretracted, leave strong erroneous images in the minds of the general public. In her view, gender feminists, in the rush to advance their cause, are too ready to find inflammatory statements and imagery and pay too little attention to the accuracy of what is reported.

In the next four chapters, Ms. Sommers explores the impact of gender feminism on our educational system. She states that gender feminists have established a stronghold in educational institutions at all levels with the stated mission of transforming them into gynecentric institutions. Dubbed "transformationists," these feminists view the traditional role of education promoting creative and critical thought and transmitting of knowledge as a male dominated agenda. Ms. Sommers offers a host of examples in which women's issues have come to dominate curricula, usually at the expense of a variety of core subjects. She states that, increasingly, on college campuses today, transformationist feminist rhetoric replaces honest debate. As a result, the breadth of educational experience has been compromised, and accordingly, the educational system seriously weakened. Any opposition to this development is silenced through the mechanism of "if you are not with us, you're against us." This same mood has pervaded educational administrative decisions. According to Ms. Sommers: To be a faculty member and to criticize feminist ideology can be cause for dismissal. This has serious implications for the value of freedom of thought and speech in our educational system.

A social worker myself by original training, I have had an up-close look at the effects of transformationist agenda on social work education, thanks to an opportunity I had to mentor a colleague through her MSW program a few years back. I was shocked and astonished at what had happened to the curriculum. Gone was almost all the history of social work and the development of psychological theory. Very sparse was any understanding of the nature of psychological difficulty. Absent was instruction on the tools of a social worker's presence with clients. Course after course reiterated the themes of women's issues and diversity. The redundancy and concomitant lack of breadth was striking. My experience with my colleague's education was, as far as I knew, a singularity. *Who Stole Feminism?* suggests that this tendency in education is in fact the rule.

The later chapters in the book offer critiques of various studies and reports conducted and issued by gender feminists. These chapters analyze ways in which information was misused, events exaggerated, and imagery borrowed to

heighten the drama of information reported. The author notes that the gender feminists liken their cause in intellectual scope and import to developments of the scale of the Copernican revolution.

Ms. Sommers asks whether American women *need* to be saved by anyone. She questions the gender feminist assumption that men are collectively engaged in keeping women down. She sees this assumption as responsible for feminist bonding in a resentful community, creating self-protective enclaves. She feels that the "us vs. them" positioning of gender feminists has caused many women to be alienated from what should rightfully be their own movement. Women in general want to be treated fairly, but many do not feel it is appropriate to attempt to replace all that is male with all that is female. They prefer instead to give each gender its due.

The statements in Ms. Sommer's book are all thoroughly documented. They help shed light on both why it has been so hard for some women to identify with a movement reputedly on their own behalf, and why it has been so hard for those women and many men to gain a fair hearing for legitimate opinions which run counter to the point of view of gender feminism.

Who Stole Feminism? serves as a counterpoint to the voice of gender feminists. It helps to identify a conceptual platform for those women (and men) to stand on who wish to make their focus issues of equality for women.

Perhaps the most important clinical implication of this book for family therapists is the difficulty of maintaining a systemic perspective with families from a gender feminist stance. A position adversarial to things male cannot help but bring bias into the therapy room in the same way that male chauvinism historically has. As family therapists we presumably wish to be free of bias against, among other things, anything a client cannot change, such as sex or race.

Phoebe Prosky, MSW is Director of Training at A Center for the Awareness of Pattern, a family therapy training center and clinic in Freeport Maine, and she has a private practice at the same site. She is coordinator of the International Training Consortium Division of the International Family Therapy Association, and Immediate Past President of the Family Therapy Practice Academy of the Clinical Social Work Federation. Phoebe is a Charter Member of AFTA as well as a Fellow with Ortho and AAMFT, where she is also an Approved Supervisor. Phoebe teaches internationally, is the author of numerous articles and chapters and is presently co-editing a book with David Keith, MD on the difficult intersection of family systems work and psychotropic medication, to be published by Brunner-Routledge.

[Home](#) | [About AFTA](#) | [Conferences](#) | [Membership Info](#) | [Members Directory](#)
[Newsletters](#) | [Resources](#) | [Contact Us](#) | [Members Only](#) | [Privacy Policy](#)

AFTA, Inc. 1608 20th Street, NW, 4th Floor Washington, DC 20009
Phone: 202-333-3690 **Fax:** 202-333-3692 **Email:** afta@afta.org **Website:** www.afta.org

Site design © [Vermont Technology Partners, Inc.](#)