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Newsletter of the American Family Therapy Academy
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From the Editor's Desk

The trees are budding in Indiana. The grass is slowly turning green. Spring flowers are daring to push through the protective, thawing soil, only to get hit by the next overnight freeze. Singing birds and the first rays of the spring sun again accompany my early morning runs. Nature is waking up and has begun its seasonal growth. What a wonderful time of year in the ever-repeating cycle of life.

Well, in my last editor's column, I shared with you some of my thoughts and feelings as I began to prepare myself for the next stage in the cycle of my life: becoming a grandfather. Unfortunately, nature does not choose a linear progression as a growth path, but has its unpredictable leaps and falls. My eldest daughter, Tina, was hit by one of its falls. She lost the baby that was growing inside of her at ten weeks of gestation. Physicians offered no medical explanation for her miscarriage, other than the less-than-helpful statistic that more than twenty percent of all pregnancies do not "produce a viable fetus." My daughter and son-in-law were devastated, totally unprepared, not knowing how to react. Tina called me as soon as they got home from the doctor, remembering that my wife (her stepmother) and I lost a baby during pregnancy about ten years ago. Tina and I cried together over the phone and across the Atlantic Ocean, mourning the death of a beginning human life and our fantasies and hopes about being parents and grandparents.

A few days later, my daughter had a DNC and, thanks to a still-generous German healthcare system, she was able to stay home from work for two weeks to go through the grief over the loss she was still experiencing. She felt guilt and shame that her body had failed to provide her baby with an environment to grow and make it into this world. She felt lonely and frustrated by the silence and helplessness around her. Yet, at the same time, she felt relieved when other women began to share their own experiences of having lost babies through miscarriage and stillbirth. For Tina, it seemed a strangely connecting experience for a woman to come out to her with the details of an important life experience that had until then been silenced by guilt and helplessness. Tina found out that those "twenty percent of all pregnancies" are real people and real-life experiences waiting to be shared when it feels safe. When a woman finds the courage to share her pain, others who meet her feel safe to come out and share their own pain. Often, this is a pain that has lingered for years in silence, and is allowed to surface only after it is reflected

in the face of a woman who is in the midst of the grieving process they have had to keep private. I am deeply grateful for my daughter's courage to "go public" with her pain, knowing how helpful it is for her own healing and for the healing process of other women who did not have the courage and/or opportunity to share their pain when it was most debilitating.

I was equally grateful that my daughter did not hesitate to call me right away and invite me to mourn with her, to participate in her grieving process and to share my own grief with her. I truly appreciated this privilege. It brought back many memories about our own miscarriage. My wife, Edie, and I had battled with infertility for a couple of years before we had our now fourteen-year-old daughter, Erika. When we decided to have another child, we were delighted to get pregnant after only two months of trying, only to lose the baby after eight weeks of pregnancy. It seemed as though we would drown in an ocean of grief and helplessness even close friends and family did not know how to deal with a death-before-the-birth of one who was supposed to have become my wife's second and my third child. We could find no socially accepted ritual to mark such a sad occasion and provide a way to channel the pain and helplessness.

I remember how we struggled and finally decided to create our own ritual. During a ceremony with friends and family, we planted a tree in the backyard of our house that would remind us of the growth our baby would have experienced in a fertile and nurturing environment. This was more than ten years ago, when we lived in Minnesota. Whenever we drive up to Minnesota to visit family and friends, we drive by our old house and notice how much "our" tree has grown. We have shared our story with the two families who have lived in the house since we moved away. Both have invited us to stop by and visit as often as we want. Two years ago, not too far from our "baby" that has grown quite tall, we noticed another little tree. The current resident came out in tears and shared with us that she had had a miscarriage a few months prior to our visit. She thanked us for helping her work through the pain of her loss. "Our" tree reminded her of ways to acknowledge the pain and begin to heal. Now there is another "baby" growing in "our" backyard. "Our" backyard has now expanded to two families, for many years to come.

As I remember, I also think about how different my experience of Tina's miscarriage is from what Edie and I went through together ten years ago. Being removed one generation doesn't make me any less sad for my child and her husband, but I have to admit that their miscarriage could not have had the impact on my daily life that it did on theirs. Tina and Dirk had gone out to look for baby furniture; friends had given Tina maternity clothes for the spring and summer. They had made plans how to redecorate what was to be the nursery. Now all the plans are on hold. Tina and Dirk have not given up their hopes for having children some day, but for now they have lost their first child. For me, though I've relived some memories about our own miscarriage, I haven't really lost anything but the promise that my fantasies might soon be realized fantasies of being a grandfather who spoils his grandchildren without the responsibility that parenting necessitates. But these fantasies can wait to become reality, for a while.

Finally, I am grateful to AFTA for providing me with an outlet to process thoughts and emotions, and then share them with an audience that make me feel safe to do so. One of the perks of being the editor of the Newsletter is this

column. It gives me an opportunity to connect with a community of colleagues and friends through writing that seems rather unique. Thanks for the opportunity and thanks for reading/listening.

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Editor's Note:

In the last issue (81) we published the book review below using the traditional way of capitalizing names and words. This did not do justice to bell hooks and her book's intentions. Below is an explanation of hooks' spelling and Silvia Echevarria-Doan's book review. We apologize for the error.

Hooks is committed to her ideas and that is evident in her use of a pseudonym. Hooks decided to use a pseudonym both to honor her grandmother (whose name she took) and her mother, but also because the name Gloria (her given name) became associated with an identity that was not completely hers. By using "bell hooks," she was able to reclaim her voice and identity. It is hooks's commitment to her ideas, however, that led her to decapitalize her name. Both the decapitalization and the pseudonym itself are attempts to take the reader's focus away from the author and place it on the content of the work. For hooks, her ideas come first and foremost, before her name and personal identity.

AFTA Newsletter Book Review

[Silvia Echevarria-Doan, PhD](#)

about love: new visions by bell hooks (2000)

Courage does not even begin to describe what it takes to write about love, an elusive and often indescribable emotion, act, and experience that touches us all. bell hooks accepted the challenge because she believes that our nation is turning away from love. Being the social critic and thinker that she is, she found it disillusioning when she was not able to find a "tell-us-all-about-love-book" herself. This came at a time when she and her most intimate listener and lover (with whom she had endless discussions about love) were breaking up. In continuing her search for answers through questions and conversations around the nation she was struck with our own cultural confusion about love. It was out of this search and struggle that "all about love" was born.

The book addresses a number of different forms of love starting with very personal and sometimes rather dark renditions of hooks' own childhood (and later adult) experiences of love. Along with several different aspects of love such as honesty, values, justice, commitment, loss, mutuality, and spirituality,

she also discusses the act and experience of love within the context of romance, mutuality, community, greed, loss, healing, and destiny. It is in her convincing critique of our current views on romance, that she presents her well-established feminist self. She does so by making some very strong assertions that would have us changing our entire culture and language of romantic love. For instance, she believes that we should change our language of "falling in love" (which liberates us from the responsibility of our actions and takes away choice), to "choosing to love." Thus, implying a more active and responsible act. hooks borrows her definition of love from Scott Peck by describing it as "the will to nurture one's own or another's spiritual growth."

Throughout the book, bell hooks presents most of her thoughts about love in terms of that which gets in its way (i.e. obstacles) and that which generates it (generative resources). Obstacles range from religious segregation to our worship of individuation and our culture of several "ism's" narcissism, sexism, and consumerism. Fear, another obstacle, is viewed as "the primary force that upholds structures of domination" because it promotes separation and sameness, thus "making difference, of any kind, appear as a threat." In referring to her own family as "dysfunctional," hooks also addresses how confused messages about love in such families can also lead us to lovelessness and disconnectedness. It is this disconnectedness and isolation, that hooks believes, has led us to our current hunger for spirituality.

It is not surprising then that most of the generative sources of love she discusses center around spirituality in the form of loving practice, communalism, and healthy interdependence. Although she borrows from, and cites, several different spiritual writers in her work (e.g. Merton, Peck, Kornfield, Williamson, Viorst, and Salzberg, among others), many of her thoughts are founded in Buddhist thinking and practice.

Even though the book may seem to be a "fast read," I found it worked best for me to digest it slowly and in small chunks, for two reasons. Quite simply, it was my way of limiting the bad, painfully negative parts and extending the good, inspirational parts. In other words, a "slower read" curbed some of hooks' negativity and somewhat slanted views to limited doses, while, in contrast, it extended her beautifully written nuggets of enlightenment and hope. It was in words like "we too can choose serenity in the midst of struggle" that I found reassurance, peace, and nurturance. I think that is hooks' gift to us in her book, her own hope that true love is felt and found.

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A Hands-On Presidency: An Interview with Janine Roberts <

By Linda Wark

I still love reading books for pre-adolescents and young adolescents. The well-written ones are inspiring and hopeful. Talking with Janine Roberts is like reading a book that has won the Newberry Medal for Children's Literature. The book is about an adventurous girl who has some real life or metaphorical problem to solve. Like any good book of fiction for children, the story involves an internal as well as an external struggle. In the end, the heroine will figure out what it will take to make things work, overcome the obstacles, and be drawn toward what is good and right.

This article is based on an interview with the incoming AFTA president, Janine Roberts. Typical of Janine, she finds a way to make every interaction and work effort as collaborative as possible, and she invites me to discuss my own experiences and perspectives as a newer member of AFTA while we talk.

Ironically, AFTA's president-elect says that she is not a big joiner. "I am wary about whose agenda is promoted in organizations, about what gets ignored and left out." Reluctant at first to get involved in professional groups, she did become a member of AFTA in the mid-eighties. "What pulled me in," she says, "was the vibrancy of the organization and how many members reached out to me. I also quickly saw it as a group that was open to looking hard at itself and making changes."

I ask Janine to tell me what life influences she will bring to her executive efforts. She quickly pinpoints her family. "Growing up in rural Washington state on Lake Killarney, my parents were always involved with the PTA, leading the Brownie troop and Cub Scouts, starting a square dance group. It was just part of what you did, being involved with the community. And we did lots of hands-on projects at home, too. We picked and canned the fruit from our pear, cherry, and apple trees. When the peaches were blanched, the aroma of it was like the smell of the first spring sun lingering on your

face."

"All four of us kids helped dig out the basement bucket by bucket so my dad

could have a workshop there, and we had a place to store the food we put up for the winter. He built a desk with each of us, and helped us make tandem bikes and go-carts. I still have the desk, and the memory of the lake air wafting off my face as I raced down the big hill in the backyard riding my own contraption."

"My mother was a puppeteer, a story teller, a story collector, and an artist. I have some of the large puppets she made out of *papier-mâché* such as the hare in Alice in Wonderland with a 'diamond' in one of his front teeth and a ring inside of his head to twitch his ears. She was extremely attentive to the power of listening and giving support to people, and getting their stories out there. To this day, she is a mainstay in my life. Growing up, I was steeped in the messages to dive in, connect with people, figure out what you can do, make things, be active."

A second strand of familial influence was more emotionally intense. In 1952, when Janine was five, her father was hospitalized in a state institution because he was diagnosed as being suicidal. He was in group therapy and subsequently had an affair with another group member. Her parents almost put her younger brother up for adoption. Later, her parents divorced. Psychodynamic theory was the ideology of the institution and the day. It wasn't until Janine was exposed to systems theory in the seventies that she

was able to meaningfully have a way to understand what had happened in her family. A

systemic framework helped her to embrace and hold what happened and to connect with her immediate and extended family in new ways.

In the larger world, Janine grew up in the heart of the civil rights movement, the women's movement, and the anti-war movement. "It was a jubilant time to be an adolescent. I had so many models of people trying to make changes in our country. That was one of the reasons why right out of high school I joined VISTA in one of the first groups of volunteers. I asked to go to the East coast and worked and lived in the projects in central Newark. The families I got to know there, their circumstances, their life stories, their resilience, etched deeply in my mind the social injustices in the US."

"My family moving to Kuwait when I was sixteen also had a big impact on my life. It moved me out of a pretty isolated environment in Washington state and gave me the confidence to connect with people with very different backgrounds from myself. As a teenager and young adult, I went on to live in Lebanon, Argentina, and Ghana and did a lot long overland trips like from Beirut to Glasgow, Scotland, and San Juan, Argentina to Mexico City."

When Janine's family therapy career began, an international perspective continued to influence her. As an exchange professor in her position at the University of Massachusetts, she had the opportunity to go to China to see what they were doing with psychology there. Her translator there became her colleague and friend and she is now the godmother to her translator's two children. "Luckily, they now live close by and I get to be a grandmother!"

Janine also traveled with her daughter, Natalya, when she was in elementary school, to St. Petersburg, Russia, to give a series of workshops there. Natalya is Russian Jewish on her father's side and was somewhat cut off from that heritage because the paternal families in migrating here early in the twentieth century were ripped from contact with the family members left behind in the Ukraine. During the trip, Natalya and Janine stayed in a Russian flat for two weeks with three Russian families. The creativity it takes for people to live their lives and manage their families, even to be a family, took on a new meaning. The experience continued to inform Janine about how interconnected people are within countries and between countries, and the deep importance of our roots.

Janine and I return to the energy and focus of AFTA. How will Janine's work as president help to maintain AFTA's vibrancy? What activities will nurture what is unique and strong about the organization? Janine notes that other than the incredible work done in the central office by Barbro Miles, Administrative Director, and Kim Cox, Executive Assistant, and the phenomenal work done by Diane Campbell for the annual conference,

everything else is done on a volunteer basis by the members. The members are the heart of AFTA. Thus, continuing the links to members, between members, by members will be an essential thrust of Janine's agenda. Janine reviews all the various initiatives that have been put into place by the current officers and Board to address inclusion of members as well as opening up the organization to others. "I am deeply appreciative of all that has done and think that the Miami meeting in June of this year will be a wonderful place to see the fruition of much of this work."

One flow of energy into AFTA will come from new members, making invitation and inclusion a multi-generational issue. Janine wants to continue to help break down the mystique of what it means to become a member. She wants to continue to encourage membership that will draw clinicians, researchers, and teachers from different disciplines and backgrounds. "This is key to what makes us lively. We are also looking closely at governance structures in the Board to see if we need to make any changes there. And we have just secured a conference site for June 5-9, 2002, at Asilomar in Pacific Grove,

California, that will continue our move towards more affordable conferences. Rates

start at \$78 per person a day including all meals, room, and conference space.

Asilomar means 'refuge by the sea' and is nestled along the shoreline of the Monterey Marine Sanctuary. I think that with its combination of dunes, forest, and range of conference meeting space, along with its proximity to Monterey and Carmel that we have a great site."

Janine offers a list of things that each member can do to contribute to AFTA.

1. Each member can identify and talk to potential new members. Think of this as a small task involving just one or two other people. Call the central office at 202 994 2776 and ask them to mail you an application packet to give to the

potential new member. Or e-mail them at afta@afta.org. Help the potential new member through the application process. Mentor them into the organization.

I recall to Janine that when I thought about joining AFTA, I called the central office for an application. I was dismayed when I learned that AFTA members must write letters of recommendation. The only AFTA members that I knew were ones who didn't know me or didn't know me well enough to write a letter for me. Understandably, the central office could not provide me with a membership directory so that I would become aware of possible members to approach. After being accepted for membership, I received my membership directory, and I discovered the names of several people who would have written a letter for me if only I'd known that they were members. I wonder aloud to Janine whether this particular circumstance in the application process could be made less difficult. Perhaps members would be willing to be "on call" to identify members who could write letters of reference for the applicant. The central office could contact these on-call members when an applicant made a request for help.

2. In the interest of linking and connecting, each member could make an effort to reach out to someone they have been out of contact with, or to reach out to someone whose work or ideas they have admired and want to know more about, or to someone they don't know at all. Again, think small and doable, an hour of your time. These interchanges are central to who we are as an organization.

I wonder aloud again. It's unlikely that all new members sign up to meet with a Program Partner at the conference. Could Program Partners also reach out to new members at conferences by stopping those with new member stickers on their name badges and inquiring whether or not they have a program partner for the conference? This face-to-face contact could yield even more program partnerships with new members. I also recall how during my first conference, one member approached me to say that he had attended a workshop that I had given at another conference, and we chatted for a while. At the next conference, someone that I had met the year before made a special effort to greet me. Their inclusive behavior worked well with my transition as a new member.

3. People who have not been on committees for AFTA or involved in other ways are always needed and sought. AFTA really needs a mix of people for the range of activities we do as an organization. Volunteer yourself, let it be known what you might do (e.g. write for the newsletter, be a Program Partner at the conference, work on one of the program committees for future conferences, run for the Board or an office, help the Connectivity Committee with ideas, be on the Family Policy committee, help to start a new interest group, get involved in the Forums at the conference, help to get materials on

the AFTA web site, be on the Membership Committee, etc.).

I tell Janine that when I joined AFTA, I wouldn't have dreamed that I could become involved so quickly on committees or other activities. I enjoy professional activities. When I attended my first conference as a member in 1999, I approached Volker Thomas only because of having established a

professional relationship with him outside of AFTA, and I made a pitch to provide assistance with the newsletter. I left the conference as Book Review Editor for the AFTA newsletter.

Janine concludes by saying that she wants to talk with as many people as she can to fulfill some of her initial goals of taking the pulse of the organization. "AFTA should be about making a difference in the world, both personally and professionally. I will do everything that I can to provide leadership toward that end. I'll be in there with the help of everyone in AFTA with hands-on projects putting up the food to sustain us, collecting the stories that keep us connected, and building the go-carts to move us

forward."

I finish our interview feeling generous and passionate. Janine will succeed the previous presidents of AFTA with her own unique, refreshing contributions. I look forward to working with her. The adventurous girl in the book? It turns out well for her.

Author's note to ALL MEMBERS: Janine Roberts is very approachable. She can be contacted regarding a desire to volunteer for the organization in any way and/or to give feedback and ideas about any aspect of AFTA at her e-mail address: janine@educ.umass.edu, or via snail mail at P.O. Box 277, Leverett, MA 01054.

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Distinguished Contribution to Family Therapy Theory and Practice Award

By Jay Lebow

Bill Pinsof is the recipient this year of AFTA's award for Distinguished Contribution to Family Therapy Theory and Practice. What is most striking about Bill is the sheer number of ways he has contributed to our field. And these contributions are not shallow and fleeting. Bill makes strong commitments and has followed through on these commitments over his entire career.

Bill is, first of all, a wonderful clinician. He is perhaps the best-known and most sought-after couple/family therapist in the Chicago area. Despite numerous other commitments, Bill has always maintained a substantial clinical practice, keeping his work on theory always closely connected to real clinical experience.

Bill is a major theorist. His approach to therapy, called Integrative Problem-Centered Therapy, was among the first integrative therapies in family therapy, constructed at a time when most were looking at family issues within a much more narrow frame. As is true with all of his work, Bill has continued to refine and shape Problem-Centered Therapy throughout his career, the outline thickening and deepening as it has evolved. In 1995, he finished a decade-long project of writing a book that described Integrative Problem Centered Therapy. Since the publication of that volume, the model has continued to evolve.

Bill is also a figure in family therapy research. With Lyman Wynne, Bill co-edited the most important overview of the research assessing couple and family therapy, published both as a special issue of the *Journal of Marital and Family Therapy* and as a separate volume. Wearing the hat of chair of the research committee of the American Association of Marriage and Family Therapy, Bill has had a major role in enabling research to occupy a more central role in that organization and in developing its annual research conference.

Bill has exerted a major influence on a number of threads of research. His dissertation was a pioneering work assessing therapist processes in family therapy. Bill produced a coding system for family therapist behavior that could

fully be used to describe therapy, and still stands as a very special method. Bill's second major research focus was on assessing the therapeutic alliance in family therapy. Long before many had even turned their attention to the importance of this vital construct, Bill created a measure that differentiated the alliances within individual, couple and family therapy, and sorted the aspects of the alliance into tasks, bonds, and goals. The measure he developed with Don Catherall for assessing the therapeutic alliance has become among the most widely circulated measures of couple and family therapy process. The latest thread of Bill's research, with which I am also involved, is the culmination of Bill's thirty year desire to study progress in couple and family therapy and the relation of process to outcome in these therapies. Bill has devoted a great deal of his recent energy to create a set of instruments to assess progress in systemic therapies: the Systemic Therapy Inventory of Change (STIC). These instruments provide self-report measures assessing individual, couple, and system levels that can track change over time. These well-constructed validated measures are being utilized to assess progress on multiple levels in individual, couple, and family therapy.

Bill is a superb trainer and supervisor. I have seen Bill bring his combination of thoughtful ideas and engrossing case examples to endless audiences. A superb speaker, Bill always gets his ideas across. The first experience I had of hearing him speak was in a workshop in a small town in Wisconsin. He brought no less energy and enthusiasm to addressing that small group of five therapists than he has to plenaries at AAMFT.

Recently, he decided to offer a new class on sex and marriage to the undergraduates at Northwestern as part of the Family Institute's university offerings. As is typical of Bill, he devoted great care and planning to developing the course and his lectures. Bill didn't just examine recent theory and research about marriage, he read intensely about the entire history of marriage; he organized a research project tracking what university students felt they needed to know about relationships and marriage; and he organized a faculty seminar examining the views of marriage across many disciplines. Quickly, the course became an undergraduate favorite. Because of his enthusiasm and thoughtfulness, Bill has affected innumerable trainees and students in a profound way over the course of his career.

Have I mentioned yet that Bill is the President and CEO of the largest family institute in the United States? Somehow, he has found the time to not only run the Family Institute at Northwestern, but to participate in a hands-on way in directing almost all of its activities. Bill negotiated a complex joint venture with Northwestern University, which has helped the Family Institute thrive as an institution, and headed the monumental relocation of the Institute to the Northwestern campus. Not the least of this achievement was the fund-raising effort, headed by Bill, which paid for the Family Institute's state-of-the-art building, which includes classrooms, offices, and many video and observation rooms. At a time when many family institutes were becoming smaller or even closing, Bill created a unique and secure base for a growing institute.

Bill's commitment to underserved populations is evident from a perusal of the programs of the Institute. Beyond the usual outpatient therapy offered on a sliding scale and the training of students, the Family Institute has developed unique partnerships with a number of urban sites, where services can be

delivered to those unlikely to ever come to the Family Institute's facilities. This includes a program called WINGS aimed at intervening with children and their families in inner city Chicago schools, YMCAs, and family preservation programs; a partnership with the Evanston High School; programs in the Chicago Latino community; and a program in several Chicago Schools to reduce school violence. Bill has not only fully supported these endeavors, he has been an extraordinary force in finding monies to support them.

Bill has also played a major role in all the important organizations in our field. He has chaired the AAMFT research committee, was a Board member of AAMFT's Research and Education Foundation, and is presently Vice President for Research of The Division of Family Psychology of the American Psychological Association. He also serves on the Board of Directors of *Family Process* and is an advisory board member of the Wynne Center for Family Research. Bill is also an approved supervisor of AAMFT, a diplomate of the American Board of Family Psychology, a fellow of the American Psychological Association, and has been honored with AAMFT's cumulative contribution to marriage and family therapy research award.

Bill has also been a wonderful colleague for those of us who work with him. He brings an intense excitement to every activity, yet finds time to personally connect. He models openness for everyone as he speaks of the struggles in his own life. He also lives the family model, rather than just talking about it, focusing much of his time and energy on his wife, Susan, and two young adult children. He not only offers psychotherapy, but believes in it, readily citing stories from his life as a client.

For all these reasons, Bill is an exemplary and much deserving recipient of the Distinguished Contribution to Family Therapy Theory and Practice. He can play all the positions on the field, sometimes all at the same time, and each one marvelously.

Jay Lebow, PhD, is a senior therapist and research consultant at the Family Institute at Northwestern and Adjunct Associate Professor at Northwestern University. He has served on AFTA's Board of Directors, as AFTA's Treasurer, and as chair of AFTA's research committee. He is a member of the editorial boards of JMFT and Family Process, is a contributing editor for the Networker, and is the author of numerous articles about the interface of research and practice, research in couple and family therapy, and integrative methods of practice.

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Elaine Pinderhughes Lifetime Achievement Award

Dick Chasin

It has been AFTA's honor to have had Elaine Pinderhughes in our midst from the beginning and among our leadership for the past decade. This June, we will acknowledge our deep appreciation for her by giving her our Lifetime Achievement Award.

Her accomplishments include all the arenas valued by AFTA.

She is a master teacher. During the past quarter century, she has delivered twenty different courses to master's degree and doctoral students in social work. Her academic base has been at the Boston College School of Social Work, where she is now Professor Emerita. She has held several visiting professorships, notably, the Lydia Rapoport Professorship at Smith; the Lucille Austin Professorship at Columbia; and the Moses Professorship at Hunter.

She is an exemplary scholar. Her forty publications are broadly important, thoroughly researched, tightly reasoned, and written with exceptional clarity.

She is an inspired leader. She has served on committees and boards ranging from the Publication Committee of the National Association of Social Workers to the Board of Overseers of Boston's Museum of Science. During 1991 1992, she was President of the American Association of Orthopsychiatry. She has served on AFTA's Board. One reason that she has not received an AFTA award sooner is that she served on, or chaired, our Awards Committee through much of the past decade!

What makes Elaine so precious, perhaps indispensable, is that her intelligence, her industry, her determination, her warmth, her charm all these gifts have been guided by her passion for social justice and for the validity, integrity and agency of every person. She has the mind, character, and vision that families and family therapists have needed most during the last four decades of the twentieth century and still need today.

Elaine stands tall among family therapists who are concerned with the interplay

of social divisions and family struggles. Her career began in the early days of the American civil rights movement and continues now at a time when the work of that movement remains so sadly incomplete, a time when we are increasingly aware that civil rights are the exception, not the rule, all over the globe.

Elaine's writings testify that she is devoted to unearthing the roots of bias and to blazing pathways to empowerment. The subjects of her articles and book chapters include the legacy of slavery; Black genealogy; biracial identity; racism, ethnocentrism, and classism; minority women; populations at risk; Black middle class families; and empathy in cross-cultural work. Her book, *Understanding Race, Ethnicity, and Power: The Key to Efficacy in Clinical Practice*, is a classic.

No one who knows her family story is at all surprised that she has focused her talents on these matters. She and her family span almost every divide that she has sought to understand and illuminate throughout her career. Elaine came from a middle-class, African-American family, where she was the confidante of her beautiful, light-skinned, and "unaccountably" sad mother, who died when Elaine was 16.

She attended the legendary Dunbar High School in Washington, DC, graduated summa cum laude from Howard University, and received her MSW from Columbia University School of Social Work. Her late husband Charles Pinderhughes like her father was a strong, dark-skinned, well-educated professional. After graduating from Dartmouth College and Howard University Medical School (where he met Elaine), Charles became a psychiatrist and psychoanalyst.

In the 1950s, these two recently-married, outstanding young professionals were excluded from buying a house in Cambridge. Instead they settled in Roxbury, where they raised their five children, three of whom they sent to an elite, private elementary school in Cambridge to assure that they received the highest level of education available in the Boston area. In the 1960s, when many other professional Black families began to move to the now-available suburbs, the Pinderhughes family loyally remained in Roxbury and became leaders in that predominantly-Black, inner city community.

It was in Roxbury that I first met Elaine, in 1969 when we simultaneously took key positions at the James Jackson Putnam Children's Center, a clinic for pre-school children. She was head of social work and I was executive director. It was not a quiet time in the ghetto. Elaine and I struggled against and for each other. We learned a lot about Black and White and a lot about each other. The mutual respect forged in that crucible matured into a professional and personal relationship that has endured for over thirty years.

Although we both left the clinic in the early 1970's, we have crossed paths at critical points in our professional journeys.

We taught a few diversity workshops together. Later, Elaine separately developed her remarkable method of teaching about ethnicity. She begins by asking participants when they first realized that other families were "different."

She carefully and expeditiously establishes that everyone has "ethnicity" and everyone struggles over identity and privilege. With a heart that conveys unstinting acceptance of human frailty, she enables each participant to uncover and face the attitudes they have about their own identity and the identity of others.

When Elaine was researching and exploring her Black origins back to the eighteenth century and her White origins even farther back, I directed her in psychodramatic representations of pivotal episodes in her family history, including the horrific slave-day origins of light-skin in the blood line of her depressed mother.

We also worked together leading a group of couples who had adopted VietNameese war orphans. We endeavored to support their courage and love as they grappled with the mysteries and agonies of raising displaced, traumatized, mixed-race children.

These collaborations gave me a first-hand view of Elaine's pedagogic and therapeutic skills. Although she is a master of the influence of context on behavior, she herself seems to be the same person regardless of context. The words of praise on the dust jacket of *Understanding Race, Ethnicity, and Power* could as well stand in tribute to the woman herself. Price Cobbs said the book is both "powerful" and "subtle"; Monica McGoldrick called it "hardhitting" and "touching"; Carolyn Attneave saw the author as unafraid and non-judgmental; Harry Aponte marveled that the writer "managed to be both bold and even-handed."

Elaine Pinderhughes brings a rainbow of excellence to the classroom, the board room, the consulting room, the living room-everywhere she goes. No chameleon, she is true to her colors and brings out the true colors of each human space she enters. She is a role model for people of color: Black, Brown, Red, Yellow, and White.

We are honored to honor her lifetime of achievement.

Dick Chasin is a psychiatrist and family therapist in Cambridge, Mass. He was President of AFTA from 1993 1995 and is currently a Senior Associate of the Public Conversations Project in Watertown, Mass.

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Judith Myers Avis

I first became aware of Judith Myers Avis's work in feminism and family therapy in the 1980s. At that time, she carried out the first systematic feminist research on supervision and training in a creative Delphi study using feminist-informed panelists. She found that participants told her (as they had told Dorothy Wheeler, who did a related study) that this was the first opportunity many of us had to know of each other and to share our ideas. Through the research, we saw and commented on the ideas of other feminist family therapists and identified their voices. This research became Judy's dissertation at Purdue University where she received her PhD 1986. Actually, as early as 1982 she had developed courses on women, gender, and feminist counseling at the University of St. Thomas in New Brunswick, Canada. Indeed, it was in the province of New Brunswick in the 1970s that Judy helped establish the first English-speaking social work program.

Judy's work also provided a critique, well before others' did, of the widespread lack among family therapists of adequate understanding, response, or education in regard to abuse in general, and to the abuse of women and to child sexual abuse, in particular. Because of her ground-breaking work on family violence, I invited Judy to organize the Presidential Plenary on Violence in Families for the 1991 AFTA Annual Meeting.

Recall that in 1990 there was hardly any attention paid in our field to family violence. Only one article regarding abuse appeared that year in any of the major family therapy journals. To name male violence and to hold men responsible for their violence was not a popular idea at that time when our field was imbued with systemic ideas about "circular causality." It was a time when therapists were claiming that provocative, nagging women and non-protective mothers were responsible for abuse committed by male partners, fathers, and family members. The end of the causal circle seemed to land on women.

Although many of us had experienced ostracism and anger back in the 1970s and '80s when we introduced feminist ideas at our universities and training centers, we were unprepared for the furor in AFTA that followed the plenary, and the criticism directed at those who presented. And today, to go back and listen to the audiotape of that plenary is to wonder what all the furor was about. What aroused gender-related anxieties and backlash a decade ago is now common wisdom. Despite the unpopularity of the message among some

family therapists in 1991, the field has changed significantly in its response to violence and abuse in families since that time. Judy played a major role in that transformation. It can truly be said that it was Judy Myers Avis who flattened down the barbed wire for the rest of us to advance across. Due to her courage and innovative leadership in breaking the silence, we are now able to confront the issue of domestic violence in our practices, training, and in the public forum.

Judy has continued her commitment to educating therapists regarding family abuse and violence. One of her important contributions back in 1988 was the development of a course on working with abuse and violence within families as a requirement in an AAMFT accredited masters program. It may well have been the first such course offered in a family therapy training program, and undoubtedly the first to be required. This was at the University of Guelph in Canada where she is Professor and former Director of the Couple and Family Therapy Program and Centre. In large part through Judy's efforts, the Guelph program was the first in Canada to be accredited by AAMFT.

Over the past decade, Judy has seen the importance of integrating feminist and narrative ideas. She has recognized that narrative work without a feminist consciousness lacks a critical political perspective in relation to gender politics. She has also found that feminist work is enhanced by utilizing narrative therapy's ways of understanding the oppressive power of dominant stories, privileging marginalized voices, and addressing power inequities. Judy has developed theory, practice, and training exercises that help clients and trainees to deconstruct gender narratives as oppressive practices. In Canada, the United States, Australia, and New Zealand, she has taught courses on feminist perspectives on family therapy, on gender and power, on violence and abuse in families, and on integrating feminist and narrative ideas. Her work draws on narrative, feminist, systems, trauma, and spiritual perspectives.

Judy has published extensively and internationally on these subjects. She is co-author of a book on group treatment for sexually abused adolescents, the author or co-author of more than forty articles in international journals, book chapters, and research reports. She has served on the editorial boards of *Family Process*, *Journal of Marital and Family Therapy*, *Journal of Feminist Family Therapy*, and *Contemporary Family Therapy*. She has given over one hundred conference presentations, keynote addresses, and training workshops in different parts of the world. She has received many awards and honors in recognition of her work. Among her recent awards are the Distinguished Professor Teaching Award at the University of Guelph, the Award for Significant Contributions to Family Therapy from the American Association for Marriage and Family Therapy, and the 2000 Millennium Psychotherapy Conference Award for Significant Contributions to the Field of Psychotherapy. Her publication record and the awards and honors bestowed on her attest to the importance of her leadership and ideas to the field of family therapy.

AFTA is honored to recognize the ground-breaking ideas, the leadership, and the dedication of Judith Myers Avis and to present her with the American Family Therapy Academy Award for Innovative Contributions to Family Therapy.

Rachel T. Hare-Mustin Ph.D. has served as an AFTA Board Member, AFTA Secretary, President, and Bylaws Committee Chair. She chaired an Interest Group on Gender and Humor with Jo-Ann Krestan. She has written on

postmodern theory and narrative therapy as well as feminist theory.

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Paulette Moore Hines AFTA Award

I am profoundly honored to have the opportunity to present an AFTA award to Paulette Moore Hines for her many contributions to our field. For more than twenty years, she has been an inspiration as a teacher, mentor, researcher, and author, especially in relation to families in underserved inner city communities. I doubt there is an African American in our field who has not been influenced by Dr. Hines, through her classic 1982 article on working with African American Families, co-authored by Nancy Boyd Franklin. Revised in 1996, and elaborated on in many other publications, this paper addresses how African American families deal with loss, gender roles, intergenerational relationships, life cycle issues, and socio-cultural stresses. But Dr. Hines' impact on our field goes beyond her clinical work and clinical writing. Throughout her career, she has been trying to design and disseminate culturally based interventions that empower people to not only survive, but to thrive. She is a pioneer in the area of prevention services services aimed at preventing violence and other social dysfunction to local communities by providing systemic supports at multiple levels to families, schools, and social service personnel. Her work goes far beyond the therapy room to larger systems interventions concerned with improving mental health outcomes through policy, administrative and staff practices, as well as interventions for families struggling on an everyday basis.

Dr. Hines has tried to see to it that we give more than honorable mention to the reality that our work as researchers and practitioners is not free of cultural bias. She has tried to identify and encourage strategies to foster open dialogue, critique, expanded self awareness, respectful curiosity about others, acknowledgment of what we don't know, and mutual learning between staff and the families and communities with whom we work, so that this knowledge informs our practice at every critical juncture. During her childhood, Dr. Hines' grandfather, a Baptist minister, often said to her, "Never say you can't." Well, she was obviously listening.

She never does say can't. And, as she has put it, "It's not about being grandiose. It's about keeping on keeping on." She often quotes the expression: "When life knocks you down, land on your back, because if you can look up, you can get up." This expression is typical of the humor and the perseverance with which Paulette lives her life and helps the rest of us to as well.

And she is tireless. She recently sent me an email at 5:30 am, after we had spent the entire previous evening in conversation over a difficult relationship we were having with a colleague. Overnight she had more thoughts and wanted to leave no stone unturned in our understanding of the situation and efforts to solve our relationship problem. As she says, "We should use the unique gifts that God has given each of us," and that is what she does every day, and what she inspires others to do.

Currently, Dr Hines is Director of the Office of Prevention Services and Research, at the University of Medicine and Dentistry of New Jersey University Behavioral HealthCare, where she is also Clinical Assistant Professor in the Psychiatry Department of the Robert Wood Johnson Medical School. She is also on the faculty of the Multicultural Family Institute in Highland Park, New Jersey, and has a private practice in South Brunswick, New Jersey.

Dr. Hines spent her Internship year (1976 77) at the University of Medicine and Dentistry in New Jersey. It was then that I had the good fortune to meet her, and we have worked together ever since. She married her college sweetheart and they have two sons. Their older son graduated from college last year and the younger is just finishing his first year of college this year. I have known Dr. Hines for twenty-five years now, first as my student, later as my teacher, and along the way as colleague and deeply valued friend and life-mate (by that I mean someone I expect to know and call on for all of my life. And that is a tremendous reassurance and comfort to me). She is a person of deepest integrity, thoughtfulness, spirituality, generosity, humor, intelligence and soul. She is a loving wife, a devoted mother to her two sons, committed to her family her parents, her cousins, and her cousins' cousins, and all her extended family, as well as regularly keeping in touch with innumerable friends and colleagues. All these commitments are part of her larger commitment to her community and to making a better world for us all. Her work is and has always been about her commitment to community. She is tireless in her efforts to help her people and to courageously fighting to make changes so that everyone will have a chance to thrive in our society. She has always believed that family therapy is a necessary but not sufficient response in the scheme of things. She believes in not waiting for people to "fall off the side of the mountain" but trying to develop proactive strategies at every level to empower them

Her work is focused on Building minority leadership and developing cultural proficiency among all prevention practitioners and researchers Expanding our knowledge about the role of race, ethnicity, socioeconomic status, immigrant status, and the larger community context in prevention of violence, substance abuse and other problems.

Devoted to developing and evaluating culturally sensitive preventive interventions and programs, Dr. Hines has been involved in a wide range of research projects over the years, but the thread unifying all her work is her driving desire to improve the lives of youth and families in our disadvantaged communities. She is dedicated and committed to the subjects of her studies and to the staff she supports in a way that I have rarely known in my life. Indeed, one of her earliest mentees, Reverend Deniece Reid, MSW, was the recipient of an AFTA award two years ago for her creative systemic-community work within her church community in Perth Amboy, New Jersey.

Dr. Hines was born in North Carolina and studied Psychology and Sociology at North Carolina Central University in Durham, where she graduated Summa Cum Laude in 1974. She received her doctorate in Clinical Psychology from the University of Delaware in 1978. In her dissertation she investigated the self-esteem in Black and White adolescents. Dating back as far as 1978, while still in graduate school, she published a paper on ethical concerns in family therapy with Rachel Hare-Mustin, and another with Linda Berg-Cross that analyzed ethnic differences in self-esteem.

Over the past twenty-five years she has accomplished an amazing amount in terms of research and training grants to help those in need, generating more than ten million dollars in research grants. She and her coworkers have built partnerships with educators, service providers, faith-based institutions, and juvenile justice, as well as clinic settings to improve the mental health and quality of life for underserved and highly vulnerable populations. She has for many years developed ground-breaking grants to promote work on these issues. The programs she has developed include those described below.

NEW JERSEY YOUTH CORPS is a program for high school dropouts aged sixteen to twenty-five. This program offers comprehensive services to promote employability and personal success to young adults who are at high risk for life difficulties. An average 100 youth participate each year, providing more than 15,000 hours of community service to youth agencies.

The program was visited by President Clinton in 1994, having won the Model Program Designation and received the National Diffusion Award from the US Department of Education.

SANKOFA, developed with her colleague Charlee Sutton, is a culture-based youth violence prevention program based on African American principles. The program was recently awarded \$ 1 million to assess the long-term outcomes of the model. SANKOFA is named for an African bird that has become an important symbol for many African Americans, because it flies forward while looking backward. SANKOFA incorporates appreciation of cultural knowledge and history with concrete training for current realities. It teaches young people about their history, emphasizing seven C's. It draws on their consciousness of their traditional resources, their commitment to community, their creativity and courage in managing conflict, and their ability to manage risky situations, conducting themselves in competent, responsible ways.

The program, which involves training for adolescents, parents, and schools in the community, focuses on instilling in youth a clear sense of personal values and life goals, increasing their awareness of the relationship between everyday choices and their potential for realizing hopes and dreams in the future.

PEACEKEEPERS, involves training and empowering community members to serve as resources in schools and community based organizations. It provides technical assistance to organizations that wish to recruit, train or supervise conflict intervention teams at school and community-based sites.

MAKING BETTER CHOICES ,supported by a 5-year grant from the National Institute of Health, focuses on training for adolescents and parents around

three problems that disproportionately affect minority youth: youth violence, unwanted teenage pregnancy, and sexually transmitted diseases. Dr. Hines' team has collected data from over 1,400 urban youth who have participated in this process.

HART (Healing and Recovery After Trauma) targets youth who have witnessed violence against family or friends or been direct victims of a violent crime. The program provides education and training to parents and service providers who must manage their own and their children's reactions to violent events.

Though Dr. Hines is best known in AFTA circles for the many papers she has written on African American families, she has also presented and written extensively on the community projects she has developed, especially the programs for preventing youth violence. Her classic paper on African American families with Nancy Boyd Franklin, as mentioned already, has had a tremendous impact on the field. She has in addition written papers on the family life cycle of poor Black families (1989, 1999), mourning rituals (1986), multi-impact family therapy with multiproblem families (1989), African American women (1989), African American mothers (1990), loss in African American families (1991), intergenerational relationships in African American families (1992), and "Keeping Hope Alive (1998), which discusses strategies African Americans have developed over the centuries to maintain their will to survive and to transform the horrendous circumstances to which they have been subjected for hundreds of years in this country. This paper is an inspirational beacon to those wanting to empower families struggling with the residuals of slavery and racism. It is a powerful, creative reminder of the adaptive strategies African Americans have developed to survive and to transform their lives.

Dr. Hines has spoken and written a great deal over the years about the skepticism with which people in her culture view therapy and she has tried to help stretch our field to bridge this gap to help us appreciate the richness of healing stories, prayers, songs, and poetry of her culture, and to appreciate that there are many other forums in which one can do therapeutic and healing work beyond the therapy context as we have defined it. In speaking of her dreams of what she hopes still to do (besides sitting under a coconut tree watching waves at the beach!), she said she dreams of finding more effective ways to translate research into systems interventions and practices that go way beyond the therapy room transforming our institutions, our communities and ultimately our society.

On a personal note, I want to acknowledge the ways Paulette has lived out her beliefs with all who know her. There's no one you'd rather have in your corner when you are at the most complex, difficult, trying moments of your life than Paulette Moore Hines. She has the most amazing ability to keep her feet on the ground and her heart open to others' needs, personal stress and pain, while staying focused on the task at hand. She can remain diplomatic, strategic and loving in the tightest, most polarized discussion, while not ever retreating from the hard realities that need to be addressed. Her ability to maintain and spread hope has been a deep inspiration to me for all the twenty-five years that I have known her. And it is great to be on her email list to get the inspirational stories and jokes she sends to her friends.

After all she has done to deserve an AFTA award, I hope you will join me in celebrating Paulette Moore Hines for her achievements. I do want to say that I hope in the future those who follow in Dr. Hine's footsteps will not be receiving special diversity awards, but rather will be appreciated as deserving general AFTA awards for the contribution they have made through work that concerns all of us. I have considerable ambivalence about the nature of these awards. For us to reward those whose work relates to families marginalized by our society is extremely important, but for us to have "regular" awards and then "diversity" awards, may continue to marginalize those therapists and researchers who have from the beginning been marginalized by our field, even as we attempt to celebrate them. I hope that there will come a time when the notion of a "diversity award" will seem peculiar to us all, because we will be taking "diversity" into account in all that we do.

Our "regular" awards will naturally celebrate work related to everyone in our society. In the meantime, please help me in celebrating the work of one of our most courageous, committed, hardworking and innovative members: Paulette Moore Hines.

Monica McGoldrick, MSW, PhD (h.c.), is Director of the Multicultural Family Institute in Highland Park, NJ. She is on the faculty of Fordham University School for Social Service and the Psychiatry Department at Robert Wood Johnson Medical School. She is a Charter Member of AFTA and has served as an officer, board member, Program Chair, as well as on many committees over the past 20 years.

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ROBERT-JAY GREEN, PhD **Biographical information for AFTA 2001**

Award for Distinguished Contributions to Family Systems Research

Robert-Jay Green has had an extraordinarily productive career in family systems research. Moreover, he has been a valuable mentor for emerging researchers in our field. Born in Buffalo, New York in 1948, he did his undergraduate studies in psychology at Case Western Reserve University (BA, 1970), graduate studies in clinical psychology at Michigan State University (PhD, 1975), and completed a postdoctoral fellowship in family research and therapy in the Department of Psychiatry, University of Rochester School of Medicine (1975-1977).

Moving to the San Francisco Bay Area in 1977, he initially worked at the Family Therapy Institute of Marin and taught at the California Graduate School of Marital and Family. He also co-taught with Carlos Sluzki and Jim Coyne at MRI and made the pilgrimage to Phoenix to study with Milton H. Erickson. From 1980-1991, with Karen E. Saeger, he founded and directed Redwood Center Psychology Associates, a family institute that became one of the leading training centers for couples and family therapy in Northern California.

Since 1986, Dr. Green has been Professor and Director of Family/Child Psychology Doctoral Training in the APA-Accredited Clinical Psychology programs at the California School of Professional Psychology (CSPP), San Francisco Bay Area campus. In this capacity, he led the development of one of the largest family/child psychology training programs in the US, which now includes seven full-time core faculty members, twenty-nine adjunct faculty members, and over 150 doctoral students. In June, 2000, he also became director of CSPP's Alternative Family Institute, the nation's only family therapy training and research institution exclusively focused on lesbian, gay, bisexual, and transgender individuals in couples, families, and other significant relationships.

Early in his career, Robert-Jay co-edited (with James L. Framo) a best-selling family therapy textbook that was a collection of the classic articles in our field (*Family therapy: Major contributions*, 1981). A 1980 visit by Luigi Boscolo and Gianfranco Cecchin galvanized the Redwood Center's interest in Milan systemic

family therapy, and led to a three-year, experimental, process and outcome study of the effectiveness of team consultations (Green and Herget, 1989a, 1989b, 1991). This was the first experimental study demonstrating that Milan-style team consultations for "stuck" cases were effective. Cases randomly assigned to one Milan-style team consultation (in addition to regular therapy sessions) showed more improvement in presenting problems at one-month and three-year follow-ups than did similar cases receiving only regular therapy sessions. Moreover, among cases receiving a Milan-style team consultation, ratings of therapist warmth and active-structuring during the consultation strongly predicted therapeutic success in improvement of the presenting problem at both follow-ups, contrary to early assertions by the original Milan team that therapist charisma and other personal style variables had no effect on outcome.

Throughout his career, Robert-Jay has written research articles, theoretical papers, and editorials on many topics including graduate education in couples and family therapy (Green, 1992, 1996a; Green, Ferguson, Framo, Shapiro, and LaPerriere, 1979; Green and Saeger, 1982), cultural diversity issues (Green, 1998b, 1998c), and stepfamilies (Brown, Green, and Druckman, 1990). His major research programs over the years have focused on:

1. *The relationship between children's academic achievement and patterns of family interaction.* With former graduate students and colleagues, Dr. Green conducted fourteen years of programmatic research studies on family interaction and children's achievement, including studies of average-achieving African-American, European-American, and Mexican-American children; gifted/talented African-American children; and European-American children with learning disabilities (Ditton, Green, and Singer, 1987; Green, 1989, 1995; Shields, Green, Cooper, and Ditton, 1995). One of these studies of children with learning disabilities was fully replicated by independent investigators in Finland and showed results identical to those in California (Rasku Puttonen, Lyytinen, Poikkeus, Laasko, and Ahonen, 1994). Among other findings, the various studies consistently demonstrated that clarity of parents' communication and their achievement-related practices in the home bore a positive, linear relationship with children's academic achievement regardless of child's age, race, language, or nationality (Green, 1995). Parental communication deviance, in contrast, was associated with children's learning disabilities and general underachievement, both in US and Finnish samples. (For the most recent summary of this research, see Green, 1995.)

2. *Assessment of interpersonal perception in families.* Since 1989, Paul Werner and Robert-Jay Green have been developing the *California Inventory for Family Assessment* (CIFA), a questionnaire with high reliability and validity that measures clinically-relevant aspects of closeness-caregiving (cohesion), openness of communication, and intrusiveness (negative aspects of enmeshment) in couples and families (Green and Werner, 1996). This instrument has been translated into Spanish, Chinese, Japanese, French, and Russian, and has been used in over thirty research studies, including projects in Mexico, Taiwan, and France. Contrary to the proposition in structural family therapy and the circumplex model equating high cohesion with enmeshment, the results of research using CIFA show that high closeness-caregiving (cohesion) and intrusiveness (enmeshment) are two completely separate dimensions of family functioning. (For a summary of this research, see Green and Werner, 1996; and Werner and Green, in press. The CIFA Handbook and

reference list for studies that have used the CIFA are available at website: <http://ourworld.compuserve.com/homepages/pdwerner/cifa1.htm>)

3. *Lesbian/gay couple and family issues.* In 1988, Zacks, Green, and Marrow published the first research article on lesbian couples in the field of family therapy. Then, with Joan Laird, Robert-Jay co-edited a special issue of the *Journal of Feminist Family Therapy* on lesbian/gay families (Laird and Green, 1995) and a widely acclaimed book, *Lesbians and gays in couples and families: A handbook for therapists* (Laird and Green, 1996). This book included a research chapter by Green, Bettinger, and Zacks (1996) describing a study comparing lesbian, gay, and married heterosexual couples. This research demonstrated that contrary to assumptions based on gender-role socialization theory and clinical lore: (a) lesbian couples were the most cohesive of the three types of couples and were not negatively "fused"; (b) gay male couples were more cohesive than heterosexual couples and were not disengaged; (c) both lesbian and gay couples were markedly more flexible than were heterosexual couples; and (d) lesbian couples who had *not* disclosed their sexual orientation to their parents had the same level of relationship quality and stability over a 2-year follow-up period as those who had done so. The latter result implies that being "out" to family of origin members is not essential to lesbian couples' satisfaction or relationship stability. Other seminal articles on lesbian/gay family issues followed (see Green, 1996b, 2000b), as well as a special five-article section in the *Journal of Marital and Family Therapy* for which Robert-Jay served as guest editor (Green, 2000a).

4. *Men's gender role conformity, couple/family relations, and mental health.* Over the past five years, Robert-Jay has become involved with this new area of research with various students (Miriam Kazansky, Steven McGraw, Kevin Campbell), in a series of studies on topics such as: Masculinity ideology, alcoholism, and couple interaction; Husbands' masculinity attitudes and behavior toward their wives; and Masculinity ideology of gay versus heterosexual men. Project results completed so far are showing that a husband's higher endorsement of more traditional masculinity ideology is associated with his showing less closeness-caregiving, less open communication, and more intrusiveness toward his wife. Also, as predicted, gay men are significantly less endorsing of traditional male role norms than are heterosexual men. Perhaps most significant for research development in this area, Reza Nabavi (a doctoral student) and Robert-Jay Green are now in the process of creating a new questionnaire "Masculinity Ideology and Distress Inventory" (MIDI), which can be used to measure adult and adolescent males' endorsement of traditional male role norms, their behavioral conformity to those norms, and the amount of distress they experience when they deviate from those norms (Green, 1998a). After this questionnaire is tested and refined psychometrically, it will be used to study associations between aspects of masculinity and other domains of men's functioning, such as attitudes toward women, behavior toward spouse/partner, physical health, child-rearing behavior, violence, substance use, sexual behavior, and mental health.

Robert-Jay is a Fellow of the American Psychological Association, the American Association for Marriage and Family Therapy (AAMFT), and the American Orthopsychiatric Association. In AFTA, he has served three terms on the board of directors, and previously chaired AFTA's research committee, nominations committee, and history committee. With Constance Ahrons and twelve other family researchers and therapists in the US, he was part of the organizing

committee and founding board of the Council on Contemporary Families, an interdisciplinary organization of prominent family scholars to bring family research to the attention of the media and social policy makers. He also served as Vice-President for Public Interest and Diversity in Division 43 (Family Psychology) of the American Psychological Association. In 1998, he received APA Division 43's "Carolyn Attneave Award for Outstanding Contributions to the Study of Family Diversity." For many years, he has served on the editorial advisory boards of *Family Process*, *Journal of Marital and Family Therapy*, and *Journal of Feminist Family Therapy*.

Dr. Green also is to be commended for his valuable contribution to the future of family systems-based research through his generous mentoring of the next generation of family researchers and therapists. Many of his former students, such as Eliana Gil, Richard Maisel, Mary Herget, Patricia Ditton, Anne Brown, Ellie Zacks, Stacey Shuster, Kim Paleg, and Michael Riera, have made significant contributions to the field of family therapy through publications and teaching. Over the last fifteen years, students whose dissertations he chaired have won the American Association for Marriage and Family Therapy (AAMFT) graduate student research proposal grant award four times. Another ten students won dissertation grant awards from the Fahs-Beck Fund for Research and Experimentation, administered by the New York Community Trust. This year, one of his dissertation students (Kevin Pedretti) won the Roy Scrivner lesbian/gay family psychology research award from the American Psychological Association. Also, numerous researchers and teachers in AFTA and throughout our field have benefitted from informal consultation with Robert-Jay. I count myself among them: when I was agonizing over categories and terms for key processes in my family resilience model, I emailed Robert-Jay for feedback and brainstorming, because I so value his perspective on conceptualization and operationalizing of family process variables.

Among his own mentors along the way were George Albee, Jane Kessler, and Frederick Herzberg at Case Western Reserve University; Lucy Rau Ferguson, Gary Stollak, Cyril Worby, Bill Kell, Marcia Worby, and William Mueller at Michigan State University; Lyman C. Wynne and Rodney Shapiro at the University of Rochester; and Margaret T. Singer at the University of California at Berkeley. He regards Lyman Wynne, Margaret Singer, Lucy Rau Ferguson, and Gary Stollak as most influential in his continuing commitment to empirical investigation of clinical issues and family functioning.

Perhaps most remarkable about Robert-Jay is his boundless enthusiasm, curiosity, and openness in pursuing many varied research paths. He has never hesitated to question and challenge widely-held assumptions and biases. Indeed, his studies have often shattered pathologizing stereotypes as they have enriched our understanding of couple and family processes and, especially, the relationships of lesbians and gay men. His collaborative spirit with students and colleagues brings forth the best in all of our research, teaching, and practice, contributing immeasurably to the future of our field. And, with Robert-Jay's passionate engagement in each new project, I won't be surprised if his best is yet to come.

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HOW DO ASSUMPTIONS OF DIFFERENCE AND POWER AFFECT WHAT AND HOW WE TEACH?

Roxana Llerena-Quinn, Ph.D.

This article offers a description of six teaching stances regarding difference organized around the meaning of difference and power, with a particular reference to family therapy training. The six constructions of difference are examined in relation to individuals, families and the larger systems. They are embedded with special reference to the meaning made of these differences.

For the purpose of this paper, *culture* is understood as the set of implicit or explicit guidelines transmitted to individuals from a particular society, group or subgroup, which tells them how to view and experience the world. These guidelines are often learned, and then dropped out of awareness. The resulting "cultural lenses" that are acquired through this process are important in determining how we see ourselves and others, what we value and how we behave. Our lenses also influence the structures we construct for dividing people into social categories (rich/poor, men/women ROLES, upper class/lower class, normal/abnormal, etc.) and the elaborate ways for moving them from one social category into another, with or against their will (Helman, 1994). The following assumptions of difference illustrate not only how our lenses influence how we view and respond to the "Other," but also how implicitly or explicitly we teach these assumptions to others. It is important to note at the outset that any individual or institution may use different assumptions with respect to different categories of difference. That is, one may be at the same time blind to assumptions about race and highly enlightened to assumptions about gender.

CONSTRUCTION 1: DIFFERENCE AS INFERIORITY

Belief that dominant groups are superior and non-dominant groups are inferior is the underlying assumption of this construction of difference. The construction assumes the existence of a *normal* culture and family, generally reflecting the values of the dominant group in a society, which is held as an ideal. The dominant group defines value, truth, beauty, morality, and allocates social

resources accordingly. Deviation from the norm is assumed to be either dysfunctional, of *lesser* value, or inferior. The belief in the superiority of traditional HETEROSEXUAL family structures provides an example: *two-parent families are "normal" and "better" than single parent families or alternative family structures*. The resulting loss in social status or other negative consequence to the *lesser* group is seen as deserved. Thus, whenever possible, difference is to be avoided at the risk of stigma, punishment or intervention. Cultural superiority can result in a range of paternalistic postures, where services are applied disproportionately (too much, too little, not at all) to the *lesser* groups.

Power Effects: Patterns of dominance/subordination emerge based on the presumed superiority or entitlement of some groups over others. The potentially most serious power effect is the destruction of the non-dominant group, an extreme example being found in the holocaust of World War II. Intentionally or not, destructive policies and practices threaten non-dominant group's survival (Cross, Bazron, and Isaacs, 1989). Images of the *lesser group* as not quite human facilitate the process. The impact of these assumptions can be felt at personal, clinical, and institutional levels. For example, the Tuskegee experiment, a government sponsored research project that withheld needed treatment from African Americans without their consent and at the expense of their lives, was conducted for the *sake of science*. Other examples include discriminatory lending and renting practices, treating a non English-speaking patient without a trained interpreter, the criminalization of mental illness, and punitive policies towards the poor who are seen and publicly defined as lazy. A tragic and costly corollary of this stance is that society does not fully profit from the strengths of the targeted communities because their contributions are not integrated into the fabric of society.

Effect on What we Teach: Information about the real lives and strengths of non-dominant groups is pervasively absent from the curriculum. Whenever non-dominant groups are mentioned, it is to justify their *inferiority*. The critique focuses on individual or family outcomes without an equally important critical analysis of the role of an oppressive social system in creating those outcomes. For example, in the genetic justification of IQ differences, minority children are seen as *culturally deprived*, rather than as being denied an education equivalent to the dominant group. Gay and lesbian relationships are seen as transient when laws prohibiting their marriage are ignored. The curriculum is also silent about the personal and social effects on people who are continuously told that they don't measure up to an imposed standard. The "science" from which the curriculum is derived perpetuates the problem not only through sampling bias, but also through de-contextual definition and analysis of problems. The science of mental health thus reproduces the values and standards of the dominant group. Linear and reductionistic thinking dominate the discourse.

Effect on How we Teach: Education takes place in segregated schools. Access to academic institutions is not equal for all students regardless of merit. The dominant discourse tends to be taught by and for the dominant group by an *expert* teacher. Students have little input into the learning. An apparent homogenous "truth" is taught.

CONSTRUCTION 2: DENIAL OR MINIMIZATION OF DIFFERENCE. "WE ARE ALL

THE SAME"

The assumption of sameness and the minimization of differences assume that whatever differences exist are both unimportant and insignificant. Sameness is equated to fairness. Noticing differences is not permitted because it would not be fair. The beliefs in *equal opportunity* and *equal treatment* are based on this assumption. This position disguises the fact that everyone starts at a different place and with different opportunities and privileges. Dominant values continue to prevail but they are assumed to be universal.

Power Effect: The main effect of this stance is "color-class-gender-privilege blindness." Assimilation is encouraged in all spheres and practices. Access to society's benefits requires that people must blend in and minimize their differences. Because this construction is based on the assumption that we all start at the same place with the same opportunities, only those who can assimilate "benefit." Those who can't assimilate encounter not only a lack of access but also blame for not thriving in a world of equal opportunity. Inequities resulting from "privilege-disadvantage" dynamics remain hidden and unmarked behind a façade of "fairness." Blindness to the strengths and identities of non-dominant groups prevents society from profiting from those differences. Inaction is the main response to the needs of diverse individuals.

Effect on What We Teach: The theoretical "myth of sameness" dominates both the

discourse and the curriculum (Hardy, 1989). This myth neglects the importance of context as a shaper of intra- and interfamilial dynamics. Conventional social science falsely teaches a universalized family, rather than pointing to "the normal family" as one of many family forms produced by hierarchical social and economic patterns of development. We teach students not to notice different or discriminatory contexts. Clinical interventions therefore tend to be *one size fits all*. -Regardless of need, families must fit themselves to the dominant method as taught and practiced. The lives of non-dominant groups remain invisible and the costs of assimilation remain hidden. Initiatives to include cultural competence or contextual issues into the curriculum do not exist.

Effects on How We Teach: We teach in desegregated schools where opportunity is equal, but access is limited. Students are left to fend for themselves in addressing the contextual issues ignored by this world-view. Diverse faculty or diverse students' perspectives are not incorporated into the *universal* curriculum. The exclusionary manner of how we teach is hidden under the guise of equity and sameness.

CONSTRUCTION 3: DIFFERENCE MATTERS: IT IS SOMETHING "OTHERS" HAVE

While difference is recognized as real, at the core of this construction lies the central assumption that difference is something that matters only to the *different others*. Differences are accepted, but they are believed to lie outside the centrality of the dominant group's life. The dominant culture adopts an *anthropological stance* about those differences. Differences between groups are generalized and amplified.

Power Effects: This assumption results in powerful stereotyping. Gross generalizations are usually made about families and individuals in one targeted dimension of difference. With altruism as a central motive, activities are undertaken to learn more about the *different other* through ethnic food days, ethnic festivals, and an occasional lecture. Individuals from diverse groups are hired to work with diverse populations without attention to the context in which services will be delivered. These altruistic initiatives are largely initiated at the individual level and are not central to the mission of the organization. Individuals of dominant groups, working on these initiatives, often experience confusion when non-dominant groups do not appreciate their efforts. The failure to integrate the diverse perspectives into the central mission of the organization limits the benefits and longevity of these initiatives. The voices of non-dominant groups remain unheard because they are inaccurately "spoken for" by inside or outside group informers whose voices accommodate the dominant discourse but fail to transform it (Sampson, 1993).

Effects on What We Teach: The curriculum continues to teach the *myth of theoretical sameness*. Differences within each group are overlooked and seen as uniform while differences *between* groups are over-generalized (Hardy, 1989). We teach stereotypes that ignore important within-group differences, such as religious, linguistic, generational, socio-economic, racial or gender differences. Contextual variables such as poverty, neo-colonialism, racism, classism, and sexism are not addressed.

Effects on How We Teach: Diversity themes are added-on to the curriculum in a patchy, unsystematic manner. A few interested individuals may develop curricular activities without much organizational support. These curricular activities may take the form of a lecture, an elective class, a reading group or an occasional receptive supervisor. Due to the "newness" of these activities, few faculty are trained and there are few faculty from non-dominant groups. Curriculum content presents stereotypical representations of diverse groups. Often, members from non-dominant groups are placed in the position of *experts* who are asked to speak for whole groups. For dominant groups, there is much talk about the "other" with little examination of self in relation to the other. Dominant group faculty, supervisors and students are not held accountable for developing the competencies necessary to work with diverse populations. Participation in these courses or activities is seen as elective and voluntary, separate from one's ethical obligation to *all* families.

CONSTRUCTION 4: DIFFERENCE IS GOOD FOR BUSINESS. THE PROFIT MOTIVE

In the current climate of managed care, the dominant group has realized that difference has profit potential in the marketplace. The ever-growing numbers of diverse patients and health system economic pressures have given birth to the "business of diversity." Access to different population markets offers a business advantage. Difference becomes a marketing issue. The economic motive brings new levels of the organization and management to the table and initiatives to reach out to diverse communities become more formally organized. Competition brings an air of recognition to the issue. Training initiatives are seen at more levels of the organization. However, difference is still something that "other" groups have. Differences are not yet valued for their learning potential nor are they integrated into the core of the organization.

Power Effect: On the positive side, there is increased access to services for diverse families. Separate units of diverse staff are established to serve diverse families. Initially, non-dominant groups welcome these opportunities at developing parallel structures that can respond to clients' needs. On the negative side, marginality continues. The parallel structures usually function independently without integration into the mainstream. The separate program is expected to meet all the service needs of diverse populations while mainstream clients have access to a wide range of services and specialties. The separate program becomes the minority version of *one size fits all minorities' needs*. Before long, the diverse workers realize that their clients don't have access to the same services as mainstream clients and that they themselves don't have the power to influence the way business is done. The social conditions that give rise to "symptoms" remain largely unchanged. The risk of tokenism continues for the minority provider. These programs at times are used as show pieces and a spokesman for all minorities. The struggle for funding is exhaustive. Accomplishments can be short-lived due to market fluctuations, since the parallel programs are usually the last to be funded and first to be downsized with economic fluctuations. Since there is no formal accountability to the non-dominant communities served, the dominant organization never attempts to learn from these separate programs, and any unique skills and services created during the process are lost.

Effect on What We Teach: Schools develop some courses that address the needs of diverse communities, but these are separate, not integrated into the general curriculum. Content is derived primarily from academic sources without community input or culturally competent research. As the curriculum begins to broaden, there are discussions about "access," and "best practices," but there is little discussion about the dominant individual or organization in relation to those with less power. Power issues are addressed from a mainstream perspective.

Effect on How We Teach: There is an increased flux of resources into teaching diversity or courses on multiculturalism. Some states may even require these courses for licensure. The classrooms become more integrated, but not representative of the client populations. The number of minority faculty is outrageously small. Activities are seen as mandated (affirmative action, licenser requirements, and economic motive) but not as needed or desired. Unspoken conflict may divide groups on different sides of the curriculum. The curriculum aims at expanding minds, but not the hearts of the students. The knowledge acquired is seen as lying outside oneself, only needed to stay competitive in the field.

CONSTRUCTION 4: DIFFERENCE AS VALUE FOR BETTER KNOWLEDGE. MULTIPLE PERSPECTIVES ENHANCE THE LEARNING OF A LARGER TRUTH

Differences are elicited because they are valued and needed to co-create their own reality, own learning and knowledge. Knowledge that is constructed from multiple perspectives has greater value and relevance. Belief in the underlying vitality of difference does not confuse diversity *per se* with differences that stem from oppression. There is a growing awareness of the limitations of language and the lack of frameworks for explaining relationships. Efforts are made to understand what is invisible, unspoken. This is particularly important

because language is an instrument of power and people have power in a society in direct proportion to their ability to participate in the various discourses that shape that society (Foucault, 1980).

Power Effect: All voices are valued, invited and must be heard. Instead of ending dialogue, differences deepen the conversation and promote self-reflection and self-awareness. People feel increasingly understood in the ways they understand themselves. Difference is understood as existing in and between *all* of us.

Effect on What We Teach: There is a strong commitment to include the voices of *all* families in the curriculum, the well known and less well known, the confident and the tentative with an active search for the forgotten. Frameworks and assumptions that inform our work and ways of being explicitly take into account how communities are shaped by both painful histories of expropriation, conquest, slavery, and discrimination as well as rich legacies of culture, ancestry, and heritage (Krieger, 1966). We learn from one another as we share about our families, our communities, and ourselves. We teach that each one of us is author and authority of our experiences and perspectives, and that knowledge grows through contact with the other.

Effect on How We Teach: Because of the belief that knowledge is generated by a community of knowers who bring multiple perspectives, the faculty is a diverse team that purposely seeks its own diversity and full participation in the co-creation of new narratives. Students are seen as valued resources that add voice, diversity and perspective to the teaching and learning. Community voices are considered fundamental to the shaping of the curriculum. Knowledge is generated by integrating written narratives of others together with the narratives of the lived experiences of students, teachers and families. Diversity expands the explicit and hidden curriculum. The curriculum is both didactic and experiential, taught and learned by all.

CONSTRUCTION 6: DIFFERENCE AS AN ECOLOGICAL RELATIONSHIP, CONNECTED TO SURVIVAL

Consonant with current understandings of biology and global ecology, difference comes to be understood as fundamental to the survival of both us and of all living systems. A successful and sustainable occupation of the biosphere depends fundamentally on our interdependence with each other, with all other life and on the vitality of our differences. We gain an appreciation of the inherent self-interest in considering the interest of others and the awareness of our collective responsibility in the face of inequity. Difference is understood to be a relationship between self and others that can expand, nurture and fulfill through connection or that can destroy or marginalize through oppression. While differences are good and necessary for survival, they are optimal when they exist in a context of justice.

Power Effect: Difference is valued and power is shared. All meanings have a transformational potential. There is a growing understanding that unacknowledged power disguises accountability. Discovery of our interdependence makes us realize that we are accountable to one another. The health of society ultimately depends on the health of *all* families, as the health of the biosphere depends on the health of all species. All of us are accountable

for that health for *all* families. Each of us has the power to transform our hearts and the social structures we construct. We can think of the whole society and act in our local contexts.

Effect on What We Teach: The curriculum reflects a fluid relationship between what is taught and the realities of *all* families and communities. It seeks both a clearer language and methods to understand how power, inequality and social justice affect *all* families. The clinical interventions taught are relevant to the biological, psychological, social, economic, cultural and spiritual needs of families. The health of the provider and the environment in which services are delivered are also protected. The empathy extended to families must also be extended to oneself, fellow students, and colleagues. Culture is not seen as a trait that individuals or families possess, but as a dynamic relationship between the individual and the context from which justice emerges. Competence is not a "place" where one arrives but a life-long process characterized by openness to learning. We learn how to learn from each other.

Effect on How We Teach: We teach in an integrated, sustainable environment transformed by our similarities and differences as we face our common humanity. Analyses of power and privilege include the realization that we depend on each other for survival and to the extent that we disregard one aspect of our ecology, we diminish our possibility for survival in another. This understanding is contained not only in one course or lecture, but in everything we do through the curriculum. Teaching is more dialogical and experiential and less didactic but immensely insightful and respectful of diverse learning preferences that may include a variety of approaches. There is recognition that different forms of understanding/teaching may be needed in the learning of different skills throughout the learner's development.

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Reflections on Attachment - The AFTA Clinical Research Conference

As reported in the Winter 2000-01 AFTA Newsletter

Joellyn L. Ross, Ph.D.

Couples therapy remains my greatest clinical challenge, even after nearly twenty years in practice. Helping couples to get re-connected is hard, especially when there are years of pent-up hurt and frustration. I am always open to new ideas, and have been actively involved in developing my skills via participation in a wonderful narratively-informed peer supervision group. I've been frustrated, however, trying to apply narrative thinking to my work with couples; I just can't get it to "click" for me with couples.

I wanted very much to attend AFTA's clinical research conference held last October because the subject was attachment, which has seemed to me an interesting and valuable rubric for studying relationships. Unfortunately, I was unable to attend, as celebrating my birthday in London beckoned stronger, I confess, than professional development. Fortunately, the Winter 2000 01 *AFTA Newsletter* had an excellent collection of articles which summarized and reviewed the conference, so I feel like I got the best of both worlds, vacation and conference.

I appreciated the breadth and balance of the articles, from Susan Johnson's excellent summary of her work about the importance of helping couples develop secure attachment and connectedness, to the critiques of attachment theory and its focus on the mother-child relationship, and of research into emotionally focused therapy, which primarily has been with Caucasian, heterosexual couples. Like many of those attending the conference, I too welcomed Hazan's work (well summarized by Volker Thomas), which looks beyond the sexual strategies theory based on evolutionary notions about human behavior to the human need for kindness and understanding in a mate. (I'm still puzzling, however, even after consulting my American Heritage Dictionary, over Hazan's use of the less familiar word "propinquity" rather than "proximity.")

Reading the articles about the conference inspired me to do some thinking and

reading about emotionally focused couples therapy. Over the years, I have been an avid student of John Gottman's research on couples, and use many of his findings in my work. I have found it difficult, however, to apply his research to changing couples' relationships, specifically, how the individuals in couples *feel* towards one another. My experience has been that people can learn to communicate better and more skillfully, but still may remain emotionally unsatisfied in the relationship. Johnson's work directly addresses this problem.

I found that the articles inspired me to spend some time thinking about my couples work, and the theories which inform it. I warmed to the assignment to write my reflections on the articles about the Attachment conference because it gave me a reason to sit down and focus my attention on some new (to me) ideas. Living in the "trenches" of private practice, as I do, it is all too easy to get caught up in practice demands and ongoing battles with insurance companies, and to have little time to think.

A digression: In an earlier life, I was intent on becoming a journalist, Lois Lane as it were. Thus, I did a reporting internship at the *Detroit Free Press* in the summer of 1970, at a time when that newspaper's reporting staff was young and cocky and full of themselves. Every evening, an older man, a copy editor named Ralph, came in for his 6 p.m. - 2 a.m. shift. I'd say "Good evening" to him, and ask, "How are you?" To which invariably he would reply, "Dead, thank you." Ralph, although very competent and well-respected as a copy editor, was considered to be a "hack," someone over the hill, with no new ideas, out of touch with the excitement in the newsroom and with contemporary ideas. For us youngsters, becoming a hack was something to be dreaded, something to be avoided, always. I've carried that mindset with me into my work as a psychologist, inasmuch as I believe that if the day comes that I think I know it all and don't have anything else to learn, that's the day my licenses should be taken away from me. I still have the dread of becoming a hack. I fight against complacency by writing, participating in a peer supervision group, and by teaching at PENN Council for Relationships.

I conclude that all of us who work with couples need to be informed about all the different kinds of couples therapy, so that we can tailor our work to the needs of the couples before us. Some couples *do* need conflict resolution and basic communications skills, others benefit from help in getting away from their "scripts" so they can have in depth discussions about important issues they have been avoiding, usually for years. Others need help dealing with that which cannot be resolved (nearly 70 % of issues in marriage, according to Gottman).

My understanding of attachment theory-based couples therapy, as described by Johnson (who calls it Emotionally Focused Marital Therapy, or EFT), is that it seems related to Hendrix' Imago therapy, inasmuch as the interventions are particularly useful for helping people whose emotional expectations and responses are immature, the consequence of emotionally deprived upbringings; in other words, the narcissistically injured. Couples in which individuals have these problems can be the most difficult with whom to work, as sessions easily can deteriorate into affective free-for-alls, even with the strongest therapeutic structuring. I always have avoided emotionally-focused therapies as they seem to have little direction other than affective expression. Approaches such as Hendrix' are based on the belief that infantile needs must be honored and gratified in rather infantile ways such as partners' "mirroring" each other in order

for partners to love and trust one another. I am not comfortable with this regressiveness.

Unlike Hendrix, whose work focuses on "healing the inner child" via exercises which encourage emotional expression and mutual soothing, Johnson's work is a sophisticated paring of behavioral techniques with emotional intelligence which is used to help individuals identify and express their needs in an effective manner which engages the spouse, rather than frightening or overwhelming the person. Johnson approaches people as adults with emotional needs which can be understood and expressed in a relatively mature manner. She does this by identifying the problematic interactional cycle, and using that to structure interventions. Within this structure, underlying needs are accessed, processed and expressed in more satisfying ways. I have long been aware that some couples "scare" each other, that their communications result in their feeling afraid about themselves and the stability of their relationship. I have not, however, had a particularly lucid method for exploring this fear, for identifying what may be causing it and finding ways of transforming the unexpressed needs behind it into something more fulfilling. Johnson's work provides some tools for dealing with these fears and helping couples to have relationships which are more secure.

There is a partial transcript at the end of her book, *The Practice of Emotionally Focused Marital Therapy*, in which the therapist takes a small incident of emotional disconnection translated into narcissistic injury, and skillfully uses it to help the couple move past their usual pursue/attack - withdraw/avoid pattern. There are numerous occasions in the transcript in which the therapist chooses not to explore the individuals' immaturities, but rather helps them to maintain more adult emotional positions and to learn to be more responsive to one another. It's wonderful reading, as it must have been a wonderful experience for this couple to learn to connect more positively.

I plan a careful reading of Johnson's book, and am likely to re-read the articles in the *Newsletter*. It will be an intellectual challenge to try to find connections between attachment and narrative. It's nice to be excited about some new ideas my patients, hopefully, will be the beneficiaries.

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In memory of

Ingeborg Rücker-Embden-Jonasch

July 5, 1942 November 19, 2000

by Norbert A. Wetzel, Princeton

"AFTA member Ingeborg Rücker-Embden-Jonasch, Heidelberg, died after a long battle with cancer on November 19, 2000." With these few words printed in the last issue, Volker Thomas, our Newsletter editor, matter-of-factly announced the passing of a colleague. It is hard for me to convey to AFTA members in the US Ingeborg's importance to the development of family therapy in the German-speaking world. It is harder still to communicate to colleagues who did not know her, how her death affected a large circle of friends and colleagues in Germany and beyond. Yet, as her friend, who was connected with crucial times in her life, during the beginnings of family therapy in Heidelberg and at her death and memorial last November, I cannot escape the responsibility I feel for commemorating her. So, AFTA newsletter readers, I hope those of you who knew and loved her will remember with me, and those who did not know Ingeborg, will bear with me, as I highlight some aspects of Ingeborg's life and death.

I have to start with Ingeborg's death. As I write, again, about her death, the intense anger and sadness that I felt while participating in her funeral comes back to me. It seemed so unfair that she had to leave her children (Philip, Isabel, Robin) and her husband Klaus Jonasch, as well as the community of friends, colleagues, and clients that reached across the continents. But Ingeborg died in peace with herself and her fate. Ingeborg had mastered the ancient "*ars moriendi*"; her death appeared to all of us to be as much the final, well prepared act of a life devoted to others as it was the end of a long devastating disease that finally overwhelmed her.

Yes, she, too, protested against her death a death that announced itself almost two years before she completed her life but she did not linger in a state of anger while she (and Klaus) explored all avenues of a possible cure. Hardly interrupted by courses of painful chemotherapy treatments, she began to celebrate her life with others, with family, friends, colleagues, clients,

strangers. She intensified what she had practiced before: She traveled (one extended trip took her to the friends and places of her youth in the United States and Canada, only a few months before her death). She organized more of those legendary parties for the varied circles of friends parties full of good food and wonderful stories. And she opened the doors of her residence even wider to people who came to her because they felt well "chez Ingeborg," being in her home. Time and time again, people have told me about her last birthday party in July 2000, and about the transformation that radiated from her face, and how it deeply affected everybody who saw her. She planned and orchestrated the memorial service after her death, including the speakers and material for a eulogy. Ingeborg faced her death with remarkable courage and hope.

What was it about her life that touched so many people? As a member of her generation, I need to point out something not always understood by people in this country. Ingeborg's life, like that of many German contemporaries, was determined by the legacy of World War II and the Holocaust. Born in 1942, literally in a "lunatic asylum," just as the Nazi murder machine spiraled toward its apocalyptic climax, she was the daughter of a psychiatrist who refused to become a member of the Nazi party. The mentally ill were, of course, one of the groups used by the Nazis to rehearse the genocide of the Jews. Ingeborg always remembered that history. You could see it in the way she welcomed people and empathically understood what they were all about.

Perhaps one way to speak about Ingeborg's life is to say, she was vulnerable. She was, of course, hurt by the devastating effects of the cancer that ultimately took her life. More significantly, however, her vulnerability showed itself in her encounters with others. Her creativity in connecting with people, the ability she had for accepting others and making them feel at home with her, the healing power of these empathic connections all of these qualities had roots in a personal vulnerability that she did not hide behind an armor of distance or rigidity. Ingeborg's vulnerability also fed her talent for exact observation, her sharp wit, and a sense of irony that did not exclude herself.

In 1974, Ingeborg Rücker-Embden joined Helm Stierlin's first team of family therapists at the Heidelberg Medical School. From that time on, she played a decisive role in the evolution of systemic couples and family therapy in the German-speaking countries of Europe. The colleagues who received their family therapy training from Ingeborg must count into the hundreds. I had the privilege of joining her in her early research of the role of empathy in the effectiveness of family therapy. Is it an accident that empathy was also the focus of the philosophical work of Husserl disciple Edith Stein, who died of starvation at Bergen-Belsen?

Anyway, in these early days the important voices in German family therapy were male. Ingeborg's personality and work changed that. Just as she bridged the Atlantic and always retained her connection with friends on the North American continent, she was able to bridge the gender worlds. Ingeborg initiated a gender-oriented perspective in the German family therapy field that enabled her and her female colleagues to construct a feminist theory and practice of family therapy that constitutes a unique contribution to the field. Her book (with A. Ebbecke-Nohlen), *Balanceakte. Familientherapie und Geschlechterrollen (Balancing Acts. Family Therapy and Gender Roles)* was

published in a revised and enlarged second edition shortly before her death (Heidelberg: Carl-Auer-Systeme, 2000).

Ingeborg's husband, Klaus, and their children, experience the loss of her daily presence most intensely, of course. For all of us, her friends and partners in the journey, the loss can be made tolerable by doing what she liked so much: Telling stories about her and about our experiences with her. That way we can remember her. And for those of you who had the joy of visiting her home in Heidelberg, keep going there, and bring your stories with you. Her family will appreciate your kindness as they carry on in the spirit of Ingeborg's hospitality, honoring the warmth and openness that transformed so many people's lives.

AFTA member Norbert A. Wetzel is co-founder (with Hinda Winawer) and director of the Center for Family, Community, and Social Justice, Inc. at Princeton Family Institute. He was part of Helm Stierlin's Heidelberg Family Institute from 1976 1977.

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Remembering Jo Ann Allen

Jo Ann Allen, a longtime member of AFTA, died of cancer on December 16, 2000. A member of the faculty of the University of Michigan School of Social Work for 35 years, she became Professor Emeritus in 1991. She also was a core member of Ann Arbor Center for the Family, where she was teacher, trainer, therapist, and consultant for two decades. Jo Ann published many articles and chapters and co-authored several books about family work and systems theory. Reflecting her great love of animals, her last writing collaboration, with Rob Pasick, addressed grieving the loss of a pet. If we hadn't already known, we would have learned at the memorial celebration what a very special person she was. Many clients, friends, students, colleagues, and family members gave heart-felt witness to how her life had changed and enriched their own lives. Indeed, she made a great deal of difference to the life of everyone she touched. Jo was a cherished and gifted therapist and enriched the community with her clear vision, her gentle and generous spirit, her compassionate presence, and her incomparable humor. We will miss her more than we can say.

Joan Bild, Douglas Ensor, Ann Hartman, Joan Laird, Patricia Pasick, Robert Pasick, and Mary Whiteside.

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Human Rights Committee Report

February 2001

To: AFTA Board and Committee Chairs

From: John Rolland, Chair

Kosovar Family Professional Education Collaborative

The Kosovar Family Professional Education Collaborative has continued to grow and flourish. The project has met its obligations and those participating are very satisfied. Below, is a summary of the third visit that was focused on Brief Intervention Models and Techniques. Also, we have responded to a request from the Joint Distribution Committee, which has a long history as a major Jewish funder of relief organizations, to develop a proposal to advance and expand the current project in the direction of the development of mental health and preventive services in Kosova. You will find attached the summary page of the grant proposal. This proposal was a collaborative effort among Kosovar colleagues and the American team on site. It is a proposal that highlights a resilience-based family approach that draws on the strengths and culture of the Kosovar family. It is important to understand that a primary goal in Kosova is the development of a health and mental health service delivery system in this war-torn region. We are fortunate to have developed our project in collaboration with the mental health leadership in Kosova. Now, design and the beginning of implementation of a long-term strategy is being developed. The groundwork of our project's first year has positioned the KFPEC, and specifically a family-centered model, to play a significant role in this process. Also, we are aware that we need funding to sustain and develop the project into the next stage so that it is less dependent on a purely volunteer structure and effort.

Trip Report: November 28 through December 5, 2000

Team members: Steve Weine (team leader), Judith Landau, Melissa Griffith, Van Griffith,

Jack Saul

Site Visits. As with the previous trips, approximately two days were devoted to site visits and three and one half days to training. Previously visited and new community sites were chosen to help the collaborative group develop a picture of how service and support systems interconnect formally and informally. The visits furthered the process of collaborative discussions about how to gradually develop multi-system collaborative models of care that bridge health services, mental health services, social services and other community-based services. New relationships were forged and old ones strengthened, in order to foster opportunities for work over the longer-term with various mental health support systems.

One site visit was to Slovi. This was the third visit the project has made there. During this visit, we met with several families that had been seen previously, and several new families. The team felt that it was very useful to develop a longitudinal picture of the families and the village as a whole. It seems that, with each successive visit, the families we encounter become much more comfortable with us, and appear to feel freer to be themselves. For example, in one family, we witnessed much more evidence of generational conflict, which we had previously understood to be a major issue for Kosovar families.

We also made a separate field visit to the International Society for Red Cross and Red Crescent (ICRC). Our team met with families and spoke with ICRC psychosocial counselors about their work with families and communities.

Training. Regarding training, the primary objective was to build on the prior visit's focus on resilience-oriented family assessments and how to conduct brief family interventions. This included a day of didactic presentations with the remainder of the time devoted to skills development through live interviews and group case consultations with a focus on brief intervention models and techniques. The lectures, held at the University of Prishtina Hospitals, were attended by seventy persons and received enthusiastically. There were pairs of lecturers, comprised of American and Kosovar professionals, which worked very well together. The topics were: 1) Identity and Connection with Families (Melissa Griffith), 2) Transitional Therapy (Judith Landau), 3) Hosting Solution-oriented Conversations with Kosovar Families (Jack Saul), and 4) Reflections on the Family Training (Stevan Weine). It is clear that the Kosovars have made great strides in their abilities to present, with greater confidence and clarity. Workshops, which built on the lectures, were both topical and involved live interviews and family case consultation/supervision in large and small group formats. This involved working with the core training group of thirty-six Kosovar mental health professionals. Workshop topics included: Questions about conducting initial interviews (Melissa), Creating a future vision of the Kosovar family training program a solution-focused exercise (Jack), and transitional mapping and working with a link therapist (Judith).

During one of the training sessions, an unexpected incident transpired. There

was a shooting outside, in front of the hotel. This generated an experience of retraumatization for the Kosovar professionals, all of whom had been traumatized by wartime occurrences (e.g. refugee camps, loss of family members and homes). The shooting turned out to be the result of a family feud, and not a political hostage situation or continuing warfare. Though the violence posed no real threat to the group, there was an intense period of ambiguity, requiring American team members to assist Kosovar colleagues in coping with the heightened stress levels. An extended period of debriefing was needed that lasted into the following day. This event brought our team to a much clearer understanding of the human reality of violence and its aftermath, and underscored how the resilience of the collaborative team can be helpful in the building of something useful from such an experience.

In addition, the training and writing groups met to discuss current and future planning. The summaries follow.

The Training Group: Summary of Activities

The training group, composed of American and Kosovar professionals (Judith, Jack, Ferid, Afredita, Shukria,), met five times during the third visit of the KFPEC in Prishtina. Some of the identified goals of the training group were planning of the current training on brief therapy and coordination of presentations between American and Kosovar presenters; development and future of the collaborative training process; adjustments to the format for training; team building; and facilitation of the ongoing supervision through email and internet.

The first training meeting was spent exploring the importance of contracts in training with the agreement to write up a summary. The group discussed issues of contracts between therapist and family around consultations, the therapist's contract with the consultant, contracts with supervisors, and with paraprofessionals.

The training group members agreed that the overview of family-oriented interventions and theoretical framework of the first three training seminars with the Americans had been successful in providing a foundation for family-oriented work. The recommendation for subsequent training seminars was to attempt to cover one topic in greater depth during each seminar. This would involve one full day of didactic training, followed by two days of skills development through supervised clinical experience with families on issues related to the topic of the training seminar. The two remaining seminars this year will be: family interventions with children and family approaches to working with severe mental illness and chronic health problems.

The suggestion for a format for supervision with American professionals was to have each trainer spend a day in the field seeing one family in the morning and one in the afternoon accompanied by five team members (three from one team and two from another team). This field (home visit) will take place while the other trainers see families in the morning and afternoon at the hospital or training site.

The training group also discussed training needs and topics they would like to

see in the next three years should the program receive further support. The topics included the following:

- Addiction
- Grief and Loss
- Family of origin of the therapist
- The elderly
- Community prevention and intervention: schools, media, politicians, police, healthcare workers, parents and extended family members, NGOs, youth organizations, religious and spiritual leaders and healers and their wives, women's organizations, physicians, sports, international organizations
- Trauma in the family and community
- Family relational conflict: physical abuse and violence
- Mental disabilities
- Learning problems
- Cultural transition and the family: urbanization, economic/political, mixed populations, globalization
- Supervision issues
- Development of collaborative care teams: mental health center teams, pediatricians, addiction services, prison systems
- Addressing family issues in the public sphere: promoting public discourse and education through community events, media, and the arts

The training group also discussed strategies for maintaining continued contact with American supervisors on a biweekly basis through email on cases seen during the training. It discussed the possibility of future Internet connection and video conferencing. The group also discussed the need to explore training and family feedback evaluation tools. They were given two instruments to review for applicability to the Kosovar context.

The training group agreed that it was important to document the development of this collaborative training program through writing. In particular, the group felt that it should write a piece that could be helpful to others about how outside consultants can come to a country and set up a collaborative training program. The group decided that it would also write about how they use solution oriented approaches with families, as well as a piece on contracts in training.

The Writing Group: Summary of Activities

Kosovar and American professional members of the writing group met five times during the third visit of the KFPEC in Pristina. Van Griffith had prepared collections of all the texts written by KFPEC participants since the beginning of the project. The writing group reviewed these texts, began to identify texts that were not included (especially by Kosovars), and to make an assessment of where the writing work stands at this point. The overall aim of our meetings was to clarify the goals of writing group and to develop a plan that would guide its activities. What are we writing, for whom, and towards what end?

The writing to date has largely focused on three broad areas: (1) the development and implementation of a collaborative engagement and model; (2) case studies and vignettes; (3) topics in family strength and helping families. The group took note of what have been its two strongest pieces to date: (1) the case study written collaboratively by Shqipe Ukshini, James Griffith, Corky Becker and Steve Weine; (2) the piece on initial interview written by Mimoza Shahini and James Griffith. However, we recognize that there are many other strong aspects of other writings that have already been done, especially the more ethnographic/case materials.

The group considered that the writing activities could take place in three frameworks: (1) multi-disciplinary scholarship on the Kosovar family and its strengths; (2) helping to generate professional service oriented resources on their work with the Kosovar family; (3) creation of general public education materials on making Kosovar family's even stronger. The group wrote brief descriptions of each type of writing. The group considered that it was not possible to engage in all three at this moment, but committed to taking steps forward on framework numbers one and two.

Activities have begun to address framework number one, multidisciplinary scholarship, in collaboration with the Kosovar Academy of Arts and Sciences. Afrim Blyta is to complete the description of framework number two in the next several weeks and will forward to members of the group. A description of framework number three is being written by Mimoza Shahini and will be also be forwarded to members of the group. However, work on this third writing activity (public education materials) will be put on hold until the spring.

The group focused on identifying the short-term activities regarding each of these initiatives. With regards to number one (multidisciplinary scholarship) by February, Dr. Ulaj and Dr. Weine plan to have produced: the conference description; the preliminary introduction; the outline of the text; and one text concerning the development of family focused mental health and preventive services (with Ferid Agani, John Rolland, and perhaps others). Focusing on writing activity number two over the next three months, Kosovar and Americans will be preparing and submitting several articles for publication in international journals: (1) the case study written collaboratively by Shqipe Ukshini, James Griffith, Corky Becker and Steve Weine; (2) the piece on initial interview written by Mimoza Shahini and James Griffith; (3) Therapy, Tradition and Myself by Mimoza Shahini. We agreed that one American would take the lead role on each of these to get the submitted to journals. Those persons are: (1) Steve Weine for the text concerning the development of family focused mental health and preventive services; (2) James Griffith for the case study;

(3) James Griffith for the initial interview; (4) Melissa Griffith for *Therapy, Tradition and Myself*. We also agreed that the group would start another collaborative case study writing, with Afrim Blyta writing the first piece, and Melissa Griffith responding.

Further possible activities of the writing group in the context of the newly proposed initiative were also discussed.

Future Visits

1. The fourth team will go in March. The focus will be: Family Intervention: Chronic Mental and Physical Illness, Multiple Family Discussion Groups. John Rolland (team leader) and James Griffith will be joined by two additional AFTA members with expertise in these areas.

2. The fifth team will go in May. The focus will be: Family Intervention: Child and Adolescent Mental Health. John Sargent (team leader), Corky Becker, Kathy Weingarten will be joined by one additional AFTA member with expertise in children and adolescents.

3. Tentatively, a sixth team that will focus on one of the topics listed earlier will go to Kosova sometime this summer. Future visits beyond that point will be considered within the context of collaborative evaluation of the project accomplishments after one year (this spring) and future goals and additional funding.

John Rolland, MD, current Chair of the AFTA Human Rights Committee, is Professor of Psychiatry and co-director of the Center for Family Health at the University of Chicago and its affiliated post-graduate family therapy training institute, the Chicago Center for Family Health.

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Sheinberg, M., & Fraenkel, P. (2001). *The relational trauma of incest: A family-based*

approach to treatment. New York: Guilford, pp.220, \$28.00 (hardcover).

During the 1980s, I spent four years working as a therapist in a community agency whose primary program offered comprehensive, family treatment of incest. There was virtually nothing in print regarding a systemic perspective of incest treatment. The staff therapists, a concerned, talented group, were constantly grasping for information that would help us provide the best possible intervention. Last summer, I noticed an advertisement for Sheinberg and Fraenkel's forthcoming book, and I was very eager to read it. My eagerness was revealing to me: I'm still quite interested in incest treatment, and there is still very little in print. Thus, I read the book through two lenses, with two questions in mind: first, is the book truly useful for clinicians who have few choices of therapy models and techniques for their clients; and second, does the book represent an advance in the treatment of incest?

The relational trauma of incest: A family-based approach to treatment is a smart book. The authors begin by examining whether or not a relational approach to therapy is

supported by research and clinical work and end up by offering compelling affirmative evidence. The study is likely to be viewed as the best summary in the treatment literature. The authors suggest that, though, a significant number of children may not exhibit clinically significant symptoms, family relationships can still become impaired. Of course, when family relationships are impaired, children's development can be negatively affected. Connecting this rationale for the family-based approach is their own protocol for treatment: there are relationships in families that can be developed to protect the child both emotionally and physically. Incest treatment, they say, should be foremost about making certain the molested child is not simply an echo of the system's poor functioning. There is an appropriate focus of therapy, in this book, on the molested child(ren) in the family. The authors capably capture the experience of children during and after molestation. Finally, though they clearly favor the relational approach as be the best approach, the authors are careful to point out the dilemmas of dual roles imposed on therapists who must work with several family members at once.

Related to my second lens regarding an advance in the treatment of incest is the question of whether the information in the book is novel, adding to the foundation of previous literature. Certainly, compared to past publications on incest treatment, the authors' work may be unique in several ways. First, they offer a well-developed approach, influenced primarily by narrative therapy principles. Second, the influence of research on their approach is more evident than in past publications. Third, the impact of societal influences on family functioning and recovery from the trauma of incest is given more than a parenthetical nod. Fourth, the case examples are extremely realistic and natural. Due to their approach's fit with current accepted treatment, goals and techniques fit current standard practice and are not new per se. However, the entire book is intelligently, thoroughly, and creatively expressed. Nothing is missing. This book is clearly worth reading. Experienced clinicians will benefit from the sophistication of Sheinberg and Fraenkel's multitheoretical model. Although more junior clinicians could be helped by the step-by-step treatment model of, for example, Trepper and Barrett (1989), this book will provide the benefit of alternative techniques and refreshing perspectives.

Trepper, T.S., & Barrett, M.J. (1989). *Systemic treatment of incest: A therapeutic*

handbook. New York: Brunner/Mazel.

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