EDITOR’S NOTE: This issue of Family Therapy Magazine honors the pioneers of family therapy. The FTM editorial team discussed the evolution of various theories, the major personalities in our field’s history, and the influence some innovators had on others. We mused about what a “family therapy genogram” would look like. Was such a thing possible? Surely any attempt at creating a map of our history would create controversy, with as much dissent as agreement. Who would dare attempt such a project, and weather the criticism it would undoubtedly generate?

Acknowledging that a consensus could never be reached about our field’s “family history,” we decided to ask an AAMFT member, a self-described “family therapy junkie and student of the field,” to give it a try. To our surprise, Bruce Kuehl said yes! What follows are his musings about his love affair with the field, his own evolution as a family therapist, the personalities that influenced him the most, and the process he undertook to create his version of a family therapy genogram. Our centerfold, a first for the FTM, is the genogram he produced. Readers will be informed by his conclusions, agreeing with some and rejecting others. Our hope is that Bruce’s genogram will inspire you to consider your own understanding of our history, the who’s who of our profession, and to develop your own version of a family therapy genogram. If you have a story to share, visit www.aamft.org/legacy.

For example, I entered the field in 1982 as a student at Kansas State University, where I had the luxury of learning about the early therapists, such as Popene and the Maces, Ackerman, Bowen, Satir, Whitaker, Minuchin, Haley, the folks at MIR and Milan. As I learned each new approach, I became convinced in short order that it was the best approach, only to find myself equally enthralled with the next. I was hooked with this revolutionary new way of doing therapy. Like many, I was convinced that it was just a matter of time before systems theory would change society, or perhaps the entire world! By the way, I believe it even more today. I left KSU in 1984, an inexperienced but enthusiastic, realist-based, randomly eclectic therapist—random in the sense that I knew little bits of all the approaches, but had too little experience to apply any one of them to an entire course of therapy. Still wanting to learn more about this precious, newfound wisdom, I headed for Texas Tech University. Surely, after earning a doctoral degree in MFT, I would know all there is to know about systems theory. To my surprise, however, the field was about to question the entire premise of knowledge...it was not to be found, but rather created. I attended TTU for the opportunity to study under the guidance of the up-and-coming Brad Keeney...plus the low tuition. In 1983, Brad published one of the most influential books of my MFT career, Aesthetics of Change. My classmates and I had no way of preparing for what we encountered. This “card carrying constructivist” took great pride in his ability to undermine our beliefs, thereby demonstrating the social construction process. He would convince us of the superiority of one reality description, and then change direction and equally convince us of the benefits of a different approach. In quick time, he had us questioning what to believe, including systems theory, which was precisely the point. Brad’s flights of fantasy were inspirational, motivating, and occasionally disconcerting. My educational experience was wonderful, as MFT training often is.

Speaking of wonderful, Carl Whitaker was a member of our class—at least for a couple of days. It was around 1985 and he was one of numerous influential figures Keeney finessed into visiting west Texas. Whitaker eschewed theory and was irreverent. I remember his down-to-earth relaxed style and good sense of humor. For example, when a student asked him to pinpoint the most important thing that contributed to his development as an MFT, Carl replied matter-of-factly, “I never got any training.” He followed this with, “You know, the nice part about not having any training is that I didn’t know what not to do.” He mentioned that despite his international acclaim, he never got past feeling like he was just a kid from the farm. Given that I am a first-generation college student from a poor family, I easily related to his message. Whitaker remains one of my heroes. He was brilliant, but he did not take himself too seriously: “We put people in the hospital because they have delusions. If I have a delusion, they call it a theory” (Neill & Kniskern, 1982, p. 368). Yep, that was Carl.

After leaving TTU in 1987, now having become a randomly eclectic constructivist, I found it paralysising to have only a budding idea of how to work within this newly emerging paradigm. Constructivism was not well received (or even heard of) by the larger therapeutic community. My first job was at a rural mental health clinic where my psychodynamic colleagues found my ideas and methods (what few I had) difficult to fathom. After describing a client with a history of turbulent relational problems as experiencing “a long string of bad luck,” a colleague became frustrated with me for not
working with the family on stage, he

excused them and took questions from the audience. A therapist, attempting to corner Minuchin on his inappropriate use of force in the session, pointed out how it could lead to trouble for many therapists and families. Minuchin would have none of it. He started with his usual directness, “I am confused, I thought you came here to see what I would do. If this is not something that would work for you, then don’t do it.” End of discussion. A bit later, commenting on how his approach had evolved over the years, he stated that it is important to pay attention to what other therapists are doing and incorporate the best of their work into your own. He expressed concern about the gaining narrative therapy movement. His concern was not so much about their ideas (although he expressed concern about these in later publications), but rather how narrative therapists seemed dismissive of anyone else’s work. To prove his point, he asked the audience “probably numbering four hundred” “Where are the narrative therapists, raise your hands!” He then looked around the room. Not a hand was up. He asked again, still no hands. He concluded, “See, they are not interested.”

My read on the situation was a little different. Surely there were narrative therapists in the audience, they just knew better than to raise their hands.

I often wonder where I would be in life, both personally and professionally, had I missed the good fortune to stumble into this profession. Following Bowen’s example, I began my own family of origin work in 1982, and have moved to the United States from England (Broderick & Schrader, 1991). Ignorance and myth of sexuality still persist in medical doctors specializing in sexuality, gynecology and social hygiene initiates the profession of marriage counseling (Broderick & Schrader, 1991). Ignorance and myth of sexuality was pervasive in the post-Victorian era and one of the earliest leaders attempting to change this was Magnus Hirschfeld of Germany. Hirschfeld opened clinics for the purpose of educating citizens and improving social awareness—a precursor to what William Masters and Virginia Johnson, and Alfred Kinsey would later attempt to accomplish. Unfortunately, Hirschfeld’s clinics operated for only a few years before Hitler closed them.راهان

The First Family Therapists

Influential during this era were social activists who eventually came together in 1942 to form the “American Association of Marriage Counselors” (AAMC), the precursor to the AAMFT. Among them were Emily Mudd and Ernest Groves, both well-recognized family science scholars. Lester Debuton, an associate of both Mudd and Groves, proposed the creation of the AAMC. Struggling financially, the AAMC survived with the assistance of counselors David and Verna Mae who had moved to the United States from England (Broderick & Schrader, 1991).

Early Marriage Counselors

Frequently, it is said that the practice of couples and family therapy is young when compared to social work and psychology, which date back into the 1800s. However, the seeds of systemic-relational therapy were laid in the early 1900s. Medical doctors specializing in sexuality, gynecology and social hygiene initiated the profession of marriage counseling (Broderick & Schrader, 1991). Ignorance and myth of sexuality was pervasive in the post-Victorian era and one of the earliest leaders attempting to change this was Magnus Hirschfeld of Germany. Hirschfeld opened clinics for the purpose of educating citizens and improving social awareness—a precursor to what William Masters and Virginia Johnson, and Alfred Kinsey would later attempt to accomplish. Unfortunately, Hirschfeld’s clinics operated for only a few years before Hitler closed them. راهان

My colleague was thinking relationally. The respect “Groves Conference” continues to bring family scholars together and is a testimony to his overall influence. The work of Emily Mudd is more impressive when one considers that her accomplishments occurred in a culture relegating women’s work exclusively to the home. Mudd challenged the status quo of teaching women how to be good wives and mothers (home economics) through her social activism around family planning and family life education, much of it considered outside of the social norms of the time. Her career endeavors resulted in rapid advancement to full professor at the University of Pennsylvania.

The First Family Therapists

Emerging in the 1950s were a number of male psychiatrists (e.g., Ackerman, Bowen, Whitaker, Wynne, Boscomyni-Nagy, Lidz, Middelford), typical of that era, whom, for the first time began challenging existing therapy procedures by meeting with entire families. In traditional psychoanalysis, the purity of the patient-doctor relationship is necessary for the defense and insight to occur. To meet with another family member contaminates transference and undermines the very foundation of psychoanalytic work. In general, the early family therapists
were dissatisfied with the limits of psychoanalytic methods and had a keen interest in experimenting with new approaches. “Conjoint therapy” (a term popular during that period) was considered highly questionable, if not outright unethical. Stepping outside psychoanalytic convention required certain personality characteristics on the part of these early family therapists. They possessed strong self-confidence, sharp intellect, and a “damn the consequences” attitude allowing them to withstand pressures to conform. Common belief is that marriage and family therapy began as a rebellion. Indeed, rebelling against conventional thinking is a proud part of the profession’s cultural history.

The eastern United States was home to many of family therapy’s most influential leaders. At the forefront of this movement was Nathan Ackerman (Broderick & Schrader, 1991). Of all the daring to include family members in treatment, he remained the most closely aligned with psychoanalytic principles. Hoffman (2002) describes him as a “sturdy, cigar-chomping little man, intellectually adept, and a ‘damn the consequences’ attitude allowing them to withstand pressures to conform.” Common belief is that marriage and family therapy began as a rebellion. Indeed, rebelling against conventional thinking is a proud part of the profession’s cultural history.

The unpretentious, yet sometimes “absurd,” Carl Whitaker (spontaneous, genuine emotional experiencing, and the subsequent need for a co-therapist) John Boszormenyi-Nagy and the psychologist James Framo (family trust, loyalty and interpersonal ethics) Geographically isolated in Wisconsin, Christian Mideffort was quietly at work also employing psychoanalytic techniques to family work. Other innovators of the time include (Broderick & Schrader, 1991; Nichols, 2008):

Theodore Lidz (the relationship of schizophrenia to parental roles and marital skew/schism)
Lyman Wynne (the relationship of schizophrenia to family pseudomultarity and pseudohostility)

A Different Breed of Therapists

In Palo Alto, California, a group of innovators was being the largest contributor to the current family therapy scene. Headed by the highly respected anthropologist Gregory Bateson, this more eclectically oriented group faced less resistance from the psychiatric community—or at least they were better at ignoring it. Their approach was clearly distinct. Throughout the 1950s, Bateson was joined by John Weakland (chemical engineer), Paul Watzlawick (philosophy/language), Jay Haley (communication), Don Jackson (psychiatry), Virginia Satir (social work), Janet Beavin (psychology), and Richard Fischer (psychiatry) (Beecar & Beecar, 2008; Blume, 2006; Nichols, 2008).

Like many of the early family therapists, the Palo Alto group focused on finding a cure for schizophrenia. Not leaning heavily on existing psychotherapeutic methods, this eclectic group instead believed the secret to success lie in changing contradictory communications occurring on different levels within families. They labeled this crazy making process the “double-bind.” This unique idea put the Palo Alto group on the map, but similar to the work of their family therapy colleagues back east, the methods fell short of success in treating schizophrenia.

Similar to many serendipitous scientific and technological advances, the innovative family therapy models began to show effectiveness for alleviating a substantial number of issues for which people sought therapy. These include a variety of relational and normative family life cycle stresses, substance abuse, and behavior and mood “disorders” (as eventually substantiated in a special issue of the Journal of Marital and Family Therapy, 1995). Family therapy was gaining attention in the large psychotherapy community. This momentum led to family therapists joining with the AAMFT to create a new professional community which in 1978 became known as the American Association for Marriage and Family Therapy (AAMFT). Following up on Bateson’s group, the Mental Research Institute was established at Palo Alto in 1959. Headed by Richard Fisch, and with Bateson’s encouragement, it developed a “Brief Therapy” approach blending the theoretical brilliance of Bateson with the clinical brilliance of the psychiatrist Milton Erickson (as elaborated by Haley, 1973). The outcome is one of the most elegant, pragmatic, non-pathologizing approaches to therapy ever developed. However, the team was not long intact. Satir and Haley departed to establish their own well-known approaches. Clinically, the MRI approach maintained a cordial, but professionally detached, kind of therapeutic relationship with clients. Satir was a clear exception. Lynn Hoffman (2002), who had an insider’s perspective, described Satir as a genuinely warm, but physically intimidating presence who, “would sail like a stately three-master into the midst of a family stormwracked by the problems of a troubled child. What she did not only calmed the waters, but gave hope and meaning to the entire scene,” (p. 6). Her warm, involved, feminine style was discordant with the style of MRI, and perhaps slightly embarrassing to some of her colleagues. Because of her boundless optimism and effort to create hope for a family’s future, Hoffman believes Satir’s work was constructive in nature long before the field began moving in that direction. Despite her skill, she was taken less seriously than her contemporaries. Passively, because of her gender, but also because the field was not yet prepared for what then seemed a naively positive, supportive approach.

Arguably more influenced by Milton Erickson than Bateson, Haley departed MRI in 1964, moving to Philadelphia before ultimately refining his own approach. Many considered Haley’s methods unorthodox, yet he was acknowledged as a gifted paradoxical therapist. When colleagues or workshop participants challenged him on the ethics of such direct, “manipulative” strategies, he was known to reply along the lines of, “If a client has been to a number of therapists without success, and you apply a similar type of treatment, who is being unethical?” He could be provocative, as evidenced by satirical critiques of other therapeutic approaches, such as the psychoanalytic practice of having the client lie on the couch in full view while allowing the therapist to sit upright and out of sight. This technique was described as an important analytic tool for keeping a client one down, under the pretense of trying to be helpful (Haley, 1986). Haley did not win friends in the psychoanalytic community, and he and Ackerman shared no affection for one another (Hoffman, 2002).

Perhaps no single practitioner put family therapy on the map more than Salvador Minuchin. As much as any other event, the publication of his 1974 bestselling book, Families and Family Therapy launched family therapy into the mainstream. Structural therapy provides a clear, articulate systems-based approach that therapists can readily grasp. Built from the ground up, it remains a good fit for families of various ethnic and economic backgrounds. Its emphasis on family boundaries, subsystems, hierarchy, triangles, and other emotionally appropriate roles makes it as relevant for today’s families as those in the 1970s. Minuchin has a non-threatening physical presence, wears thick glasses and speaks with a kind of Argentine/European accent that requires listening closely. He
is deceptively disarming, but like so many family therapists of the time, he has little time for tiptoeing around the issues.

A few years later, in Milan Italy, Selvini-Palazzoli, Prata, Boscolo and Cecchin designed their own form of parascal analysis and began to use the approach. This shift led to the development of the Milan approach to family therapy. This approach focused on a more egalitarian therapy and adopted a more respectful therapy (Hoffman, 2002, Becvar & Becvar, 2008, Nichols, 2008). Although first appearing revolutionary, paradoxical interventions quickly lost their attraction. A large part of the difficulty seemed to reside in the detached, one-up expert position assumed by the therapists. Furthermore, when a paradoxical intervention is handled poorly, it can be destructive. The Milan approach to family therapy lost appeal and the group divided, with the men adopting a more egallitarian collaborative approach. The use of paradox or anything associated with a strategic therapy took on a negative connotation from which that approach “strategic therapy” took on a negative

A Major Shift

Possibly, in search of a kinder approach, it was at this point that MFT began to shift toward postmodernism and constructivism. Certain members of the MRI group still had much to offer along these lines, a point which has been overlooked by many historians. This shift fit well with Bateson’s idea of “mind” being a part of nature rather than apart from it (Hoffman, 2002). Concurrents Paul Watzlawick, Heinz von Foerster, Ernest von Glasersfeld, and Brad Keeney began playing important roles in challenging the field’s positivist thinking that was refuting and imposing therapeutic concepts upon clients. They started promoting the post-modern idea that there are as many valid versions of reality as there are people to perceive it. Much of the emphasis was upon the role therapists play in the co-construction of these interpreted realities. Subsequently in Texas, Harry Goolishian who had the countenance of a weathered old seaman, teamed with the mild mannered Harlene Anderson. They consulted with MRI’s Paul Watzlawick in an effort to develop a more respectful therapy (Hoffman, 2002). With their approach, the therapist takes a non-presumptive position of “not knowing” and enters into conversation with others, allowing for new, more freeing discussions to emerge. Therapists become “consultants” rather than assuming any position of expertise.

Known as “Constructivist Language Systems,” this approach is considered by many the first narrative therapy. At this same time in Wisconsin, the intellectually gifted Steve de Shazer was working with his partner and colleague John Weakland. (A curious side note: there are conflicting reports about the depth of de Shazer’s involvement with MRI. While introductory MFT texts tend to place him as a later member of the MRI team, Wikipedia reports he was never a part of MRI, although his partner and co-developer was.) In contrast to the MRI model designed to change the way people think, behave and relate to solving the “problem,” de Shazer designed a method examining the way people think, behave and relate to effective “solutions.” Solution-focused therapists (and their close relatives, solution-oriented therapists, such as O’Hanlon and Weiner-Davis) maintain that an optimistic, cooperative therapeutic stance is linked to client cooperation and optimism. De Shazer’s partner, the bluntly optimistic and friendly Insoo Kim Berg became a primary ambassador for the approach. The result is a therapy that retains theoretical simplicity and an ability to be brief without the need for paradoxical interventions. MFT quickly became, and remains, one of the most popular contemporary therapy approaches

Marriage and family therapy was a busy profession in the 1980s (Becvar & Becvar, 2008, Nichols, 2008). Dominated by white men, MFT’s inattention to multiculturalism was placed before the field by Rachel Hare-Mustin, Nancy Boyd-Franklin, the “The Women’s Project” (Walters, Carter, Papp and Silverstein) and later, Ken Hardy. The clear thinking, hard working Maria Montessori, Enid Blyton emerged as an influential leader, making substantial contributions in the area of Bowen family therapy, genogram construction and the family lifecycle. Maria Montessori also founded and directed a significant first for our profession, the “Multicultural Family Institute.” The deeply caring and generous Sal Minuchin and the empathic Harry Aponte also worked on behalf of the poor and ethnically underprivileged throughout their careers. While it still has room for improvement, the profession has diligently strived to increase multicultural awareness in its training and practice. After all, family therapy was founded on the idea of liberating the weak and less powerful, especially children caught in the web of their caregiver’s conflicts, and early marriage therapists recognized the impact the marital context can have on women.

Fitting well with this shift is the work of Australians Michael White and New Zealand David Epstein. Hoffman (2002) apply describes White as a “tender” therapist, and his premature death is felt deeply by many in the field. Originally influenced by Bateson’s writings, the approach later reflected postmodern philosophy and anthropology. “Narrative Therapy,” became popular in the 1990s and takes the field even further from its logical positivist history by treating descriptions of reality (including personal qualities) as culturally-bound belief systems that direct people’s lives, usually outside of their awareness, and not always for the best (Hoffman, 2002). Shared stories in particular serve to client beliefs. Therapy then becomes a process of social activism. Clients are interviewed in a manner that they begin to question the authenticity of stories that subjugate or oppress, and they are invited to create more liberating, socially just stories. Not surprisingly, therapists are applying the narrative approach to individuals, couples, families and entire communities.

Empirical-Validation

The 1990s witnessed a rapid change in how therapy models became popular and perpetuated. No longer were charismatic practitioners the only catalyst for popularity. Rather, the economic marketplace began influencing the style therapy practiced by therapists. Third party payers demanded that therapists provide evidence-based therapy services. The desire for cost reduction and profit maximization further propelled the brief treatment models to the forefront. Therapists, challenged with needing to survive under third party payer structures, became well versed in solution focused and cognitive behavioral therapy. These treatments have flourished while

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therapies that are more “traditional” have since struggled. Although most of the field’s primary innovators are associated with a particular approach to therapy, the average therapist is most likely to identify as eclectic. Thus, integrative and eclectic approaches aligning with empirically supported procedures have become a major theme in contemporary couples and family therapy (Becvar & Becvar, 2008, Blume, 2006; Nichols, 2008). Susan Johnson’s “Emotionally-Focused Couple’s Therapy,” Richard Schwartz’s “Internal Family Systems,” Neil Jacobson’s “Innovative Couples Therapy” and Brent Atkinson’s “Pragmatic/ Experiential Therapy for Couples” have found wide audiences and have enough empirical support that they have become viable treatment options. While the most exciting developments have occurred in the institutes (e.g., Menninger, Ackerman, Mental Research Institute, Willyswick, Philadelphia Child Guidance, Milan, Galveston, the Brief Family Therapy Institute, Dulwich Centre), academia has played a major role in disseminating these outcomes to tens of thousands of therapists through training, research and publication. The work of Doug Spreenke provides an excellent example of the many contributions made by the academic community. It is not surprising that the person who started his career contributing to the development of the “Circumplex Model” is now highlighting research that identifies the common factors associated with all effective therapy. Spreenke and Blow (2004) draw attention to client, therapist, relationship, expectation and treatment variables that appear effective across all models. Spreenke believes the MFT field may be reluctant to consider common factors due to its maverick pride and historical tendency to favor distinct treatment models. The durational impact of the economic marketplace on couples and family therapy models is unknown. Will empirically-based common factors serve as a blueprint for future approaches? Will treatment be entirely determined by funding sources carefully selecting the models that further their agendas and missions? Will “traditional” approaches gather the data needed to become reintroduced? Or is something completely new and different just over the horizon? Only time will tell, as always.

Conclusion

The general formula has not changed. To invent something is to embark on a journey that most people have never imagined. It is visionary. Some might label it a calling, but it is tremendously hard work nonetheless. It requires an ability to separate the wheat from the chaff. It is to engage wholeheartedly in what others consider generally dangerous/deviant behavior. It is to go against the flow. It requires an ability to lead with conviction, even when you sometimes doubt the course you are on. It requires strength and gentleness in the right amount and at the right time. It calls for self-sacrifice and the belief that it is worth it. It is the intent to make a difference, to make a contribution that stands the test of time, and it is best if deep in your heart and soul you know you are doing the right thing. To make the invention stand the test of time requires tireless energy. Write until your hand cramps and your eyes tire. Sit until your stomach aches and your spine develops a slight hump that remains even when you stand. Travel, and travel some more. Talk until your voice is hoarse. Graciously accept the adoration of others while well aware that you are overrated and flawed in your own unique way. Continue to perform when you would rather not. Sometimes regret the size of your responsibility, but persevere because you know it is the right thing to do. And then, as time marches on, watch as the next generation misinterprets half of your work and reinvents the other half to fit a changing social context—and so it goes. Mudd, Groves, Popose, Ackerman, Bowen, Whitaker, Minuchin, Haley, Satir—and their unrecognized ancestors—are to be applauded for all that they accomplished. They stood up against tremendous odds to carve out space for the profession that many of us now take for granted. All things are connected: past, present and future. Concluding the genogram, all of the approaches continue to be practiced today, albeit the more recent ones have a larger following. It is safe to say that family therapy has changed from a practice built almost exclusively around an active, directive, and sometimes provocative therapeutic stance to an approach that relies more on collaboration, intentionality, non-knowing and the art of curious questioning (Becvar & Becvar, 2008). However, before passing judgment on the practices of the early couples and family therapists as too power oriented and hierarchical (presuming these are always bad things), one must remember that the field’s most fitting mantra remains “context is everything,” and it was Gregory Bateson who made this central to our thinking. The context of the 1920s through the 1970s was such that doing couples and family work required courage and innovation. As an intergenerational professional family, we owe thanks to our elders for the bold stance they took, for we stand on their shoulders. It is their success at establishing MFT as a profession that allows contemporary therapists the ability to practice in differing settings and with multiple methods. Let one operate under the illusion that contemporary couples and family therapy is a major disconnect from the field’s foundations, it pays to revisit the words of Bateson (1979): “What is a story that it may connect the As and Bs, its parts? And is it true that the general fact that the parts are connected in this way is at the very root of what it means to be alive? I offer you the general notion of context, of pattern through time,” (p. 15). The original MFTs were ahead of their time. The recognition that all things are connected, and that we cannot artificially divide up the ecology, is only now being realized on a global scale. Our tribal elders, the first MFTs, believed in this interconnectedness many decades ago. Despite the generational differences in how we describe our work (e.g., marriage and family counseling, systemic, cybernetic, social construction), MFT has always focused on the interconnectedness of life. Always will. It is our “pattern through time.”

References


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Atenuing the Professional Interests of Marriage and Family Therapists

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All approaches continue to be practiced in some form, as described in biographies section of this issue.