

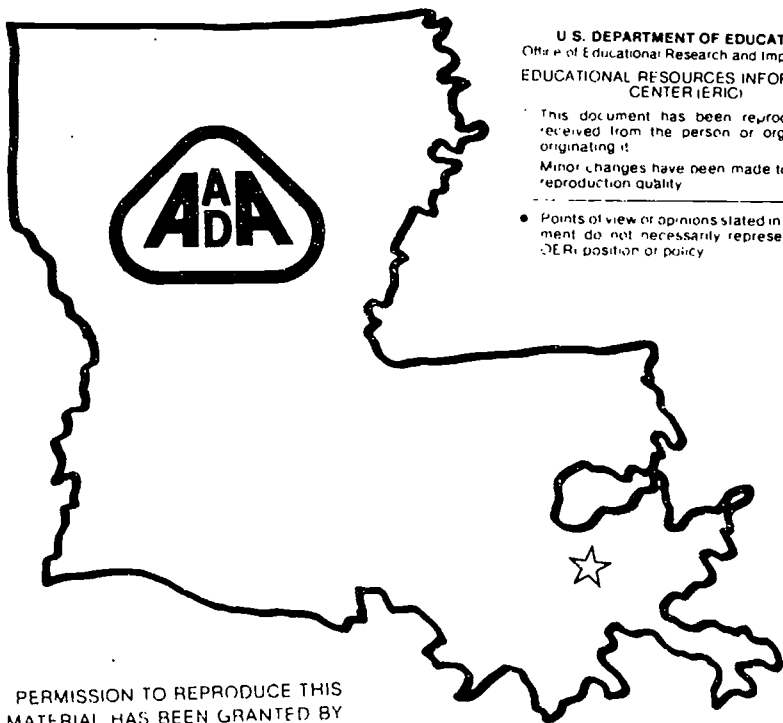
VOLUME II SPRING, 1990

JOURNAL

OF

YOUNG ADULTHOOD AND MIDDLE AGE

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Official Publication Of The
Association For Adult Development And Aging
The University Of New Orleans
Chi Sigma Iota: Alpha Eta Chapter

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AADA: The purpose of the AADA, a division of AACD, is to provide leadership, advice and counsel to counselors, other persons and service providers in the helping professions, family members, legislators, and other community agencies and persons on matters related to the development of adults across the life span. Second, AADA shall serve as an advocate for quality professional services with appropriate governmental agencies and in the legislative process effecting these services. Third, AADA will promote accurate information regarding the aging process to individuals, families and caregivers.

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FROM THE EDITORS

To promote participation in the second annual Association for Adult Development and Aging (AADA) National Conference on Young Adulthood and Middle Age, every effort was made to secure articles and presentations from as diverse a counselor population as possible. To accomplish this goal, calls for papers appeared in the Guidepost, Adultspan (AADA's newsletter), and the Laniappe (Louisiana Association for Counseling and Development's newsletter). Response to the calls for papers was productive in terms of numbers of submissions and extremely positive in terms of the quality of proposals submitted.

The theme of this journal edition included the family, sexuality and developmental issues of young and middle age adults. These themes were selected as a result of extensive analysis of evaluations from the first annual conference (Burlew & Emerson, 1990). Articles submitted varied in length and format. The format variety has allowed the inclusion of both research articles and articles describing what we hope will be interesting and useful program models. We believe you will also find many of these articles timely in terms of innovative approaches to current counseling issues.

The editors hope you will enjoy this journal and provide us with feedback for improving this publication for next year. We also wish to thank those who have taken time to submit materials for publication and the presentations. A special final thanks to the leadership of AADA, the University of New Orleans and the Alpha Eta Chapter of Chi Sigma Iota whose combined efforts have made this journal, and the conference possible.

Peter Emerson
Larry Burlew

Reference

Burlew, L., & Emerson, P. (1990). Continuing education needs of counselors working with adult clients: Results of a survey. Manuscript submitted for publication.

A ROLE/CAREER DEVELOPMENT MODEL OF ADULT DEVELOPMENT

David C. Payne

Although the study of adult development is still in its early stages, a number of interesting conceptual frameworks for viewing adult development have emerged. The purpose of this article is to (a) provide an evaluative review of conceptual frameworks in the field of adult development, (b) present an alternative framework developed by the present author, and (c) identify and evaluate important methodological problems and issues relating to research and counseling in adult development which are associated with different frameworks.

Past and Current Conceptual Frameworks of Adult Development

Most models of adult development developed to date fall into two categorical types which can be labelled as "normative stage" models or "dynamic" models. Occasionally, a framework can be classified as falling into both types, but this appears to be the exception rather than the rule. Models falling into each type are briefly summarized below.

Normative Stage Models

One of the earliest examples of a "modern" normative stage approach to adult development was that developed by Buhler (1933) and her students on the basis of analyses of biographical accounts of individual's lives. Buhler's group concluded that adulthood could be conceptualized best as relating to individual's goals in life and that "stages" of adult development consisted of processes relating to these goals. Specifically, the suggested sequence of adult development was viewed as one of "expansion and experimental self-determination of goals" from ages 15 to 25; "culmination of definite and specific self-determination of goals" from ages 25 to 45; "self-assessment of goal-oriented striving" from ages 45 to 65; and "fulfillment or failure" conclusions concerning goals from age 65 on.

Duvall (1957) developed a more family-centered stage approach to adult development which focused on raising and nurturing children. While Duvall's approach accurately reflected the child-centeredness of the 1940's and '50's, it quickly brought into focus the issue of whether progeny were required for an individual to be considered adult and to develop.

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Erikson (1963) provided a more individual-centered normative stage model which has doubtlessly been the most widely referenced example of adult development in stages. Erikson's stages focus on the individual's efforts to resolve "psychosocial crises" as being the most essential characteristic of human development. Gail Sheehy (1976), Roger Gould (1978), and Daniel Levinson (1978) have also conducted research on adulthood and have suggested slightly different stages characterizing different ages of adult development. Space does not allow a summary of their specific suggested stages, but they are available in almost any textbook on adult development (e.g., Kimmel, 1990).

Dynamic Models

Not all researchers conclude that adult development can be conceptualized as constituting a series of normative or age-graded developmental stages. Researchers have attempted to delineate what they feel is the chief "dynamic" or force behind the changes which occur during the adult years. For example, Jung (1933) emphasized the "inner directedness" of the later adult years as providing a healthy, but drastically different focus from the "outer" directedness of earlier adulthood. Kuhlen (1964) suggested that the first half of adulthood emphasizes growth and expansion while the second half focuses on more indirect and "vicarious" styles. A different approach was suggested by Riegel (1976) who emphasized that individual developmental change during adulthood is always the result of a "dialectical" (e.g., conflicting) interaction between individual psychological forces, individual biological forces, cultural and social forces, and historical and ecological forces.

Problems and Issues in Conceptualizing and Researching Adult Development

Authors of textbooks which focus on adult development (Bee, 1987; Kimmel, 1990; Rice, 1986; Santrock, 1985; Stevens-Long, 1988) point out that the past and current frameworks of adult development mentioned above all contain certain methodological and/or theoretical problems which result from the complicated nature of adulthood in our society. Because the development of alternative conceptualizations will necessarily encounter similar problems and issues, it is important that the difficulties be explicitly stated and understood.

Sampling and Generalization Issues

The "stage" approaches used to conceptualize adult development utilize biographical data based on limited and different types of adult samples. This results in the problem that differences in the descriptions of adult stages described by stage-oriented researchers might be a function of differences in their adult

samples. If one raises the question of whether young adults are concerned with "intimacy versus isolation" as suggested by Erikson, "pulling up roots" as suggested by Sheehy, or "opening up to what's inside" as suggested by Gould, sample differences could support the conclusion that each of these suggestions was characteristic of the particular samples with whom the researchers worked. Thus, while all are "correct" in one sense, different future samples used by different researchers taking a basically descriptive approach to adult development may yield additional or different stages. The long-term result would be a large number of sequences of different stages in adulthood all of which would be "correct" in a limited sense but with none being more representative of adult development in general than others.

It is important to emphasize that the oft-noted difficulties in samples used for stage frameworks of adult development can be construed in two different ways. On the one hand, they can be viewed as a criticism of past researchers. On the other, nowhere has the present author found a lucid account about what would constitute a theoretically and methodologically "good" sample of adults so that the field could consider the sampling problem solved. Adults are so diverse that researchers and theorists interested in adult development may be forced to conclude that a purely descriptive (and inductive) approach to developing conceptual frameworks has inherent and insoluble problems. Theorists utilizing a dynamic model in attempting to understand adult development do not usually concern themselves with sampling issues, because they are more interested in adult developmental processes than in specific adult developmental stages.

Issues and Problems of Scale

In 1973, Neugarten and Danan presented data which showed that the "rhythm of the life cycle" had experienced drastic changes between 1890 and 1966 with the result that the stage of "adulthood" (defined as the period from marriage to death) had increased in length from 46 years to 48 years. This trend has not only continued since their publication but shows every evidence of future expansion. The implication of this finding is that the human life span will soon be very heavily dominated, at least in length, by the stage of adulthood. Table 1 lists the probable number of years our children will be in each stage of the human life span and the proportion of the total life span constituted by each stage.

The stage of adulthood will soon be somewhere between 60 and 70 years in length (if it is defined from age of marriage to death) and 50 years even if young adulthood and old age are factored out; therefore, current adult development researchers and theorists are attempting to understand a drastically longer

period of time than those who focus on other stages of the human life span. Adulthood is unique in that it constitutes an extremely long period of time. As such, it is not surprising that the development of conceptual frameworks for understanding adult development may also require some unique approaches.

Table 1

Relative Proportions of Each Stage of the Human Life Span in Present and Future U.S. Generations

Stage	Ages in Years	Percent of Total Life Span
Infancy	0 - 1.5	1.6
Toddlerhood	1.5 - 3.0	1.6
Childhood	3.0 - 12.5	10.5
Adolescence	12.5 - 19.0	7.2
Young Adulthood	19.0 - 24.0	5.6
Adulthood	24.0 - 74.0	55.6
Old Age	75.0 - 90.0+	17.9

The Issue of "What Develops" During Adulthood?

Although this issue has received less explicit attention in the research and theoretical literature than the issues of sampling and stage length, the present author regards it as potentially the most important in the quest for understanding adult development outcomes and processes. Specifically, content differences between the various stage approaches to adult development are a result of not only different samples, but also different visions of what develops during adulthood. Additionally, the issue of "what develops" during adulthood must be addressed by both stage theorists and those employing a dynamic, rather than a stage, approach. Focusing on the issue of "what" develops during adulthood, differences between various conceptual frameworks of adult development are presented in Table 2 (see next page).

Given the diversity of positions on "what" develops during the adult years listed in Table 2, it is not surprising that a rather large variety of different types of stages have been suggested as characteristic of adult development. Because of this, the present author believes that Kohlberg's suggestions concerning the necessary characteristics of developmental stage theories should be brought to bear on this issue. Specifically, Kohlberg (1973) emphasized that successful stage theories must be "universally applicable, involve invariant sequences, be

Table 2

Adult Developmental Theorists' Emphasis on the Issue of "What Develops" during Adulthood

Theorist	Theoretical Mode	Position on What Develops during Adulthood
Buhler	Stage	Adulthood goal orientation
Duvall	Stage	Child-oriented family
Erikson	Stage/Dynamic	Functional result of resolution of psychosocial crises
Sheehy	Stage	Progress toward an "authentic identity"
Gould	Stage	Attaining independence, committing to life goals, questioning goals, accepting one's goals
Levinson	Stage	Accepting age, deciding on constructive or destructive style, owning one's gender, being attached or separate
Jung	Dynamic	Shift from outer to inner orientation
Kuhlen	Dynamic	Shift from direct to indirect orientation
Riegel	Dynamic	Handling of tension between four dimensions of human condition/experience

unidirectional, lead toward greater maturity, and be hierarchically organized." It seems clear that present stage theories of adult development encounter the most difficulty in meeting Kohlberg's characteristic of being "universally applicable." While this characteristic can more easily, and perhaps more realistically, be met by a theorist's limiting the sampling "universe" to which his or her theory is meant to be applied, excessive limitation results in a theory with a scope so limited that its usefulness is similarly reduced.

The present author spent the last fifteen years developing a new conceptual approach for understanding adult development. Like other theories, this approach evolved from the author's experiences in counseling adults, teaching courses in adult development, and collecting both case-study and quantitative data on developing adults. The remainder of this article focuses on a brief presentation of this framework, or theory, which holds promise for understanding the dual issues of "what" develops and "how" development occurs during the adult years.

A ROLE/CAREER DEVELOPMENT MODEL OF ADULT DEVELOPMENT

Basic Assumptions Behind the Model

Due to the space restrictions of an article, the basic assumptions supporting the current approach to adult development will be stated, but not defended. The author acknowledges, however, that each assumption could be the subject of considerable discussion. Briefly stated, the basic initial assumptions of the author's approach follow.

1. Despite their many differences, all adults are continuously involved in a series of role/career developmental stages regardless of the area of content being studied. Stated differently, marital, occupational, educational, social, familial, sexual, religious and other content areas can be viewed within a role/career developmental framework. Different adults will emphasize different areas of development at different times, but role/career development dynamics will apply.

2. An interaction exists between adult role and career involvements and adult identity. Degree of adult development identity makes certain role and career involvements more or less important, more or less lasting, and more or less satisfying or frustrating. By themselves, roles and careers do not necessarily exhibit any "developmental" characteristics. When an individual adult becomes involved in a role or career area, however, developmental characteristics are added to the experience.

3. Identity is an important dimension of adulthood because

adults use their identities to "negotiate" role and career involvements with others.

4. The major dialectic dimension of adulthood in the United States society focuses on the dimensions of self and others.

5. Given the length of modern adulthood, a "recursive" approach is necessary to understanding the adult experience. In contrast to other stages of the human life span, the length of adulthood implies that adults not only experience developmental change, but they also re-experience it a number of times in the same role/career area.

6. Because a pluralistic society includes more role/career possibilities than any individual adult can experience, the individual's choosing and managing of his/her role/career involvements is a necessary and vital adult ability.

7. In contrast with children and young adolescents, adults operate in three time-orientations (i.e., past, present, and future) simultaneously.

Properties of the Role/Career Development Model

The essential features of the role/career development model emphasize that individual adults experience different stages of role/career development within the same role or career as their experience persists over time. The specific stages posited are: perception, preparation, entrance, performance, evaluation, and reconstruction. The reconstruction stage is characterized by four "action options" which individuals utilize in attempts to secure better role/career experiences for the future. Each stage has a characteristic set of "markers" which are comprised of a combination of time-orientations and emotions or feeling tones. Each stage also differs in the degree to which cognitions or behaviors are emphasized.

The above stages of role/career development are experienced by adults on a recurrent basis with the result that adult development can be viewed as a series of "cycles" of repeated stage experiences. With repetition, however, characteristic developmental changes in the emotional markers and timing patterns of each stage occur.

Stages of Role/Career Development

"Role/career perception" is the initial stage of role/career development and begins with a present orientation and emotional tones of "interesting" or "not interesting" (or even "boring"). This stage doubtlessly begins long before adulthood in the case of many role/career areas and individuals may or may not be aware of all of their past role/career perception experiences.

This stage is more cognitive than behavioral.

The next stage, "role/career preparation," maintains the feeling tone of "interesting" but adds the dimension of salience to the developing individual (e.g., "interesting to/for me") along with an increasing degree of future orientation. As this stage progresses, behavioral preparation experiences eventually are added to cognitive involvements. In many role/career areas, the preparation stage is socially acknowledged and/or supervised.

The next stage, "role/career entrance," is typically short in duration but highly symbolic to the individual adult and, frequently, to others. Markers of the entrance stage are typically a combination of excitement and fear combined with a future-dominated time-orientation. In formally defined roles and careers, the entrance stage may consist of formal ceremonies and/or announcements and its cognitive implications are greater than the behavioral ones.

The "entrance" stage is followed by the stage of role/career "performance" which is the essence of adult development. This stage involves "doing" the roles/careers one has been preparing for, and it is the major dimension on which most adults are evaluated, judged, and related to. Markers of the performance stage include a very high degree of behavioral immersion in the role/career area involved and the emotional markers are feelings of satisfaction or frustration. Time orientation is very strongly on the present.

The stage of role/career "evaluation," in contrast to the performance stage, includes a heavy emphasis on the individual's perception of past and future experience in the role/career area, with almost no emphasis on the present. It is dominated by a cognitive, rather than behavioral involvement, and individuals at this stage may even refuse to engage in role/career behaviors. The major emotional markers are more/less (for me) and good/bad.

The stage of role/career "reconstruction" focuses on one or more of four different "action-options" available to the developing adult and includes a behavioral emphasis which is linked to the outcomes of the evaluation stage which preceded it. The four specific "action-options" include role/career continuation/re-entry, lateral movement, entity change, and/or withdrawal. Each option is briefly defined below.

1. Role/career continuation/re-entry. The individual adult chooses to remain involved in the same role/career area but re-enters the performance stage with a post-evaluation stage perspective and more knowledge about those aspects of the role/career area which are best and worst for him or her.

2. Role/career lateral movement. The individual adult chooses to make a lateral move within a role/career area, utilizing his/her past experience as the perception, preparation stages for entrance into the performance stage.

3. Role/career entity change. The individual adult chooses to remain involved in the specific role/career area, but changes his/her involvements in terms of the specific social or individual entities with whom he/she interacts in the role/career area.

4. Role/career withdrawal. The individual adult chooses to withdraw from any behavioral involvement in the specific role/career area at issue.

IMPLICATIONS OF THE MODEL FOR RESEARCH AND COUNSELING

Compared to the outwardly visible changes of infancy, childhood, and adolescence, adulthood is frequently perceived as being a period of little or no developmental change. Viewed within the context of role and career development, however, a very different picture emerges. Despite the fact that adults may remain in their first marriage and/or job for very long periods of time, their experiences in these role/career areas are anything but stable and unchanging. Many of the changes adults experience may be internal, consisting of changes in feelings and emotions, changes in cognitive or behavioral involvements, and changes in time-orientations. It would be a mistake, however, to interpret such changes as insignificant just because they are not easily noticed by others. In addition, a role/career development model makes those changes which are visible (such as the options utilized during the role/career reconstruction stage) and which frequently appear to others to be quite precipitous, more understandable and more continuous.

Adults are thus continuously experiencing different stages of role/career development despite the fact that they remain involved in the same role/career areas. An "evaluation stage" marital experience is thus of a very different type than a "performance stage" marital experience, even though the same individuals may be involved in both.

Implications for Research

1. A role/career development model implies that the concept of role/career "load" or "overload" is not simply a matter of the number of roles/careers in which an individual is involved, but the number in which he/she is experiencing a performance stage at the same point in time. An interesting dimension for future research is the issue of individual differences in role/career

loads and how these are related to differences in role/career satisfaction and to various dimensions of self-structure such as self-esteem, looking-glass self, and self-acceptance.

2. The degree to which an individual's role/career involvements focus on self or others would appear to be a potentially significant factor in role/career satisfaction/frustration worthy of future study. Preliminary research by the author suggests that some role/career involvements are perceived as relating primarily to self, some to others, and some to both self and others simultaneously. How these orientations are related to various indices of mental health or well-being would seem to be an important dimension for future research utilizing a role/career development framework.

3. A role/career development approach implies that a major mechanism by which adults attempt to manage their overall role/career involvements is to control the timing of role/career development in various areas of adult involvement. A further assumption is that as adults encounter repeated cycles of role/career development within the same role or career, they become better at maximizing satisfaction and minimizing frustration. Research conducted on small samples by the author has yielded very strong differences in past, present, and future perceptions of experienced frustration across a wide number of role/career areas. Adults in these samples invariably seem to expect less frustration and more satisfaction in the future than they have experienced in the past or are experiencing in the present. Because the "cycle speed" of some role/career areas is set by others, satisfaction/frustration comparisons between self-directed role/career cycles and other-directed cycles would appear to be worthy of future investigation.

4. Preliminary case data collected by the present author suggests that the concept of adjustment in adulthood may need to be expanded to include what adults are not doing in addition to what they are doing. Adults who find themselves in a frustrating performance stage in one role/career area which they perceive as keeping them from experiencing satisfaction in another have been found to exhibit the highest levels of frustration and anger.

5. The topic of role/career management strategies employed by adults comprises an interesting realm for future research in and of itself, along with research on concomitant advantages and disadvantages of various specific approaches.

Implications for Counseling

A role/career development stage model holds a number of interesting implications for counselors who work with adults. Briefly stated, these include the following:

1. Although the development of measures of role/career development data is still in its preliminary stages, such measures do appear to be feasible as self-reports which can assist counselors in diagnosis and follow-up of their efforts in counseling adults. Especially intriguing to the author is the possibility of utilizing a role/career development approach within the context of "personal consulting" for clients who may not require regular counseling but would benefit from tactical developmental counseling at particular points in their role/career development.

2. A role/career development approach has several implications for the concepts of "crisis" and "transition" during the adult years. The author's experience with this approach to date seems to support a conclusion that few adults experience transitions as crises when they are in control of the timing patterns of connected role/career cycles. Thus, quitting a job is typically not experienced as a crisis because the individual adult has already gone through considerable planning to insure that the timing of the change "fits" into his/her overall role/career development schedules. In contrast, an adult who experiences an "other-directed" change, such as being fired, is more likely to experience the transition as a crisis not only because being fired is more negative than resigning, but because the projected timing patterns of all role/career areas connected to one's vocation are also thrown off schedule and must consequently be readjusted and reworked. In addition, significant others who are also involved in the individual adult's life may also have to adjust their role/career management plans and timing.

Other-directed or -instigated changes appear to hold even more crisis potential when they affect a role/career area which the individual adult regards as central to his/her identity. In these cases, such a change cannot only cause havoc with the individual's role/career management plans, but can also throw into doubt his/her very identity, which provides the basis for the individual's future role/career negotiating ability. Viewed in this respect, a role/career development model allows a more precise understanding of the difference between change and crisis in addition to holding some potential for assisting counselors in their crisis-management efforts with clients.

SUMMARY AND RECOMMENDATIONS

The role/career development model suggested above is an attempt by the author to provide a framework which includes both the content and process of adult development in a pluralistic society such as ours'. As presently conceptualized, this approach does not necessarily conflict with approaches of other adult development theorists, but instead represents an attempt to integrate thinking about adult development into a more comprehensive whole. Like Erikson's approach, identity is

viewed as a very important dimension of adult development in our culture. In addition, however, this approach tries to raise some questions about why adults in our culture place so much emphasis on their identity. The present author's preliminary answer is that in so doing, the adult is better able to (a) select and choose those role/career involvements which are desired; (b) negotiate involvements with relevant significant others; and (c) reconstruct recursive role/career experiences so that satisfaction is maximized and frustration minimized.

It has been noted that the approach suggested above also bears some initial resemblance to Super's (1957) theory of vocational career development, although his approach was much less recursive in emphasis. Such similarities make sense, however, because marital, familial, educational, and other role/career experiences, like Super's concept of vocational development, now persist over similarly long periods of time. In addition, the above model should not, in theory, exhibit any process differences connected with gender. The author's experience with the approach to date has suggested that males and females both experience very similar role/career dynamics during the adult years. Gender differences may exist in content insofar as role/career areas emphasized, but the processes look very similar.

Several limitations of the above approach should be noted. First, it is possible that some role/career areas may be found to exhibit more role/career stage and cycle dynamics than others. Preliminary data collected by the author suggest that such dynamics do typify adult experiences in the areas of marriage, education, occupation, and religion. Data concerning sexual role/career involvements have been less supportive of the concept in the author's research to date. On a more positive note, the author has been a co-researcher in a study which showed that role dynamics were better predictors of educational satisfaction of re-entering adult women college students than past education, socio-economic level, or marital status (Edmondson, Payne, & Patton, 1987). Such findings indicate that role/career dimensions are worthy of more research emphasis in the future.

In conclusion, the model presented above should stimulate further theoretical formulation and research on the part of others interested in adult development and assist in achieving a greater understanding of this most interesting part of the human life span.

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**COUNSELING THE MIDDLE-AGED: MISINFORMATION,
MYTHS, AND IMPLICATIONS FOR COUNSELING**

John D. Keshock

Middle age is often described as the least researched period in the study of life span development. Brim (1976) suggested that the paucity of research, compared to other developmental periods, may be part of the assumption that middle-agers, particularly men, are "stable, reliable, stalwart, pillars of society and the family." Hence, there would be very few changes in their lives to study.

The relative lack of data about this phase of adult development may also be attributable to a wide variety of other factors to include the "pervasive dread about middle age" cited by Levinson (1978) or the continued reluctance of middle-aged researchers to admit to the more troublesome aspects of their age (Stevenson, 1977). The emergence of research findings in the last two decades, however, suggests that these apprehensions have been set aside, for the most part, leading to descriptions of interesting and fulfilling changes that unfold in the middle portion of the life span.

More recently, middle-aged clients, of both sexes, have acknowledged many concerns about this previously-considered "stable" period of life due, in some measure, to the impact of material disseminated in the popular media. Unfortunately, misinformation, myths, and stereotypes have continued to emerge about this developmental period which has presented many challenges for counselors and their professional colleagues. Adding to the unique challenge of counseling members of this large group are the conflicting viewpoints held by human services professionals despite accessibility to an increasing fund of research findings about the mid-life period.

The intent of this article is to assess some of the beliefs professionals hold about the mid-life period in relation to the clients or confidantes served and in regard to their own life situation(s). An ancillary purpose is to review some of the research findings pertaining to middle age that affect the sharing of accurate counseling information. Discussion will center on the significance of this period to both men and women, because much of the literature has stressed the developmental challenges of males primarily.

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METHOD

Participants

Of the 500 survey research questionnaires circulated to human services professionals, 379 responded to all of the items used in this study, a return rate of 71%. Respondents included 275 females (73%) and 104 males (27%) and 53% of the N of 379 being in the young adult category (ages 22-39) and 47% included in the middle age category (ages 40-65).

Participants were located in five counties in the state of Ohio to include Cuyahoga, Lake, Geauga, Mahoning and Jefferson counties. Work or professional sites included the following: (a) general hospitals (6), (b) community mental health centers (4), (c) substance abuse treatment centers (3), (d) social service agencies (5), (e) county departments of human services (3), and (f) colleges/universities (4). The graduate students included in the study were from part-time programs which allowed for employment in such work situations as case manager, psychology assistant, and residential treatment counselor.

Respondents came from a number of professions to include the following: (a) 10 psychiatrists (2.6%), (b) 74 counselors (19.5%), (c) 90 social workers (23.7%), (d) 18 psychologists (4.7%), (e) 43 registered nurses (11.3%), (f) 66 graduate students in counselor-training programs (17.4%), and (g) 78 professionals (20.5%) in the "other" category. The latter category included respondents such as hospital chaplains, clergy, occupational therapists, art therapists, and doctors of medicine.

Middle Age Survey

The questionnaire completed by the 379 respondents was designed to assess knowledge and attitudes about ten issues germane to the mid-life period. The first set of 10 statements related to how a participant would counsel middle-aged clients or share advice in a confidante relationship. The second set of 10 items, identical in nature, directed participants to assess their own life situation before responding. For young adults, this would include observations, interactions, and relationships with parents, colleagues, and middle-agers in general. Survey items addressed the following issues: (a) mid-life crisis, (b) androgynous tendencies, (c) psychological impact of menopause, (d) patterns of sexual activity, (e) interiority, (f) male menopause, (g) empty nest syndrome, (h) refeathering the nest, (i) double standard of aging, and (j) intellectual functioning during middle adulthood. The use of popularized terms such as "male menopause", or "refeathering the nest" was seen as helpful for survey respondents not familiar with recent literature in the area of developmental psychology. For example, the

inclusion of the term "empty nest" rather than the more descriptive category, "postparental phase of development," was seen as appropriate for the purposes of the study.

Procedure

Each participant received a cover letter describing the relative paucity of research findings in the mid-life period and the need for survey research data to help guide counseling efforts in the future. Respondents were asked to complete the materials in an anonymous fashion to protect confidentiality, as well as being assured that the data would not be shared with staff members at their respective work sites. The close-ended survey items, where the range of responses is limited, elicited a number of questions from respondents; however, the professional counselor or social worker assigned to collect the surveys at each location was directed not to respond to any queries. Most participants took 15-20 minutes to complete questionnaire items and a brief listing task. The counselor or social worker then collected the completed materials and returned them for data analysis.

RESULTS

Overview

The main findings of this edumetric study included (see Table 1): (a) misinformation or myths prevailed in the majority of the assessments of mid-life issues addressed by respondents rather than recent research findings generated in the field of adult psychology, (b) advice to be shared with clients was very similar to the perceptions of participants about middle age as related to their own life situation(s), (c) respondents had limited success in the identification or naming of counseling and/or developmental theories useful in working with clients specifically described as middle-aged, and (d) in the instances where respondents attempted to provide the theoretical underpinnings for work with the middle-aged, information included sayings relating to folklore, slogans from "pop psychology", and observations gleaned from the popularized media.

Items in Agreement with Research on Aging

Comparative information on the attitudes, knowledge, and perceptions of human services personnel about middle-agers yielded four items in agreement with current research findings. These included the conclusion that sexual activity generally remains stable during the m l-life period. Interest in sex continues through middle age and well into late adulthood for the average person (George & Weiler, 1981; Pfeiffer & Davis, 1972). In particular, with the end of reproduction, the

TABLE I
Percentages of Participants' Responses to
Statements by Response Category, Sex and Age

1. Most middle-aged individuals will experience a mid-life crisis.					
	n	Counseling of Clients		Own Life Situation	
		Agree	Disagree	Agree	Disagree
Total	379	65.4	34.6	61.5	38.5
Females	275	66.5	33.5	63.6	36.4
Males	104	62.5	37.5	55.8	44.2
Young Adults	202	66.8	33.2	62.4	37.6
Middle-Agers	177	63.8	36.2	60.5	39.5
2. Androgynous tendencies or "cross over" at mid-life.					
		Agree	Disagree	Agree	Disagree
Total		48.8	51.2	51.0	49.0
Females		51.0	49.0	52.4	47.6
Males		43.3	56.7	47.1	52.9
Young Adults		47.0	53.0	50.0	50.0
Middle-Agers		51.0	49.0	52.0	48.0
3. Menopause will have a significant psychological impact upon middle-aged women.					
		Agree	Disagree	Agree	Disagree
Total		60.4	39.6	54.4	45.6
Females		57.4	42.6	49.8	50.2
Males		68.2	31.8	66.3	33.6
Young Adults		70.0	30.0	65.3	34.7
Middle-Agers		50.0	50.0	41.8	58.2
4. Middle-aged adults have regular patterns of sexual activity.					
		Agree	Disagree	Agree	Disagree
Total		81.8	18.2	79.4	20.6
Females		83.2	16.8	79.2	20.8
Males		78.0	22.0	79.8	20.2
Young Adults		81.2	18.8	80.7	19.3
Middle-Agers		82.5	17.5	78.0	22.0

5. Increase in interiority with onset of middle age.

	Agree	Disagree	Agree	Disagree
Total	35.3	64.7	35.1	64.9
Females	36.0	64.0	34.5	65.5
Males	33.7	66.3	36.5	63.5
Young Adults	33.2	66.8	35.6	64.4
Middle-Agers	37.9	62.1	34.5	65.5

6. Middle-aged males experience male menopause which is psychologically comparable to menopause in women.

	Agree	Disagree	Agree	Disagree
Total	67.2	32.8	63.9	36.1
Females	72.7	27.3	69.8	30.2
Males	52.9	47.1	48.0	52.0
Young Adults	66.9	33.1	66.3	33.7
Middle-Agers	67.8	32.2	61.0	39.0

7. Empty nest period has positive effects on parents.

	Agree	Disagree	Agree	Disagree
Total	48.0	52.0	56.5	43.5
Females	51.2	48.8	57.0	43.0
Males	39.4	60.6	54.8	45.2
Young Adults	41.6	58.4	50.0	50.0
Middle-Agers	55.4	44.6	63.8	36.2

8. Re feathering the nest has positive effects on parents.

	Agree	Disagree	Agree	Disagree
Total	14.0	86.0	19.0	81.0
Females	15.3	84.7	19.6	80.4
Males	10.6	89.4	17.3	82.7
Young Adults	13.4	86.6	18.8	81.2
Middle-Agers	14.7	85.3	19.2	80.8

9. Middle-aged women are penalized for physical aging as part of double standard of aging.

	Agree	Disagree	Agree	Disagree
Total	93.4	6.6	91.0	9.0
Females	94.1	5.9	92.7	7.3
Males	91.3	8.7	86.5	13.5
Young Adults	93.1	6.9	91.0	9.0
Middle-Agers	93.8	6.2	91.0	9.0

10. Little decline in intellectual functioning takes place during middle adulthood.

	Agree	Disagree	Agree	Disagree
Total	83.6	16.4	86.8	13.2
Females	82.6	17.4	85.4	14.6
Males	86.5	13.5	90.4	9.6
Young Adults	80.7	19.3	84.7	15.3
Middle-Agers	87.0	13.0	89.2	10.8

relational and recreational uses of sex become even more important and can enrich this period of life which society otherwise penalizes through the creation of self-fulfilling prophecies (Comfort, 1980).

A second conclusion that was strongly supported related to the negative connotations of the "refeathering of the nest" or having adult children return home to live with parents. As the age of first marriages increases, the divorce rate rises, and economic pressures escalate, many adult "children" return home to live with parents. These atypical or off-time arrangements necessitate adjustments that often lead to familial tensions and conflicts (Wilén, 1979). The financial, emotional, and interpersonal burdens of adult children can be very taxing once parents have moved on to new roles in the postparental period (Clemens & Axelson, 1985).

The highest percentage figure (93.4) for the survey was obtained in the area of the double standard of aging. Sontag (1972) described many differences in physical aging between men and women in our society with the observation that a number of these differences seem to favor men. Also, older men are not as likely to lose income, social status, or opportunities for heterosexual social and sexual partnerships (Kimmel, 1990). These gender differences have been cited by Rodeheaver (1988) in describing a number of the challenges of the double standard of aging necessitating better mental health services for aging women.

The last conclusion about negligible intellectual decline at mid-life was supported by 83.6% of the respondents. Without entering into their debates, research by Schaie (1982) and Horn (1978) has shown that intelligence does and does not decline with increased age, depending upon operational definitions and measurement strategies. From the standpoint of material being presented to professionals-in-training, the trend appears to emphasize stability in intellectual functioning. Diamond (1985) indicated that normal human aging does not produce extensive brain cell deterioration until extreme old age. When people live in stimulating, interesting environments, their brain functions remain intact. According to Baltes (1984), many people do not show a decline in intelligence, and some even improve their intellectual abilities.

Items in Disagreement with Research on Aging

The majority of respondents (65.4%) agreed that middle-aged individuals will experience a mid-life crisis. As is true for most dimensions of this developmental period, the pros and cons of the term are open to debate. While some psychologists such as Gould (1972) describe the mid-life years as tumultuous as adolescence, research findings that most adolescents do not go

through turmoil also lead to the position that most individuals in middle age do not experience a crisis (Wade, 1990). Recent research findings appear to indicate that crises can be disruptive at any point in the life span and that something so variable cannot be universal or inevitable. Thus, the often-used term "mid-life crisis" may be inaccurate, misleading, and inappropriate in terms of the counseling function.

By a slight margin (51.2%), participants disagreed with the notion of androgynous tendencies at mid-life. Current theory and research in this area, which draws upon the original work of the Chicago group headed by Neugarten, seems to indicate that sex-role changes of middle age are part of an inevitable, genetically based process. Other researchers strongly object to this position. Gutmann (1975), however, described the "normal unisex of later life in which men appear to be less aggressive and domineering with age, more in touch with the sensual and familial aspects of life." Women, on the other hand, move toward more-assertive behavior and an active-mastery style. As couples move into the latter stages of middle age, the demands of work and parenthood lessen, often leading to a significant reduction in gender-role differences (Gormly, 1989).

Menopause was seen as having a significant psychological impact upon middle-aged women by 60.4% of the study sample. In terms of an adjustment principle relating to the bipotentiality of human experience, most respondents viewed the psychological aspects of the climacteric in a negativistic light. While menopause may be frightening and troublesome for some women, for others it presents few psychological difficulties. Stevens-Long (1988) reports that attitudes towards menopause are effective predictors of the severity and length of psychological distress. Women who feel positive about this natural life change, who are not anxious about growing older, and who possess accurate information about the climacteric and menopause seem to have fewer adjustment problems. Neugarten, Wood, Kraines, and Loomis (1963) have described many postmenopausal women who have positive recollections of menopause, experience increased feelings of vigor and well-being, and report increases in sexual desires and activity.

The total figure of 67.2% in agreement with the statement relating to the existence of male menopause of a psychological nature was eclipsed by 72.7% of the female respondents answering in the affirmative with only 27.3% disagreeing. These perceptions run counter to most recent research findings. Although some men report depression, irritability, insomnia, and other "menopausal" symptoms at mid-life, the majority seem unaware of the changes taking place. "The climacteric, if experienced at all, usually is felt as a falling off of sexual desire or decline in performance" (Gormly, 1989). From a counseling standpoint, some of these men may become depressed or

panicky as a function of imagined loss of sexual vigor and undertake sexual adventures or re-marriages as a means of reassurance (Gadpaille, 1981). Dworetzky and Davis (1989) noted that although stories about the male menopause may make good reading, no such physiologically based event exists. The term "male menopause" has, for the most part, been used in a joking, light handed manner by the popular media to refer to the emotional and behavioral changes some men show during middle age.

One of the most documented findings described in mid-life research is that of interiority or introspection as people grow older. Neugarten and her colleagues (1976) described substantial changes or movements toward a more inner-directed orientation, increased self-evaluation, and better acquaintance with one's inner world. Despite the availability of much research substantiating increased interiority as a developmental change, 64.7% of the respondents in the survey disagree with the emergence of this trait in middle adulthood. This misperception is probably due to the chronic, mental health problems of their clients and their inability or reluctance to work at developing insights in therapy.

Studies in the last decade have demonstrated that the empty nest or postparental period is not as problematic as it was in the early 1970's. This period is the time when couples report the most marital satisfaction as a result of the departure of children, coupled with a sense of relief and psychological well-being. They may in fact welcome this time to renew their relationship, pursue new interests, travel, relax, knowing that children have been launched successfully (Bee, 1987; Nock, 1982). Despite this generally positive view of the empty nest period, study participants disagreed with this connotation by a slight margin (52.0%). This finding aligns with the results of studies investigating predominantly negative effects of the postparental period using hospitalized women as research participants. In the current study, relationships of respondents with ill clients or patients may have adversely affected their assessment of this transitional period.

When asked to list three counseling and/or developmental theories useful in working with middle-aged clients, 210 respondents shared information. Of that total, 118 responses actually represented accepted theories used in counseling practices. In the realm of developmental theory, Erikson's approach was the most preferred, followed by Levinson's relatively recent work and the model proposed by Gould. In terms of counseling theory, Reality Therapy was the most popular approach followed by Rational Emotive Therapy and Gestalt Therapy. The 92 responses that did not reflect accepted theoretical positions contained slogans such as "Life begins at 40" or "You're only as old as you feel," truisms, or clinical

information relating to problematic behavior for men and women at mid-life.

IMPLICATIONS FOR COUNSELING

Despite the relative paucity of research findings prior to the 1970's about the mid-life developmental period, an organized body of information has recently and consistently been made available to human services professionals. To assist middle-aged clients with their life transitions, not to mention presenting problems of a clinical nature, counselors should be aware of the potential uses of this research-based information to prevent the use of myths, folklore, and misinformation in counseling endeavors. This is particularly important for professionals who received training 20 to 40 years ago when developmental theories describing transitions at mid-life were rarely to be found. Practitioners who received either certification or licensure as a result of "grandparenting" provisions would also have been exempted from the current, more-stringent requirements for course work in human growth and development.

While continuing education programs serve as a requirement for the renewal of most certificates or licenses, it appears that many professionals, with limited time, opt for the acquisition of new skills and techniques or re-training in counseling areas that address provocative challenges for working with difficult or atypical clients. Programs in the area of adult developmental psychology are often viewed as "soft" when compared to the "hard" signs generated in other mental health, topical areas. Advanced knowledge of the developmental tasks of middle age would be very useful in the assessment of precipitating events or actual crises that clients bring to the counseling situation.

Given the tendency of the majority of the respondents in the current study to line up with myths or misinformation in sharing counseling advice, counselors should be aware of some of the mental short-cuts or cognitive strategies that professionals sometimes use to reduce information overload and make sense of clients' life situations. One short-cut, illusory correlation, suggests that practitioners can expect a certain pattern to exist (e.g., mid-life crisis) and that expectation causes one to believe there is proof of that pattern when in fact the pattern is not objectively confirmed (Baron & Byrne, 1987). Succumbing to illusory correlations leads to the perpetuation of self-fulfilling prophecies that adversely affect the counseling function.

In terms of the current study, another question that arises is what happened when the realities of research information did not fit the schemata of middle age held by the majority of the

human services respondents? In part, they may have attempted to explain away contradictions and spent time in reviewing past counseling experiences that supported the schema (O'Sullivan & Durso, 1984). This may be at the heart of why myths and stereotypes are so difficult to change. Evidence that contradicts them interestingly helps make them stronger in that people review the myth or stereotype mentally and search for evidence to support it. An example might be that of a counselor who thinks most middle-aged people have crises, who then deals with a client without developmental challenges of a serious nature. Usually, the counselor will not revised a stereotype that has been contradicted in this case, but will work harder to recall clinical examples of the "mid-life crisis" in clients who have been served. Apparently, the mind will go to great lengths to preserve its schemata, even if this involves ignoring research evidence suggesting it is wrong (Baron & Byrne, 1987). For even seasoned counselors, the situation of "having a closed mind" takes on new, professional challenges.

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HOMOSEXUAL RELATIONSHIPS: A UNIQUE TYPE OF FAMILY

June Williams

Traditionally, the word "family" produces images of the bread-winning father and the housewife mother who stays home and cares for the children. However, today's family is no longer as clearly defined in terms of sex-roles, rules, and relationships. Besides the traditional family unit, various types of families exist that do not conform to the stereotypical definitions of the term, "family."

One such different type of "family" is the homosexual couple, lesbians or gay men, who live together in a committed relationship with or without children. State laws controlling access to marital status deny these couples legal recognition of their union. However, many lesbians and gay men in relationships consider themselves "family" and are seeking a redefinition of the traditional family unit.

Perhaps a reason underlying society's refusal to accept and acknowledge homosexual relationships as legitimate (i.e., marriages) is the lack of information regarding the true nature of these relationships. Misconceptions abound that homosexual relationships are transient, are ruled by sex, and are otherwise "different" from heterosexual relationships. Contrary to these myths, recent research clearly indicates that homosexual relationships are more similar to, than different from, heterosexual relationships.

The purpose of this article is to answer, based on current research, the following questions:

1. Are there major differences in relationship quality and satisfaction between homosexual and heterosexual couples?
2. Do the roles assumed by partners in a homosexual relationship mimic traditional heterosexual roles?
3. Are homosexual couples similar to heterosexual couples in decision-making and economic interdependence?
4. Are gender-related differences more significant than sexual preference-related differences in relationships?
5. What is the level of commitment in homosexual rela-

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tionships? Are there differences between homosexual and heterosexual couples' views of monogamous relationship?

6. Are there differences in the level of social support for homosexual and heterosexual couples?

7. What are the implications for human services professionals in working with homosexual couples?

HOMOSEXUAL/HETEROSEXUAL RELATIONSHIPS

The section to follow addresses various aspects of relationships, comparing and contrasting homosexual and heterosexual relationships. Aspects discussed include relationship quality and satisfaction, roles, decision-making and economic interdependence, gender-related differences, and level of commitment and degree of exclusivity.

Relationship Quality and Satisfaction

The research comparing homosexual and heterosexual couples indicates that the values and experiences of homosexual couples are not different from heterosexual couples (Daily, 1979; Duffy & Rusbult, 1986; Kurdek & Schmitt, 1986b; Peplau, 1981; Peplau & Cochran, 1981; Schneider, 1986). Regardless of their sexual preferences, most people look for a close, loving relationship with one special person (Peplau, 1981). Lesbians and gay men desire affection and companionship just as heterosexuals do (Peplau, 1983a). Love and satisfaction are as often found in the intimate relationships of homosexuals as they are in heterosexual relationships (Peplau, 1981). Family theorists Hess and Handel (in Peplau & Cochran, 1981) have proposed that the fundamental issue in all relationships, whether homosexual or heterosexual, is the balancing of intimacy and independence.

One aspect of relationship quality which has been researched is "love for" and "liking of" partner (Kurdek & Schmitt, 1986b; Peplau & Cochran, 1981). Love for one's partner refers to affiliative dependent need, predisposition to help, exclusiveness, and absorption with one's partner. Liking of one's partner refers to whether one has a favorable evaluation of and respect for one's partner, and whether one perceives similarity between herself/himself and her/his partner. In studies comparing matched samples of gay men, lesbians, and heterosexual couples (Kurdek & Schmitt, 1986b; Peplau & Cochran, 1981), no significant differences were found between homosexual and heterosexual couples in love for, or liking of partner.

Several studies (Duffy & Rusbult, 1986; Kurdek, 1988; Kurdek & Schmitt, 1986a; Peplau & Cochran, 1981; Peplau & Gordon, 1983) have compared relationship satisfaction in heterosexual married, heterosexual cohabiting, gay male, and lesbian couples.

Relationship satisfaction encompasses many different aspects of a relationship to include (a) amount of activity shared by the partners, (b) satisfaction with demonstrated affection and sexual relations, (c) degree of tension in the relationship, (d) the frequency with which each partner has considered ending the relationship, (e) the favorability of attitude towards one's relationship, and (f) the extent of agreement of partners on matters important to dyadic functioning (Kurdek & Schmitt, 1986b). In each study the results were strikingly similar for all couples on most aspects of relationship satisfaction.

Another study by Kurdek and Schmitt (1986a) found few differences in relationships due to sexual preference. This study examined five dimensions of relationship quality in heterosexual married, heterosexual cohabiting, lesbian and gay male couples. The five dimensions involved were agreement, satisfaction with affection and sex, low tension, shared activity, and beliefs regarding sexual performance. These dimensions were compared based on the type of relationship and the stage of relationship development. The couples were representative of the first three stages of McWhirter and Mattison's (in Kurdek & Schmitt, 1986a) six stage model of relationship development.

Among all the couples there was a curvilinear relation between the three stages, with higher relationship quality during the first year of the relationship (Stage One - Blending) and the fourth and fifth years (Stage Three - Maintaining) and the lowest quality reported during the second and third years (Stage Two - Nesting). The findings revealed that relationship quality was more frequently related to the stage of the relationship rather than to the type of the couple. There were not significant results to indicate that the relationship quality of homosexual couples is any different from heterosexual couples. Kurdek's (1988) study of couples across all six stages of development found that regardless of the type of couple, the relationship quality differed as a function of time in the relationship. For both types of couples living together six years or more, more relationship satisfaction, more love for and liking of partner, more trust, and more satisfaction with social support were evident.

Roles

One of the most persistent myths about homosexual couples is the belief that lesbian and gay partnerships mimic heterosexual marriages (Peplau, 1983b). Tripp (in Harry, 1983) has observed that persons unfamiliar with homosexual relationships tend to view one partner as masculine and the other as feminine. This belief is often called the "butch/femme" hypothesis, suggesting that the "butch" partner is the "husband," and the "femme" partner is the "wife" (Harry, 1983). This belief parallels the

assumption that homosexuals are confused about their gender identity which is not true (Peplau & Gordon, 1983). Lesbians are just as sure as heterosexual women that they are females, just as gay men accept their maleness. Nevertheless, some homosexual couples do adopt masculine and feminine roles (Peplau & Gordon, 1983). Although a few homosexuals, especially older ones, may practice traditional sex-role stereotyping, most contemporary lesbian and gay relationships do not conform to traditional masculine and feminine roles (Blumstein & Schwartz, 1983; Harry, 1983; Peplau, 1983b). Most lesbians and gay men actively reject traditional husband/wife roles as a script for intimate relationships (Peplau & Gordon, 1983). Instead, homosexual relationships are characterized by role flexibility and turn-taking (Peplau, 1983a). Many homosexuals value their relationships because they are free from the strict gender roles in traditional heterosexual relationships (Peplau & Gordon, 1983).

Recent research has investigated three possible areas of masculine-feminine role playing in homosexual relationships: division of household tasks, decision making, and sexual behavior (Bell & Weinberg, 1978; Peplau & Gordon, 1983).

Most traditional heterosexual marriages clearly differentiate between the husband's work and the wife's work. The husband is expected to be the breadwinner and do the household repairs. The wife is expected to clean house and care for the children. However, the predominant pattern among homosexual couples is one of role flexibility, with both partners sharing in housekeeping tasks and financial expenditures (Peplau & Gordon, 1983). Responsibility for household chores in homosexual couples tends to be equally divided, flexible, and determined by preference, rather than predetermined standards (Schneider, 1986).

In the area of sexual behavior, homosexuals tend to experience a great deal of flexibility (Bell & Weinberg, 1978). Very rarely do homosexuals engage in consistent sexual role-playing (Peplau & Gordon, 1983). Most lesbians and gay men state that both partners are equally active in sexual situations or that partners alternate from situation to situation (Califia, 1979).

Rather than patterning their relationships on heterosexual role playing, most homosexual relationships are patterned after a "best friends" model (Harry, 1983). While the "best friends" model appears to be evident in all homosexual relationships, it is most evident in lesbian relationships. According to Wolf (in Harry, 1983) role playing has become quite unpopular in lesbian circles, probably due to a large percentage of lesbian women who became affiliated with the women's movement of the late 1960's and 1970's. One goal of the lesbian/feminist movement has been to create independent identities as women rather than in relationship to men (Harry, 1983). To participate in

heterosexual role playing would be to advocate sexism.

On an emotional level, the sexual relationship of lesbians usually arises out of a developing affectional relationship (Harry, 1983). The "best friends" model of relationship style tends to suit lesbians well because, in most cases, their sexual relationships develop out of established friendships (Vetere, 1982). This type of relationship differs from that of gay men who tend to enter into a sexual relationship prior to an emotional/affectional relationship (Harry, 1983). Nevertheless, both lesbians and gay men, once the relationship is established, tend to consider themselves friends, as well as lovers (Vetere, 1982).

Decision-making and Economic Interdependence

Lynch & Reilly (1986) noted that in heterosexual couples, the man tends to make the most money and, therefore, make the most important decisions, while the woman is expected to be responsible for traditionally feminine tasks. Lesbians and gay men reject this model, preferring to establish a standard of egalitarianism beneficial to both individuals (Blumstein & Schwartz, 1983; Peplau & Gordon, 1983).

Harry (1983) suggested that decision making in homosexual relationships is more equal than in heterosexual relationships because the economic basis for inequality is virtually nonexistent. Income differences are considerably less in lesbian and gay relationships. Whereas the male in a heterosexual relationship tends to make the most money and is often perceived to therefore have more power, individuals in a homosexual relationship are more likely to have comparable incomes. Because both partners are of the same sex and are likely to be subject to the same degree of sex-discrimination in their work settings, their income is more likely to be similar. Also, "housepersons" in homosexual relationships are a rarity, thus eliminating the same economic inequality which exists in many heterosexual relationships. Partners in homosexual relationships are much less likely to be financially dependent on each other.

Perhaps due to this greater economic equality, homosexual couples, especially lesbians, are less financially interdependent than heterosexual couples, are less likely to have joint accounts and wills or insurance policies naming their partner as beneficiary (Schneider, 1986). Homosexual couples are also less likely to participate in joint financial ventures such as buying a home or a car.

While equality appears to be important in all homosexual relationships, equality and emotional expressiveness are notably evident in lesbian couples (Kurdek, 1988; Peplau, Cochran, Rook,

& Padesky, 1978). Lesbian couples exhibit greater reciprocal expressiveness and equality of power than heterosexual couples or gay male couples (Kurdek & Schmitt, 1986b). In interviews in which lesbians were asked what type of relationship they prefer, many specifically stated a preference for equal power in intimate relationships (Falbo & Peplau, 1980).

Gender-Related Differences

Duffy and Rusbult (1986) determined that more similarities than differences existed in the close relationships of lesbians, gay men, and heterosexual married and cohabiting couples. The relationships were compared on the following six dimensions: rewards, costs, alternatives, investments, satisfaction, and commitment. The few differences which emerged in the study appeared to result more from gender than sexual preference. Duffy and Rusbult postulated that gender-related differences are more significant than sexual orientation related differences because both men and women, regardless of sexual preference, are socialized in traditional sex-roles long before they become aware of their sexual preference.

Similarly, Peplau (1981) concluded that the gender of the respondent, rather than sexual orientation, was the major predictor of differences in relationship values. Simon and Gagnon (in Harry, 1983) attributed the differences in the degree of exclusivity between lesbians and gay men to their respective gender role socialization. These gender related characteristics are similar to the differences in exclusivity among heterosexual males and females. Males are socialized to engage in sexual behavior both with and without affection, while women are expected to combine the two (Harry, 1983). The result is that when two men enter a relationship, nonexclusiveness is far more common than in lesbian couples.

Social Support

One difference between homosexual and heterosexual couples is the amount of social support received by the individuals in the relationship. According to Kurdek and Schmitt (1986b), married partners perceive greater social support than lesbian and gay couples. While homosexual couples perceived less emotional support by family and society in general, they tended to perceive a great deal of support from their friends (Kurdek & Schmitt, 1987).

Level of Commitment/Degree of Exclusivity

A popular belief regarding homosexual couples is that they lack the commitment of heterosexual couples and, therefore, their relationships do not last. Recent research indicates that homosexual relationships do not generally last as long as

heterosexual relationships, particularly lesbian relationships (Blumstein & Schwartz, 1983). While it is true that gay men are much less sexually exclusive than lesbians, their tendency to have multiple sexual partners does not necessarily interfere with a long-term relationship with their primary partner (Peplau & Gordon, 1983). Tanner (in Schneider, 1986) stated that partners in a lesbian relationship tend to have persistent feelings of impermanence. Peplau & Gordon (1983) proposed that this feeling of impermanence among lesbian couples, and to a lesser degree among gay male couples, may be due to a variety of societal factors. They believe that the factors listed below may be responsible for the apparent lack of commitment among many homosexual couples.

1. It is difficult to establish and maintain a same-sex relationship in a society which does not sanction such a relationship.
2. Homosexual couples lack the external supports such as family, friends, and church which are readily available to most heterosexual couples.
3. Homosexual couples tend to make fewer financial investments in a relationship because the legal concept of communal property does not yet apply to homosexual couples.
4. Because homosexuals, especially gay men, do not value exclusivity to the same degree that heterosexual couples do, homosexuals have easier access to alternative relationships.

The fact that sexual exclusivity is much more important to heterosexuals than homosexuals is a major difference between the two types of couples (Peplau & Gordon, 1983). More heterosexuals than homosexuals would be likely to endorse monogamy as an ideal for relationships. As mentioned previously, gay men are less likely than lesbian women to be sexually exclusive.

Another interesting difference between homosexual and heterosexual relationships is that there appears to be more variability in the age difference between homosexual partners than among heterosexual partners (Harry, 1983). Harry suggested two possible reasons for this age difference. First, there are fairly widely accepted norms concerning the age difference for heterosexual couples, but there are no corresponding norms for homosexual couples. Secondly, the age segregation in institutions where large percentages of young heterosexuals in their marrying years can be found is probably greater than in the gay world. Homosexual groupings are not as clearly divided according to age as are heterosexual ones.

IMPLICATIONS FOR HUMAN SERVICES PROFESSIONALS

Counselors working with homosexual couples need to recognize and accept homosexual relationships as a valid alternative life-choice (i.e., be gay affirmative). They must be aware of the various issues faced by homosexual couples and the challenges of working with this growing population. The following implications should be considered by counselors before entering into counseling with homosexual couples.

1. The counselor must be informed about the issues faced by homosexual couples. Many issues are "relationship" issues encountered by both heterosexual, as well as homosexual couples. For example, conflicts of interest, delegation of responsibility, communication problems, and unreasonable expectations are issues with which every couple must deal. In dealing with these issues, the counselor must have a solid background in marriage and family counseling theory and techniques.

On the other hand, the counselor cannot assume that all relationship issues of homosexual couples will be identical to those of heterosexual couples. Many issues are unique to homosexual relationships. For example, non-exclusivity in gay males in committed relationships is much more acceptable than in heterosexual couples. The counselor cannot assume, as is the case in most heterosexual relationships, that sexual fidelity is necessary or valued. Also, due to the unrecognized legal status of homosexual relationships, many individuals in a homosexual relationship are more financially independent. Therefore, the counselor must be aware that, while heterosexual couples sometimes may stay together longer because of financial dependence, homosexual couples may more easily dissolve. Counselors cannot assume that homosexual couples will mimic heterosexual couples in their manner of relating. The majority of homosexual couples tend to be more egalitarian in the various aspects of their relationship. Another major issue facing many homosexual couples is the lack of social support. While most homosexual couples have a support network, society as a whole is not accepting and supportive of homosexual relationships. In addition, many lesbian and gay couples do not have the support of their own families.

2. The counselor must be open and honest with him/herself regarding his/her attitude towards homosexual couples. The counselor must recognize the validity of homosexual unions in order to do justice to those seeking guidance. Any counselor harboring homophobic feelings is ethically bound to refer the clients to a gay-affirmative therapist. A gay-affirmative counselor is one who is knowledgeable about and supportive of homosexual relationships. Such a counselor assists the couple in confronting general relationship issues, as well as issues

unique to homosexual couples and to the specific couple in counseling. In addition, this type of counselor is able to view many of the differences between homosexual and heterosexual couples as positive, rather than negative factors. For example, the financial independence and egalitarianism present in many homosexual couples allow the individuals in the relationship to develop a distinct personal identity, as well as a couple identity.

3. Counselors need to be involved in activities which help to educate the public and provide support for lesbian and gay couples. Activities directed toward educating society may include publishing articles, giving lectures and providing workshops and classes on homosexual relationships/life. Activities which lend support to homosexual couples may include having support groups for lesbian and gay couples. Speaking publicly on behalf of gay rights, and lobbying for more legal rights for homosexual couples, especially for better insurance coverage, are other activities in which a counselor could become involved. Counselors must be aware of the various community resources which may help in these activities.

CONCLUSION

Based on the information gathered from the existing literature, there are obviously more similarities than differences between homosexual and heterosexual relationships. Very few differences exist regarding the feelings that the individuals have for his/her partner or regarding the relationship in general. The differences which are related to sexual orientation are more external to the relationship (e.g., social support, exclusivity versus nonexclusivity, age differential), rather than internal (e.g., relationship quality and satisfaction).

These findings should not be accepted totally without taking into consideration their limitations. The majority of studies on homosexuals have over-represented the white, college-educated, middle to upper middle class. Whether or not these findings are representative of other socioeconomic groups is uncertain. Additionally, homosexuality is not socially accepted which causes fear in many lesbians and gays; thus, even to take part in a confidential study may be too risky for some. This, coupled with the fact that volunteers for a study are rarely representative of the total population, requires that the results be considered with caution. More research must be completed to replicate these findings, preferably using members of various socioeconomic and ethnic groups as subjects.

Regardless of the limitations, the findings are conclusive enough to make a case for recognizing homosexual partners as a "family." The characteristics which identify heterosexual

families are not significantly different from those identifying homosexual relationships. Add to this the growing number of lesbian mothers and gay fathers, and it is clearly time that a redefinition of "family" be seriously considered.

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RURAL WOMEN: MID-LIFE ISSUES

Joan England
Jessie Finch

Research using a qualitative format gives unheard voices a chance to be heard. It can capture the fullness and richness of life as it is experienced by those who use their own words to share their perceptions of reality. Qualitative research uses the relationship to be developed between researcher and participant as an important essence of the study (Guba & Lincoln, 1981). Both observable behavior and the words of the people become integral parts of this process and allow themes to emerge from the data (Bogdan & Taylor, 1975).

Studies exploring patterns of adult development have focused on the experiences of men, and thus, have not heard the voices of women describing their lives (Okun, 1984; Rickel, Gerrard, & Iscoe, 1984). According to Jean Baker Miller (1976), the linear, block-step series of transition and building stages described by Erikson (1968) and Levinson (1978) do not recognize the different psychosocial structure that influences women's development. Carol Gilligan (1982) stressed the importance of relationships to the developmental process of women's lives. According to Josselson (1987), psychology has not theory of normal development for women.

Human development is an ongoing process that begins with birth, ends with death, and is characterized by continuous change (Okun, 1984). Change accumulates slowly and almost invisibly until some manifestation demands attention. The time of transition into mid-life can represent a growing awareness of these changes that influence perceptions of self, the world, and the future. According to Okun (1984), the process of reappraisal is the commonality that cuts across adults in mid-life transition.

Gilligan (1982) posited that life transitions centered around experiences of attachment and that separation can be expected to involve women in a distinctive way. Lilian Rubin (1979) defined mid-life for women as belonging to that point in the family life cycle when the children are grown and gone. Women tend to define their age status in terms of timing of events within the

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family cycle, and thus tie mid-life to the launching of children into the adult world (Neugarten, 1968).

Individuals differ in their ability to adapt to transitions (Schlossberg, 1981). This adaptation involves an integration of the changes into the person's life. An important component of the process of adaptation involves the individual's perception of personal resources balanced against deficits.

Little research has explored the everyday world of rural women and the social processes that circumscribe their lives (Haney, 1982; Ross, 1985). A recent qualitative study used open-ended interview questions to listen to the voices of eleven rural women in South Dakota as they reflected on their mid-life transition experiences. This article describes the organization and findings of that study. Selected quotes are used to add richness and flavor to the themes that emerged from the analysis of the interview transcripts and the observations of the researcher.

METHOD

This study used a qualitative research design to "hear" the voices of a specifically defined group of rural women reflecting on their mid-life transition experiences. "Voice" used as a metaphor refers to the sense of mind, self-worth, and feelings of isolation or connection with others (Belenky, Clinchy, Goldberger, & Tarule, 1986). The purpose was of the study was to listen for any emerging themes and also to hear self-perceptions of their abilities to cope with these life changes.

Criteria for the selection of the sample came from existing knowledge of both adult development and rural sociology. This criteria define a specific segment of rural women in eastern South Dakota.

The selected sample were women who fit the following criteria:

1. Women who live in a rural setting of 2500 or less population;
2. Women who have children with the youngest in the process of leaving home;
3. Women who have been married ont time and are currently married;
4. Women who were selected from the membership of rural churches in eastern South Dakota.

Open-ended interview questions were developed from theorists who have used qualitative research methodology in the study of human development. Responses were sought in the following

categories: identity, affiliation, support systems, goals, achievements, role expectations, and values. Participant's self-perceptions of both the transition of the youngest child leaving home and her ability to cope were evaluated through the use of "Your Transition Readiness Quotient" (Schlossberg, Ansello, & Pollack, 1985). This is an instrument developed to help individuals identify both their reaction to a transition and areas in their lives in which improvement might facilitate readiness for change.

Interviews were taped and data collected were first transcribed in a written form. This permitted both a visual and an auditory analysis of the "voices" of the participants. Each participant had an opportunity to read the transcript of her interview, thus validating its accuracy through a member check. Following completion of this study, questions and analyses were submitted for peer consultation to people with expertise in adult development, gender issues, and rural sociology. This provided a check of the validity both of the interview instrument and of the analyses. In qualitative research, triangulation means attempting to relate different kinds of data in such a way as to counteract the threats to validity identified in each method of collecting information. The researcher used the literature review, member check, and peer consultation to ensure the accuracy and validity of the findings.

RESULTS

Social context is an important part of women's lives according to existing knowledge. Jean Baker Miller (1976) and Carol Gilligan (1982) described the cultural concept that women should focus on the care and nurturing of others while overlooking themselves. Women's sense of their own identity becomes intertwined with their relationships. When asked to describe herself, one participant responded, "That's kinda' hard. I don't know how I'd describe myself." One woman described herself as being a concerned and caring person.

Most of the women moved very quickly from a description of themselves to giving information about their children. When specifically asked to describe herself, one woman said:

I've always been proud and happy to be a mother and to be married. You know, I like that type of person, and I'm sure that I'm an old-fashioned lady is what I am...I have a feeling of accomplishment to be a happy homemaker type person.

Happiness for her meant having all the children home at once.

Over and over, self-descriptions were framed in the context

of affiliations with other people. One said that she was a "good listener." Another shared the importance with which she viewed trying to be understanding with her children. A commitment to volunteer work was mentioned by one.

Four women used the words "content" and "happy" to describe themselves. Observations of body language and affect reflected congruency with the spoken words. Only two of the women in this study reflected less satisfaction with themselves. One of these women indicated that her dissatisfaction stemmed from wanting to be a better listener and a better friend. This reflected her perception of her relationships with other people which is the traditional path to identity for women in this culture (Miller, 1976).

All participants indicated some level of activities in their lives that involved spouses. One woman said:

I think he and I spend more time together than we did when the family was home. I think he was busy working, farming, making a living, and I was probably spending more time with the family.

Others also referred to the "busyness" of earlier years and the hopes for more time together in the future. A willingness to compromise was implied in statements like, "I guess I figured what our minister told us when we got married that life would be full of adjustments, and he's so right."

During the discussion of their marital relationship, several women who work outside the home described an initial reluctance on the part of their husbands to have this be a part of their lives.

...it took awhile for him to adjust to the fact that as the kids got older that I wanted to do something, you know. I think maybe a lot of it came from his heritage and maybe mind too, you know, that like the woman should stay in the home. And, I think rural men are much more this way than non-rural men. I think they're just used to having you there to always run and get supplies or repairs or something, and I think they're kind of threatened when you decide that, you know, that you want to do something for yourself.

Several women described the process they used to gradually convince their husbands that they would follow through with their plan to work outside the home. Four women were employed full-time and four others worked part-time.

Other family members were mentioned as being important in the lives of these women. There was an emphasis on the

connectedness of extended families. One woman with four children was always the one asked to invite visiting relatives to dinner. "And being I didn't mind cooking for six, I never minded cooking for twelve. So, I was the one who always cooked for big groups."

All of the women emphasized the importance of friends. According to Rubin (1986), the role of friendship in the lives of people has a powerful effect on the development of a satisfactory sense of self. The community and church were regarded as a focus for this connectedness with other people. "...that's where our friends are. You feel comfortable in your church." The support gained from being able to share with others in the same situation regarding children and farming was considered desirable. The participants in this study described their support systems as involving family, extended family, friends, organizations related to farming, and a connectedness with church and community.

No one indicated negative feelings regarding past choices which led to their present lives. When asked what they had wanted their lives to be like when they grew up, several responded indicating marriage and a family. One woman said, "I guess just a storybook, get married and live happily ever after." Even though marriage was eventually expected, nearly half of the participants expressed feelings that they were not in any hurry to have it occur. Career interests were expressed terms of either being a nurse or a secretary.

Woven throughout the participants' descriptions of their lives were statements regarding what was considered of value to them. Involvement with and caring for their families was mentioned most often. One woman worked five years as a nurse on the night shift.

I did that so my working did not interfere with my children's lives. ...I was home in the morning before they got on the bus; I was home at night when they were home. I was always there if something came up.

Both church and religion play an important role in the lives of these women. When asked how her job, community involvement, and church fit in her life in terms of time, one woman responded, "Of course, church is number one, and we don't let anything interfere with that." Another woman shared the importance of religion in helping her cope with daily life. "You know, my strength comes from God. If you can talk to Him and can draw your strength from Him, you can make it."

Over and over, the words used by these rural women emphasized their traditional values revolving around family, church, and community. Nearly half of them indicated, however, that

personal job success or fulfillment was also important in their lives.

No one anticipated any major changes in their lives during the next five years. Just as a number of the participants described themselves in relation to their family, some responses to their own future expectations tended to be more about the potential plans of children and spouses. One woman said, "I'm just kinda' going to go with the flow and see what happens." Another woman stressed her desire to continue being active. "I've got a lot of things I want to do yet."

There were a variety of responses to a question regarding what differences they might see in their lives at this time with their youngest child leaving home. Some anticipated no change and some discussed physical changes in the house. "The house stays cleaner," was one quick response to this question. A few made mention of some emotional reactions.

...I, myself, don't find it too hard. I think probably (her husband) at first, it was harder on him when she went off to college, but for me, it's part of life. They've got to grow up, and I was ready for it.

Varying mixtures of relief and sadness were expressed by the participants at the end of this phase of their lives. According to Rubin (1979), mid-life for women is the point in the family life cycle when the children are grown and gone. This would then be a transition time, reflecting the need for a reassessment of life. Several women described a different time of transition for them.

...it wasn't that hard when the youngest left. The hardest part of having children leave is the first one. It's not the last one. It's your first one leaving home is the hardest on the parents.

Another participant described the transition of the youngest going to kindergarten as being of more importance to her. She said, "...that is when I got the 'I've got too much time on my hands'."

Statements shared by the women in this study reflecting their approach to coping with the events of life included the following: (a) "...I'll take whatever comes, I guess."; (b) "You know, you just do what you have to do."; and (c) "You've got to handle it." In discussing the empty feeling she had with her children leaving home, one woman said, "I just really made up my mind I wasn't going to sit and be depressed about that."

These women described themselves in the context of family and friends, highlighting the importance of affiliation in the lives

of women. Each woman indicated the importance of mastery in their lives through describing the need for having a variety of interests and activities. They expressed feelings of having no choices about duty and responsibility, but at the same time indicated an acceptance of doing what needed to be done. Stress resulting from the uncertainty of the farm economy was mentioned by all of the participants. An emotional "rootedness" to the land was emphasized. They all expressed an acceptance of the inevitability of change in the context of the process of life as it moves along. The lifestyles of these women would fit what might be described as traditional, but they did not see themselves as locked into certain roles. They were not dependent in a fundamental sense. Their descriptions of their activities and approach to life expressed an independent outlook that indicated they viewed themselves capable of making a contribution to the family and to society.

DISCUSSION

A variety of themes consistent with established theory were heard in the "voices" of this sample of rural women. The importance of affiliation involving a connectedness with both family and friends was heard in all the "voices." All of the women emphasized the importance of religion. This is consistent with other research involving rural women. Information was shared by these women that indicated an interdependent family relationship, identified as typical in research about rural life.

The need for feelings of achievement and mastery were revealed through expressions of pride in children and through personal accomplishments involving work outside the home, work within the home, and the creation of various handicrafts. Baruch, Barnett, and Rivers (1983) described a need for outside reinforcement of accomplishments to gain a sense of mastery. The "voices" in this study gave a broader definition to the meaning of mastery as the well-being of their families was emphasized, along with a sense of both needing and having something for themselves in life.

Some themes emerged that differed from what was found in previous research. Josselson (1987) made a distinct separation between happiness and ambition for women. For these women, ambition was tied with both pride in family and achievements in other aspects of their lives. Rubin's (1979) definition of mid-life transition as the time when the youngest child leaves home was not universally true among these women. A reassessment of dreams and goals during mid-life, as described by nearly all theories of adult development did not appear to be an issue with the women in this study. Reassessment appeared to be part of the ongoing process of life.

Contrary to Levinson's (1978) suggestion that the identity of women comes through their husbands, these women described an identity that was intertwined with their families, but also included a sense of personal separateness.

The basic theme of acceptance did not surface in literature related to either the psychosocial development of women or studies of rural women. The women in this study continually expressed the philosophy that "you do what you have to do." "You've got to handle it," one woman said. This philosophy of acceptance leads to overall feelings of congruency with the flow of life events. The researcher viewed this philosophy as a positive aspect of these women's lives and not as a negative sense of resignation. "Doing what you have to do" includes a recognition of and an acceptance of responsibility for what might be needed both within and without the family.

During analysis of the messages heard in the "voices" of these women, the researcher identified several factors that influenced the meaning of the transition of the youngest child leaving home for these rural subjects.

Basic to the lives of these rural women is a sense of personal identity derived from an assimilation of a culturally traditional style of life. Their personal values involving affiliation and connectedness with family and friends fit within societal expectations. Little dissonance occurred between individual goals and those of the family. The need for something for themselves was recognized, but the possibility of carrying out these needs was relatively easily assimilated within the family structure. Choices emerged for these women, but the choices they perceived were relatively limited. The definition of personal achievement among these women included a sense of affiliation and pride in family, so fit within the traditional lifestyle. They had personal dreams for their lives and these dreams predominately included marriage and children.

An underlying theme heard throughout these interviews was that of an acceptance of the various stages and events of life. Viewing life as a process that moves forward would include less dissonance perceived from a change in life stages.

Research about rural life stresses the interdependence among women and men in farm families. Their words showed a willingness to make decisions about their own lives that might differ from the expressed wishes of their spouses, but believed it was important that plans for themselves not interfere in any way with their young children's lives. They viewed themselves as sharing in decisions made by the family. Their statements regarding the need to accept the events of life did not reflect feelings of inability to have any control over their lives. They viewed themselves as intertwined with family, but accepted

this connectedness along with some degree of separateness for themselves.

The importance of religion and the church as values in their lives was also reflected in how they viewed support from these sources as affecting their ability to cope with the changes of life. Again, there was a consistency between personal values and those of the society in which they lived.

Viewing life as a tapestry that can sometimes include twisted threads that knot and tangle, provides a metaphor that can be used as a background in the process of hearing the "voices" of rural women as they describe their thoughts and feelings about their life experiences. The emergence of these themes, including those consistent with established theory and the ones that differ in some way, help form a new tapestry depicting feelings and events that can occur in the lives of rural women. Each woman has woven her own individual tapestry, but looking at these tapestries together provides a broader picture of both adult development and the psychosocial development of women.

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**WOMEN AS SINGLE PARENT: ISSUES, RESEARCH
AND COUNSELING IMPLICATIONS**

**Patricia Y. Leonard
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In recent years the literature of the helping professions reflects increased interest in and attention to the issues and outcomes of single parenting. This interest is spurred by societal trends which find steadily increasing numbers of single parent families and by concern for the impact of single parenting on children and society. Glick (1979) reported that while 37% of the nation's children lived in single parent households in 1980, it is expected that by 1990 this number will rise to 50%. According to the U.S. Bureau of the Census data for 1982 (Jones, 1984), 20.2% of all households are headed by females with no male present. This number is almost double that for 1970. Mednick (1987), citing 1980 census data and projections, indicates that in 1983, 11.3% of all families were female-headed and that in 1981, 18.8% of families with children under 18 were female-headed. U.S. Commission on Civil Rights 1983 data (Mednick, 1987) indicated that in 1981 47.5% of Black households with minor children were female-headed. The same source indicated that increasing proportions of these female-headed families are falling below the national poverty level. Using this standard, from 1980 to 1983 the number of female-headed single parent families living in poverty rose from 40% to 47%.

A significant portion of the work on single parent households has been devoted to research on the impact of family configuration on children. A secondary research focus has been on the psychological functioning of the single parent. Less has been reported on the dynamics of this family form and interventions which would support and enhance its functioning. This article focuses on females (and their children) who are single parents due to death of a spouse or to divorce. This excludes single male parents and the increasing number of families headed by never-married women, including teenage mothers. The decision to limit the focus in this manner is based upon our belief that important trends and issues are possibly obscured by attempting to treat single-parent families as homogenous. The article provides a brief summary of recent

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research with respect to the psychological functioning of the mother, functioning of the children, role of support networks, and life adjustment and coping. Comments on methodological and theoretical issues in single-parent family research and implications for improved studies are also included. Finally, issues and strategies for counseling are discussed.

SUMMARY OF RESEARCH

Methodological Issues

A number of studies reviewed recent research on single parents and their children (Blechman, 1982; Cashion, 1982; Gongla, 1982; Mednick, 1987). These review studies provide a useful synthesis and critique of a multitude of conflicting research findings. Blechman's (1982) review of classic and recent studies of single parent families identified methodological problems inherent in many of the studies. This work suggested that the inconclusive research of the past four decades may be a function of failures to adequately control for intervening variables which may confound findings. These problems were also noted by Herzog and Sudia (1968, 1973) who identified serious methodological flaws which they believed cast suspicion on the findings of many studies. Blechman stressed the importance of controlling for confounding variables. Some potentially confounding variables are income, social class, race, cause of single parenthood, length of single parenthood, mother's style and level of functioning, and support networks. Mednick's (1987) review of recent research reiterated the methodological criticisms and also cited as a source of experimental bias, the common underlying, but unjustified, assumption that the single parent family is a deviant and implicitly inferior configuration. Gongla (1982) reached similar conclusions and advocated for a refocusing of single parent family inquiries to increase their validity by controlling for factors incidental to the dependent variables and hypotheses.

Losses

Death or divorce may be perceived as crisis which marks the beginning of a series of changes in the lives of mother, children, and the family unit. Although the dynamics and adjustments of widowhood and divorce differ in major ways, both involve significant and often irreversible losses. One of the most concrete losses is that of income and financial security. While the 1981 median family income for two-parent households (non-employed wife) was \$25,065, the income for female heads-of-households was \$10,960 (Mednick, 1987). Another area of loss is that of social status, wife role, and related identity. Feelings of failure in marriage, inadequacy in initial post-divorce or -death functioning, social stigmatization, and temporarily impaired coping may lead to substantial losses in

self-esteem. In many cases there are felt losses of support and companionship even when the marriage was not "working" or "happy." These and other losses generally result in emotional distress which varies in intensity and duration. Studies should consider both immediate and long-term adjustment in assessing the outcomes of single-parenting.

Maternal Psychological Functioning

There is considerable research on the emotional distress experienced by women in transition from married to single parent. While a number of studies suggest that female single parents are more depressed and anxious than other groups (e.g., Propst, Pardington, Ostrom, & Watkins, 1986), the investigation of contributing factors has been neither systematic nor conclusive. McLanahan (1985) compared married men and single mothers and concluded that although the married men and single mothers were not differentially affected by chronic strain and life events, the single mothers experienced a decline in psychological well-being over time (one year). This decline was attributable to chronic strain. Income was found to be relevant to differential levels of well-being by family type.

Studies of the adjustment process and relevant variables produce interesting findings. In a cross-sectional design, using a sample of predominantly middle-class women, Propst et al. (1986) found that depression, anxiety, and perceived coping improved over time and these psychological variables were related to phase of divorce/separation, numbers and ages of children, education, and coping style. Mednick (1987) reviewed findings concerning money as a stressor and depression in women. While some studies suggested economic factors as predictor of stress, others supported the idea that perceived control (personal efficacy) may be very important in predicting life satisfaction and personal stress. McLanahan (1985) and other studies of psychological functioning (see Mednick, 1987) suggested that it is chronic life strain, rather than major life events or absence of social and psychological supports, that predicts lower self-esteem and lower sense of efficacy in female single parents.

While it is important to know that female single parents are at considerably higher risk for depression, anxiety, stress, and various perceptions of inadequacy, it is critical for intervention that we understand those factors mediating such decreased and painful functioning. The single female parent must be viewed in terms of the social, psychological, and economic context of being female and the primary responsible parent.

Functioning of Children

The children of single parent families have been studied extensively and have been generally assumed to be at high risk for psychological problems, academic difficulty, and delinquency. Cashion's (1982) review of research published between 1970 and 1980 takes issue with these perceptions. She stated: "The evidence is overwhelming that after the initial trauma of divorce, the children are as emotionally well-adjusted in these families as in two-parent families" (p. 79). Blechman (1982) concurred, indicating that assumptions that being reared in a single parent family causes bad and enduring effects cannot be justified. She concluded: "Multiple regression analysis has been used in several large-scale studies, revealing a major impact of parent income and education and trivial or nonexistent impact of family type" (p. 189). The intellectual and educational status of children of female-headed households do not reflect deficits when income is controlled (Cashion, 1982). Studies cited with findings contradictory to those of general equivalence were criticized for methodological flaws. Cashion (1982) also reported that juvenile delinquency is associated with poverty rather than with female-headed families.

Gongla (1982) indicated emerging support for the notion that it is possible for single parents to rear normal children who may have greater responsibility, power, and family interdependence than their counterparts in two-parent families. She suggested that some negative or problematic functioning may be characteristic of early phases of the family's adjustment process. A warm family which is not conflict-ridden and a supportive environment are identified as important to the positive adjustments in children of divorced mothers.

Burns and Brassard (1982) discussed interventions for single parent families. While their recommendations seem to accept the notion that children of single parent families are at greater risk for emotional and behavioral problems, they suggested the presence of important mediating factors in the particular outcome for individual children and families.

Financial Status and Security

In the shift from married to single custodial parent, there is generally a substantial loss of income (Mednick, 1987). Negative psychological attributes (depression, anxiety, low self-esteem) generally ascribed to female heads-of-household have been assumed to be related to their typically marginal financial status. While there is support for this notion (e.g., Mednick, 1987), income level alone may not adequately predict satisfaction or level of stress. Studies cited in Mednick suggest that stability and control of income (rather than amount) contributed to a sense of personal power. Numerous

studies (see Mednick, 1987) support the position that more control of income and more positive perceptions of financial self-efficacy are associated with greater levels of life satisfaction and lower levels of stress.

Support Networks

The support networks of female single parents have received considerable attention in recent years (Gongla, 1982; Kohen, 1981; Leslie & Grady, 1985; Mednick, 1987; McLanahan, Wedemeyer, & Adelberg, 1981; Weinraub & Wolf, 1983). These studies have investigated support network availability, type, utilization, and relation to coping and adjustment. The Weintraub and Wolf (1983) comparative study (single and married mothers) found higher levels of emotional and parenting support to be associated with more positive mother-child (preschooler) interactions. They also found that single mothers perceived themselves as being less supported in their parental role than their married counterparts. Although Wilcox (1981) indicated that women with less dense and kin-filled support networks adjusted better to divorce, Mednick (1987) concluded that the availability of support generally has a positive effect. However, based on her review of the literature, she cautioned that type and control over support can affect this outcome.

The research of McLanahan et al. (1981) supports the differential effect notion. These researchers identified three types of networks, family of origin, extended network, and conjugal network, which may be conceptualized as "close or loose-knit" (p.603). They concluded that role orientation of the female single parent ("stabilizer or changer") seems to mediate selection of network type and that network types are differentially adaptive according to the type of single mother and possibly the stage in her process of adjusting to her new status.

The work of Leslie and Grady (1985) supports the notion of dense kin and friend filled networks supporting newly divorced mothers. They found that these mothers do not tend to develop more heterogeneous networks during the first year after their divorce. The impact of this phenomenon should be considered in light of the Wilcox (1981) and Kohen (1981) findings. Both researchers noted that the better adjusted divorced mothers tended to have more diverse social networks rather than small enmeshed kin-filled networks which may undermine their autonomy.

IMPLICATIONS

Research

Relevant and responsible research on single parent families must consider the presence and impact of the major life

transitions entailed by the progression from married parent to single parent. Longitudinal and cross-sectional studies which are sufficiently extensive to allow for a prolonged period of readjustment are needed.

Useful research must also take into consideration the unique circumstances of the new families, the resources and limitations of the custodial parent and the role of the non-custodial parent in the reorganized family. Gongla (1982) examined single parent family research and concluded that more appropriate designs would concentrate on the family unit as it reorganizes over time. These studies should include social environment and networks, as well as the role and impact of the non-custodial parent. Consideration of the developmental stage of children at the time of divorce or father's death could be important in understanding their adjustment. Patterns of family and parental interaction prior to the family change, circumstances leading to the change in family type, and class and cultural factors should be studied (Gongla, 1982).

Mednick (1987) applauded the direction of a few recent studies which abandoned the deviant family assumptions and instead attempted to identify factors related to successful single parenting. She indicates the importance of research which assessed the impact of confounding variables such as race, socioeconomic status, maternal coping style, networks, and life conditions. Mednick believes attention should also be directed to the issues of control, efficacy, and gender-role concepts as they relate to the parenting and self-supporter roles.

The current authors recommend careful scrutiny of research designs for theoretical bias, non-representative samples, failure to control potentially confounding variables, insufficient periods of examination, and validity and relevance of dependent variables. In addition we suggest that researchers consider the heterogeneity of the female-headed family and move toward studies which establish and analyze differences and commonalities within this rapidly increasing population subgroup. These studies should continue to identify variables which distinguish between those who are effectively handling their new role and those who are experiencing difficulty or dissatisfaction. Finally, we advocate systematic exploration of those social, economic and psychological variables that mediate successful single parenting and higher levels of emotional well-being and adjustment.

Counseling

As the review of research and literature suggests, while common issues for single mothers have been broadly identified, specific outcomes related to these issues have not been consistently documented. Divorced and widowed mothers seem to

experience some similar major life changes and role adjustments that both affect and are affected by their psychological health, support networks, status, and children. Depending on their particular psychological make-up and situations, single mothers (widowed and divorced) encounter a variety of stressors that demand numerous adjustments. Unfortunately, the differential effects of these stressors and adaptive efforts cannot be conclusively predicted from existing research and theory.

Because the research fails to clearly delineate general, common characteristics of single mothers, counseling efforts should not attempt to categorize or treat them based solely on their single parent status. Factors to be considered in each case include present functioning of mother and children, their developmental and need based issues, challenges and responsibilities of the single mother role, life-planning (career and leisure), stress management, coping skills, and resources. Interventions that fail to account for the unique situations of varying clients and which fail to identify the extent and source of problematic functioning will likely be ineffective.

Rather than categorize single mothers, counselors need to assess each client in the context of her unique situation. The purpose of an assessment is to gather information about the client's situation, as well as the client's subjective perception of her situation. Not only are demographic variables (i.e., age, number and ages of children, occupation, education, income, and length of time since separation) needed, but other factors are also crucial to the assessment. Such variables include, but are not limited to: (a) conditions leading to the single status, (b) support networks, (c) depression, anxiety, and guilt, (d) self-efficacy, (e) self-esteem, (f) coping style, (g) life-role changes, and (h) the level of functioning of the children. Using various techniques such as interviews, self-report questionnaires, and personal and psychological inventories, the counselor can assess the client within the context of the client's total environment.

Once pertinent information has been gathered, a means of conceptualizing the client's situation seems necessary in order to design a counseling strategy best fitted to the client's needs. The authors of this article believe that developmental theory provides a useful framework for conceptualization. Because loss of a spouse through either death or divorce generally creates a crisis situation, single mothers often find themselves struggling with the crisis and with developmental tasks that they had previously successfully completed. Examined from the perspective of Erikson's (1963) psychosocial stages, a newly widowed or divorced mother who had once successfully completed the task of forging her identity and forming intimate relationships often finds herself struggling once again in the

identity versus role-confusion and intimacy versus isolation stages of development. She may also need to work on other developmental tasks brought to the forefront by the loss of her mate and to new responsibilities of the single mother role. Many single mothers whose identities once centered around their mother, wife, and homemaker roles have not only lost the wife role, but have also gained the "breadwinner" role. The transition that must be made in this situation often involves much more than merely going to work. For many women in this situation, making a successful transition involves developing greater levels of autonomy, self-efficacy, and initiative. Whatever the particular changes involved, an assessment of a single mother's situation often points to developmental issues that she needs to work through again in light of her new circumstances and perceptions.

While developmental theory helps to identify some important issues for a single mother, needs theory can provide a framework for prioritizing these issues. According to Maslow's (1968) hierarchy of needs theory, lower level needs must generally be satisfied before higher level needs can be addressed. Maslow's hierarchy of needs from lowest to highest is as follows: physiological, safety and security, belonging and love, self-esteem, and self-actualization. Basically, this theory suggests that when one is worried about such things as food, shelter, and safety, one is not terribly concerned about personal growth and self-actualization. When counseling single mothers, consideration of their basic survival needs is essential, especially for those mothers who live in poverty. It is also very important to consider how the single mother defines and increases her sense of security, belonging, and esteem. Interventions should assist clients in redefinition, refinement, and re-establishment of previous levels of need attainment. Counseling that ignores the primary needs of individual clients generally frustrates clients and inhibits the therapeutic process.

After assessing the major issues and the primary needs of the divorced or widowed single mother, the question of what services will most benefit the client becomes paramount. Emphasizing that specific plans should be tailored to meet individual client needs, general services and techniques that may apply are discussed below.

In terms of treatment modality, a combination of family, individual, and group modes seems appropriate. In the early stages of counseling, bringing in the other family members (persons living in the household) can help the counselor get a clearer picture of the single mother's environment, including the level of functioning of the children. Moreover, the counselor can facilitate communication, understanding, and support among the family members. Allowing the family members

to express their own perceptions and feelings may relieve underlying tensions and reduce some of the pressure on the mother to hold everything together for the family. This may facilitate the reorganization and adaptation of the family unit and assist in identifying family resources and problem areas.

Depending on the quality of the interactions and the relationships between the mother and her children, a parent education group may be recommended. Parent education groups could last from six to ten weeks and offer simultaneous separate meetings for parents and children. The parent groups focus on issues of adjustment and parenting and provide skills and support for women who must expand their parenting role while under pressure to assume other major responsibilities as sole breadwinner. Programs should also offer age appropriate training and support for children in areas that correspond with and compliment the training offered to parents. While helping parents and children improve relationship-building and communication skills, such groups tend to encourage and foster between parents and children a greater understanding of the unique difficulties and pressures facing the other. Practically speaking, some of the burden of attending a group is eased because this format eliminates both the guilt associated with "taking time away from the children" and the need for single mothers to arrange for separate childcare in order to attend. The children are involved in meaningful activities as well.

Counselors should consider the value and efficiency of group modes for intervention. Many of the issues and problems facing divorced and widowed mothers can be appropriately addressed and dealt with in a group setting. Whether choice of treatment is group therapy, self-help, or skills training, the group process offers the emotional support and feeling of belonging and security that are often sorely lacking in the daily lives of many single mothers.

Homogeneous single mother groups can help the divorced or widowed mother form networks of friends who share similar concerns, challenges, and needs. In such groups a single mother may feel understood for the first time by people who can identify with her experiences. At the same time, single mothers who have successfully adjusted to their new roles often serve as mentors and sources of inspiration, especially to newly divorced or widowed mothers. Serving as role models, these mentors provide encouragement to those who are discouraged about their new status. While forming mentoring relationships, group members may also form "helping partnerships." These partnerships typically involve reciprocal exchanges of time, talents, and energy. It is not uncommon, for instance, for single mothers to exchange childcare assistance. The advantages described above are just a few of those inherent to the group process.

Just as the advantages of group counseling should not be overlooked, neither should the strengths of individual counseling be ignored. A one-to-one counseling situation is generally perceived as less threatening than a group situation. Feeling safer in the sole presence of a therapist (as opposed to a group) clients usually feel more comfortable disclosing personally relevant information and in revealing perceptions of inadequacy. Full self-disclosure on the part of a single mother is crucial to the assessment process described earlier in this paper. Also crucial to the assessment and intervention phases is the counselor's ability to focus attention on the individual client. In individual sessions the counselor may be better able to concentrate on the unique issues of each client and, thus, better equipped to design a more detailed and individualized treatment plan. The individual session may be used to facilitate awareness, acceptance, grief work, and psychological and behavioral adjustment. As a result of their inherent strengths, individual sessions can be an important part of counseling services for divorced and widowed mothers.

Whether addressed in individual or group settings, several major issues need to be considered when counseling divorced or widowed mothers. Because most of these single mothers experience changes in financial and legal status upon separation, these issues need to be addressed in a straightforward manner. A group presentation with individual session follow-up as needed may be used. Discussing these issues should not only involve helping clients cope with their new realities, but should also include information of their financial and legal rights. This discussion should include areas such as: child custody, financial responsibilities of the non-custodial parent, available social services, government assistance, and financial management. When designing a forum in which to address these issues, a seminar with an educational focus would seem to be the most expedient. For those clients whose needs exceed the scope of such a seminar, follow-up and additional referral should be provided. Having a working knowledge of their legal and financial rights, single mothers will be better equipped to exercise those rights and may begin to develop a greater sense of control over the well-being of their family.

Regardless of their financial rights, the financial reality of most single mothers demands that they work outside of the home. For some, working outside of the home will be a new and difficult experience. For others, work will take on a new meaning. When women who are employed become widowed or divorced, they often feel increased pressure both to increase their income and to spend more time with their children. Whatever their career status before they became single mothers, their subsequent financial reality generally demands that they

make difficult adjustments.

Because entering the labor force for the first time and making career adjustments is difficult and many of these clients are inadequately prepared to make these adjustments, career counseling is often needed to assist the single mother in making the necessary transitions. As emphasized earlier, career counseling should be tailored to meet the client's unique situation and needs. Some clients may need primarily job placement assistance and training in areas, including but not limited to: (a) job searching skills, (b) resume writing, (c) interviewing skills, and (d) personal presentation. Many clients, however, will require career counseling that goes beyond learning job placement skills. Counselors must be sensitive to the importance and urgency of paid employment for survival, security, and esteem.

Confused about how to choose a satisfying occupation and about weighing needs, options and the demands of their new role, some single mothers need assistance with defining who they are and how that self-definition fits into an occupation. In other words, many clients need help exploring and clarifying their interests, needs, skills, aptitudes, values, and personality traits. Once they have a clearer picture of themselves and their newly evolving roles, clients need to become informed about occupations that may fit well with their personal characteristics, and to be assisted in the prioritizing and decision-making process. Single mothers often face a special challenge when balancing the priorities of meeting the demands of a suitable job, achieving personal fulfillment, and spending quality time with their children. Whatever the specific situation of the divorced or widowed mother, the need for career counseling and life planning should be given careful consideration.

The need for leisure counseling should also be carefully considered when counseling single mothers. Whether incorporated into career counseling or offered separately, leisure counseling can enhance clients' satisfaction with their lives. Leisure counseling can help clients to identify their needs and to choose leisure activities that will best meet those needs that are not adequately fulfilled in other activities. Single mothers who find themselves feeling isolated or stressed, can learn to plan activities that reduce stress or increase social connections. By helping clients learn to take care of some of their needs that otherwise are neglected in their daily routines, leisure counseling can enhance life satisfaction and improve mental health.

Helping single mothers learn to reduce and manage the stress in their lives is a high priority in promoting optimum functioning and therefore should be incorporated into the

counseling process. Both relaxation techniques and stress and time management techniques are potentially beneficial and can be taught quite effectively in group settings. Time management is a specific technique that involves estimating the time required to accomplish certain tasks, prioritizing tasks, and completing the most important tasks first. Because many single mothers play multiple roles with numerous daily tasks, learning to manage their time should help reduce some of the stress in their lives and increase their sense of competence and control.

Stress inoculation training (SIT) may be used to address stress more directly. This procedure offers a comprehensive approach to stress management and reduction that emphasizes relaxation coping skills designed to lower heightened physiological arousal and cognitive coping skills to alter anxiety-producing thoughts and images (Meichenbaum & Deffenbacher, 1988). This procedure may be effective in countering the negative impact of chronic stress discussed earlier. There are three phases to SIT, and they allow for the flexibility needed to respond to the unique needs of divorced and widowed mothers. SIT can help single mothers reduce their anxiety and stress and enjoy better psychological health.

While the counseling implications suggested in this article offer some general guidelines for enhancing the psychological health of divorced and widowed mothers, they do not provide a specific prescription for treatment. Counselors need to assess each single mother's case individually in order to avoid making inaccurate generalizations. Using the recent research findings which suggest that the female-headed, single parent families may be a viable and healthy family configuration, effective research, assessment, and treatment interventions must identify and incorporate the strengths of these women and their families in learning more about and helping them.

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DEVELOPMENTAL CRISIS: THE TRANSITION TO PARENTHOOD

Bernadette Mathews

Your children are not your children.
They are the sons and daughters of life's
longing for itself. They come through you
but not from you. And though they are with
you they belong not to you. You may give
them your love but not your thoughts, for
they have their own thoughts.

Kahlil Gibran
The Prophet

The birth of the first child marks an important transition in the evolution of a family. According to Webb (1985), parenthood represents a critical period in the family life-cycle. The means by which couples adapt to this developmental crisis will impact the future of the marriage, as well as the quality of their parenting (Schuchts & Witkin, 1989).

Focusing on the impact of parenting on the adult rather than the child has been a relatively recent development. Erik Erikson's (1959) life-cycle approach to identity has been critical to this perspective. Erikson's theory details a stage-determined progression of critical periods in psychosocial development punctuated by "moments of decision between progress and regression, integration and retardation" (pp. 270-271). Erikson termed the task to be resolved during the years in which one would normally parent as Generativity versus Stagnation.

Erikson (1963) employed the term "generativity" to describe the urge arising in adulthood for establishing and mentoring the next generation. He viewed this as an essential step in psychosocial development. However, the drive towards generativity does not necessitate having children, nor does the biological act of producing offspring guarantee generativity. Erikson asserted that personality is not stable and fixed by age 6 or 16; rather, individuals are constantly challenged to further growth and change as they transverse critical life experiences. It is the premise of this article that the experience of parenting provides a major opportunity for furthering one's maturation.

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The Scope of the Changes

Concurring with Erikson that personality development continues beyond adolescence, Benedek (1959) finds that parenthood represents a unique developmental passage. Using the term "emotional symbiosis," she described the interpersonal process which develops between parent and child as a reciprocal interaction which changes both of the participants. Benedek postulated that as children pass through critical developmental periods, they revive in the parents their own related developmental conflicts. She further believed that parenting allows for the resolution of these struggles. Much like a corrective emotional experience in therapy, parenting our children can provide an opportunity to obtain some of what we did not receive from our own mothers and fathers.

...Communication between mother and child leads to changes not only in the infant but in the mother as well. There are reciprocal ego developments. In the infant, through the introjection of good-mother = good self, the infant develops confidence. In the mother, through introjection of good-thriving-infant = good-mother-self, the mother achieves a new integration in her personality. (Benedek, p. 393)

Given that the process of parenting allows for resolution of early life conflicts, parenthood may be said to facilitate the completion of one's psychosocial development. This further suggests that the parent-child relationship is prone towards greatest conflict when the child attains the developmental level at which the parent experienced greatest difficulty. If early adolescence was a particularly troublesome time in one's own life, dealing with one's 14 year old may prove especially perplexing.

Psychoanalytic theorists (Jacobson, 1954; Klein, 1957) suggest that the parent's superego (i.e., conscience) directs behavior designed towards fulfillment of one's ego aspirations (i.e., to be a good parent). In the process of striving toward this goal, through both successes and failures, the parent undergoes significant internal change.

Increased Attention to Fatherhood

Given scarce attention in the parenting literature for decades, fatherhood has received increased consideration in recent years (Wiamind, 1986; Zayas, 1987). Zayas (1987) stated that, for males especially, early life experiences impact the ability to relate as an adequate father to one's own children. Because infants of both sexes experience a normal emotional symbiosis with the mother during early life, both male and female children identify initially with mother as nurturer.

Successful resolution of this stage demands that the male child switch his identification to his father. Ross (1983) emphasized the necessity of a competent male-mentor (usually the father) who is expressive and emotionally available to the child. Jacobson (1950) suggested that a man's "successful identification with his father and...mastery of his rivalry conflict with his siblings are the most important determinants of how prospective and new fathers will relate to their own children" (p. 145).

The issue of sibling rivalry appears frequently in the psychodynamic literature on fatherhood as these theorists believe that jealousy and fear of losing the wife's love to the infant make the child a rival. This fear of losing the wife's love produces memories of conflict with one's own siblings (Towne & Afterman, 1955).

The Challenge of Separateness

Having babies brings with it the advent of new dreams for the parents, many of which will remain unfulfilled. She is colicky. He is clingy and whiny. She isn't an honor student. He doesn't make the basketball team. At every juncture, from the shape of the children's heads at birth, to the ease with which they are weaned, to their SAT scores, to whom they eventually select as a mate, parents are likely to have their expectations unfulfilled.

Separation is another issue of parenthood, and Viorst (1986) states:

...although we yearn to save them from the perils and pains of life, there are limits to what we can and ought to do. We will have to let go of so much of what we hoped we could do for our children...we will have to let go of our children too...For just as children must separate from their parents, we will have to separate from them.... (pp. 227-28)

Viorst asserted that one of parenthood's most volatile challenges to growth is the separation anxiety it eventually generates not only in the adolescent ready to leave the nest, but in the mother and father as well. Separation from one's children greatly reduces power and control and sparks feelings of being less needed, less important.

Traumatic separations in one's own childhood color separations from one's children. For example, mother is reluctant to leave her eager 10 year old daughter at camp because she was often left with relatives for extended periods of time. Similarly, the father who felt emotionally estranged from his own parents

may not allow his son enough emotional space. Such parents may give too much, preventing the child from experiencing frustration.

According to Kohut (1971), parents who are overly-eager to protect and explain to their children what the children themselves feel, intrude into their children's sense of selfhood even when the parent's interpretation is correct. To protect themselves from their parents' over-involvement, the children shut themselves off from their parents to safeguard their separateness. Kohut refers to these intuitions as "distorted empathy because while the parents' empathic grasp of certain details...was often quite accurate, they were out of tune with their children's maturational needs" (p. 150).

One of the developmental tasks of parenthood, then, is the ability to perceive one's children as separate persons who must eventually leave. Viewed in this context, parenthood is what Viorst (1986) referred to as one of life's "necessary losses." For her, maturation and continued development consist, in great part, of coming to terms with these inevitable losses. Acknowledging our fallibility as parents means letting go of the fantasy that we will be the all-knowing, all-loving, all-providing mothers and fathers that our own parents failed to be for us.

Kestenberg (1970) stated that each developmental transition presents both parents and children with the challenge of surrendering old forms of interaction and replacing them with communications which more effectively reflect both the parents' and their children's current needs. "The ability of a parent to meet his side of this challenge depends upon his inner preparedness to accept the new image the child forms of him and to erect a new image of the child" (Kestenberg, p. 736).

Psychoanalyst D.W. Winnicott (1958) echoed this belief. A parent's consuming interest in his/her child must be balanced by a willingness to let go as the infant needs to separate. Even more importantly, it is the parent's failure to meet all the child's needs that allows the child to gradually learn to tolerate the frustration needed to acquire a sense of reality and to learn to meet some of her/his own needs. Margaret Mahler (1968) wrote:

The emotional growth of the mother in her motherhood, her emotional willingness to let go of the toddler - to give him, as the mother bird does, a gentle push, encouragement toward independence - is enormously helpful. It may even be a sine qua non of normal individuation. (p. 235)

Contrasting erotic and parental love, Erich Fromm (1956)

posted that in erotic love, two strive to become one. By contrast, in parental love, one must become two. "The mother must not only tolerate, she must wish and support the child's separation" (Fromm, p. 71).

Our development as parents entails recognizing that our progeny are separate individuals, which means we must learn to put aside our expectations for them. Given the tendency to view children as extensions of themselves, parents frequently expect their offspring to enhance their image. "Don't do that! What will people think?" might usually be interpreted as "What will people think of me?" Seeing children as one's own second chance at youth sets the scene for disappointment, anger and claims of ingratitude when they defiantly decline opportunities the parents regrets were not available to them. "What do you mean you don't want to play football?" or "I would have given my eye teeth to be able to take music lessons." are examples of parents wanting a "second chance."

Impact on Psychological Well-Being

Recent studies (Bumpass, 1985; Goetting, 1986) imply that parenthood may exert a negative impact on the psychological well-being of adults. According to McLanehan and Adams (1987), parents with children at home report less satisfaction with their lives than other groups. They also report a greater incidence of anxiety and depression. Although considered a worthy undertaking, parenthood may be associated with decreased psychological well-being. McLanehan and Adams attributed this phenomenon to four social trends which have affected society's perception of parenthood: (a) The decline in the economic value of children; (b) the growth of women in the labor force; (c) the increase in marital instability; and (d) a decline in the importance of parental roles as a central focus of identity. Because they believe that many of the problems associated with parenthood result from a lack of family resources, the authors advocate that public solutions such as child allowances and subsidized child care should be considered.

If the central task of parenthood is the rearing of healthy, stable, competent future adults, few other tasks in the life-cycle are accompanied by such a paucity of preparation and supervision. The transition from nonparent to parent can be an abrupt one, particularly in our current culture which offers little in the way of preparation for parenting. Consequently, most of us learn to parent by having been parented ourselves. According to Lewis, Owen, and Cox (1988), prenatal marital happiness also predicts the success with which a newborn will be incorporated into a family. When compared to parents involved in dysfunctional marriages, those from more competent marriages demonstrated greater investment, sensitivity and warmth with their children.

The arrival of the first child may be said to involve not only a personal crisis but an intrafamily trauma as well. Problems of new parents include: (a) adjusting to increased confinement, (b) loss of sleep, (c) inability to keep up with other roles - job, housework, lover, friend, (d) adjusting to new routine, and (e) decreased personal time (Dyer, 1963).

Concurring that new parenthood represents a potential crisis, Schuchts and Witkin (1989) suggest that successful adaptation will be seen to be dependant upon issues such as other sources of stress; family resources and social support; and the parents' perception of their ability to meet the demands of the transition.

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LESBIAN MOTHERS: A LITTLE UNDERSTOOD MINORITY

Lynn J. Friedman

Unicorns exist today. One might see them at P.T.A. meetings, at shopping centers, in supermarkets, banks, and day care centers. They can be seen virtually everywhere in the world.

L. Buscaglia
Bus 9 to Paradise: A Loving Voyage

Lesbian mothers may be said to be the unicorns of today. Just as the mythological unicorns, they demonstrate virtues of inner strength, goodness, kindness, and sensitivity while being objects of the hunt. The lesbian mother is both a lesbian and a mother and, as such, must deal with the issues of homosexuality, of being female, of mothering as well as some unique issues. A counselor working with lesbian mothers needs an understanding of these dynamics, as well as a clear understanding of his/her values with regard to women, lesbians, mothering, and lesbian mothers.

It is important to distinguish the term lesbian, which is used to describe socially recognized female homosexual bonding (Grahn, 1984) from other similar terms used without differentiation for clarity purposes. Also implicit in the term lesbian is a self-affirmation or self-acknowledged identification. The term lesbian differs from homosexual in two ways: (a) homosexual refers to both male and female, and (b) a woman can engage in homosexual acts or be homosexual without the self-acknowledgement of being a lesbian (Calderone & Johnson, 1981; Clark, 1977, 1979). The term lesbian differs from gay in that gay can refer to either homosexual men or homosexual women or can be a term used to denote only homosexual men (Clark, 1977; Hidalgo, Peterson, & Woodman, 1955).

The term mother refers to the female role of parent (Super, 1910) who has either a biological or legal relationship with one or more children.

In this article, four clusters of issues are identified and reviewed for the counselor to consider when working with the lesbian mother population. These issues are important considering that therapists may feel inadequate in counseling

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gay and lesbian clients (Dworkin & Gutierrez, 1989). The four issues discussed are (a) women's issues, (b) homosexual issues, (c) mothering issues, and (d) unique lesbian mothering issues.

ISSUES IN COUNSELING LESBIAN MOTHERS

Homosexual Issues

Lesbian mothers are homosexuals and, as homosexuals, lesbian mothers must face issues related to their own internalized homophobia, as well as issues related to the homophobia of society. "Homophobia," a term used to describe a hostile reaction to lesbians and gay men, implies a unidimensional construct of attitudes as expressions of irrational fears (Herek, 1985, p. 1). Historically, homosexuals in our society have been viewed as "sick, immoral, antisocial, or otherwise bad" (Herek, 1985, p. 2). Some of the external consequences of homophobia are death, rape, beatings, loss of employment, loss of children, or threats of those actions (Pharr, 1988). Homophobia "...is powerful enough to keep ten to twenty percent of the population living lives of fear (if their sexual identity is hidden) or lives of danger (if their sexual identity is visible) or both. And its power is great enough to keep the remaining eighty to ninety percent of the population trapped in their own fears" (Pharr, 1988, p. 2).

Pharr (1988) proposed that homophobia is discrimination and, as such, has all the elements common in any oppression such as sexism, racism, anti-Semitism, or ageism. All forms of oppression are limited by economic power and control, and "by common methods of limiting, controlling, and destroying rights" (Pharr, p. 53).

When challenging homophobia, one is challenging the established norms supported by institution power and economic power. Power and control are maintained through the use of violence and the threat of violence. Another mechanism through which the defined social norms are maintained is "the lack of previous claim" (Pharr, 1988, p. 57). Simply put, because homosexuals are not specifically recognized in documents (such as the Constitution), they are assured to be excluded as were women and people of color. Homophobia differs from many other forms of oppression today in this country because it is legal to discriminate on the basis of sexual orientation (not sex). Even though the Civil Rights law prohibits discrimination on the basis of sex, a lesbian or gay man can be denied housing or employment on the basis of sexual orientation and have no legal recourse.

Isolation is another major component of oppression. By keeping oppressed members isolated, they lack power and unity of

number. Because of the lack of legal protection, many lesbians and gay men are hesitant to self-disclose sexual orientation even to each other, isolating them even further. Solidarity is further blocked by society through assimilation and tokenism (i.e., exceptional members of the minority group drop cultural differences and mirror the dominant culture). This mechanism requires denial of the sub-culture and perpetuation of the myth that all people are part of the dominant culture. By using token individuals who have assimilated into the dominant culture, the socialization is shifted from one of the societal level to one of an individual level (Pharr, 1988). Because homosexuals exist in every race, creed, nationality, class, employment category and group, the invisibility is a more relevant issue than in other more identifiable minorities. Additionally, invisibility is even more of a problem due to the dangers of self-identification in a culture where discrimination exists and is legally accepted (Herek, 1985; Kaplan & Superstein, 1988; Pharr, 1988; Sanford & Donovan, 1985; Schwaber, 1985; Serdahely & Ziembre, 1985; Weitz, 1984).

Isolation is an even greater problem due to the lack of role models. Other minority groups can look to parents, family members and sub-cultural leaders for role models. Homosexuals do not generally have homosexual parents to serve as role models. The dangers of self-acknowledgement of homosexuality serve to deter many successful homosexual persons from serving as role models (Clark, 1977, 1979).

Lesbians learn to pass (i.e., be invisible) in two ways: (a) by denying their homosexuality, or (b) by acknowledging their homosexuality, but taking on the dress, language, and behavior of the dominant culture. By using either of these mechanisms, the lesbian is cut off from other homosexuals and isolation is increased. As isolation increases, self-acceptance decreases, and internalization of the dominant cultural value increases self-hatred. The lesbian sees herself as evil, sick, deviant, and inferior. Low self-worth and self-esteem can only be increased by an identification with the minority group (Berzon & Leighton, 1979; Clark, 1977; Pharr, 1988; Sanford, 1984; Weitz, 1984).

Homosexuals suffer some unique hardships because they exist as a minority without federal legal protection. As homosexuals, lesbians are actually considered unapprehended felons in many states (Abbot & Love, 1972; Clark, 1977; Falk, 1989; Herek, 1989; Schneider, 1984, 1988). Because discrimination is legal in most states in America, lesbians face the possibility of losing employment or housing on the basis of their homosexuality (Katz, 1983; Sanford & Donovan, 1985; Schneider, 1984).

Lesbians also face lack of civil legislation which affects child custody and visitation, domestic relations, housing, tax,

and health issues (Berzon & Leighton, 1979; Boston Women's Health Book Collection, 1984; Hidalgo, Peterson, & Woodman, 1988; Katz, 1983; Lewis, 1979; Schulerberg, 1985). The lack of legislation, along with legalized homophobia, causes lesbians to face hardships in the courts (Berzon & Leighton, 1979; Clark, 1977; Steinhorn, 1979). In addition to the legal issues that lesbians face due to their homosexuality, the lesbian is still facing those legal issues that other women must face. The lesbian's legal issues are complicated because one's lesbian identity could result in unemployment, perhaps without a spouse's salary to compensate, or worse yet, in professional blackballing and loss of means to economic security (Gould, 1984).

Women's Issues

Women are often referred to as a minority group because growing up female in a patriarchal world can give rise to internal issues of self-esteem, as well as cause one to face external societal barriers to success. The patriarchy, which is both racist and classist, has bestowed a "second class status" on women and has produced oppression of women and female values. The "male point of view...is not only part of our society, but...is internalized by women" (Fontaine, 1982, p. 72).

Women's studies have an implied goal of the confrontation of patriarchy and its negative impact on women (Fontaine, 1982). This negative impact includes such facts as (a) women's work being characterized by lower pay than men's work, (b) women's subordination to men who are often in the positions of superiors, and (c) women being crowded into a few occupational categories with low prestige and a limited career ladder. In the patriarchy, women are expected to give emotional support, serve their superiors, and be sexually attractive (Blau, 1984; Martin, 1984; Pharr, 1988; Reskin & Roos, 1987). The lack of prestige and acknowledgement that women face in the traditional employment assigned by the patriarchy can lead to a lack of self-esteem (Sanford & Donovan, 1984).

Women who break away from traditional female jobs also suffer gender hierarchy and occupational sex segregation. As one looks at the employment hierarchy in greater detail, the subordination of women's positions in these non-traditional jobs often emerges (Reskin & Roos, 1987). Women are not part of the informal organization that men have created to insure that norms are maintained, that gives general sponsorship for promotion, and that gives support in power struggles (Blau, 1979). Thus, sexual job discrimination, even in non-traditional jobs, contributes to women's feeling a sense of failure and a loss of self-esteem (Sanford & Donovan, 1984). Sex role socialization and the patriarchal system seem to contribute to the perpetuation of job segregation and the resulting poor work conditions for women in general (England, 1984).

Equally as important (if not more so) as the poor working conditions and lack of status of women's work is the vulnerability of women to sexual harassment. Sex role socialization, which is the process that teaches women to be weak, passive, dependent, and receptive to men while teaching men to be dominant, strong, aggressive, and independent, and to initiate sexual interactions, and patriarchal cultural norms, which serve as a standard to keep the status quo, both contribute to this problem (Martin, 1984).

Women's acquiescence to sexual harassment, which may range from verbal to physical, may be a contributing factor to women's low self-esteem, whether or not the women appear to be receptive (Martin, 1984; Pharr, 1984; Sanford & Donovan, 1984). In addition to the injurious personal affects of sexual harassment, there is no evidence to substantiate the myth that sexual favors contribute to women's gaining benefits in return (Martin, 1984; Pharr, 1984; Sanford & Donovan, 1984; Sheffield, 1984).

A woman who is working in a man's world today may doubt her own sexuality and, in this way, may be even more vulnerable to sexual harassment. Whether heterosexual or homosexual, women who display the necessary characteristics of success in the work place are liable to question their own femininity and to have that femininity questioned by others (Martin, 1984; Sanford & Donovan, 1984; Sheffield, 1984; Pharr, 1988). Pharr (1988) refers to this phenomena as "lesbian-baiting." Most women involved in the women's movement have been especially susceptible to lesbian-baiting, but no woman is exempt from it. It is a patriarchal vehicle for maintaining the status-quo (Pharr, 1988).

The gap between male and female wages has long been the source of study in sociology and economics (Coverman, 1988; Stevenson, 1988). Theories have been developed in an attempt to explain the phenomena on a macro level, but its impact on individual women is a source of daily stress for so many women. Lack of financial resources not only causes economic hardships, but also damages self-esteem (Sanford & Donovan, 1984).

Mothering Issues

Obviously, lesbians can be mothers. As mothers, lesbians share some of the same issues that many mothers from the dominant culture and/or other sub-cultures face. Some of these issues include general parenting issues, single-parenting issues, and step-parenting issues.

Caring for children is hard work and very stressful (Wolf & Crowe, 1984). As children go through developmental stages, their needs are constantly changing, as are their expectations

of their mothers (Baruth & Huber, 1984). A mother must balance the needs of the child or children with other needs, such as her own needs and the needs of her spouse (Wolf & Crowe, 1984). Household tasks, employment responsibilities and financial limitation must all be considered as well. Additionally, situational crises such as illness, accident, and career changes can be expected to occur as part of the mothering process (Goldenberg & Goldenberg, 1985).

Many lesbian mothers fall into the category of single mothers. Single mothers, in addition to being fully responsible for the daily decision making involved in parenting, often face financial problems as well (Shortridge, 1984). Many female-headed households live in poverty (Kemp, 1989; Shortridge, 1984). Single mothers often face legal battles for custody and/or child support (Falk, 1987). These battles incur emotional and financial expenses. Often the end result is that single mothers lack the income advantages of their (heterosexually) married counterparts (Falk, 1987).

Lesbian mothers often find themselves as part of step-families or blended families (families including children who are not biologically related to each other). This family configuration is complex (Einstein, 1982). These types of families not only have developmental issues and situational issues, but also issues involved in the blending of two adults and their respective children. Such issues as dual careers, dual religions, and different family traditions are to be expected. Additionally, problems resulting from child custody, visitation, and child support can be significant issues. Added to these issues are the problems that are intrinsic when there are more persons living together in the household. The problems involved in this family configuration are evident if one browses the self-help section of the bookstore where numerous books are available for helping with step-family living. Step-parenting support groups are also becoming commonplace (Einstein, 1985; Gardner, 1970) indicating the complexities of this "new" generation of families.

Lesbian Mothering Issues

Not only do lesbian mothers face the issues common to other women, those common to other mothers, those common to other homosexuals, they also face a unique set of issues because they are lesbian mothers. Lesbian mothers must live in the dominant culture as they attend parent conferences, scout meetings, religious events, and other social activities. Lesbian mothers are a minority of the homosexual population and often encounter resentment from those who have no children and those who do (Boston Women's Health Book Collection, 1984; Steinhorn, 1985). Lesbian mothers not only must deal with their own "coming out" issues, but also the "coming out" issues of their children

(Hanscombe & Foster, 1981; Zook & Hallnback, 1987).

Additionally, legal problems of child custody, visitation, child support and discrimination are complicated by the societal support for homophobia (Davis & Weinstein, 1987). Lesbians have been advised to conceal their lesbian identities in the courts. Many lesbians have lost their children on the mere implication of their sexual identity. Some lesbians have begun to confront the courts openly with their lesbian identity and have faced loss of employment, homes, family; the result of these losses has stressed the lesbian's spousal relationship (Chesler, 1986; Davis & Weinstein, 1987).

Lesbian mothers must not only deal with developmental stages of their children, but also must deal with a "coming out" process with the children and must assist the children in their own "coming out process" (Alpert, 1988; Hanscombe & Foster, 1981). The children must decide which of their friends, teachers, and acquaintances are trustworthy enough to hear that their mother is a lesbian. The lesbian mother, in turn, must decide when to intervene, when to let things take their natural course, and when to get professional help for the children. Additionally, the lesbian mother must make decisions completely separate from her own "coming out process" about when to acknowledge her lesbianism to the people in her children's lives. The lesbian mother must know when to shed her role as lesbian to protect her children from "guilt by association." Both the fear of rejection from "coming out" to her children and the deliberation about when to assist her children in their "coming out process" can be sources of anxiety and stress unknown to heterosexual mothers. Besides the emotional stress, the legal implication of a lesbian mother telling her children about her identity could prove to be devastating to children who may not understand the consequences of such disclosure. "Normal anger" expressed about a lesbian mother might be misconstrued by a heterosexual, patriarchal court.

IMPLICATION FOR COUNSELORS WORKING WITH LESBIAN MOTHERS

Before a counselor considers working with lesbian mother clients, he/she should examine his/her own value system. The therapist must not only be accepting of lesbians, but also must have a genuine appreciation for lesbians as a sub-culture (Clark, 1977). There is no reason for any professional to assume that he/she has the competence to work with gay people. "Even a gay therapist would do well to experience a gay-oriented re-training program and check for blind spots built in by years of living in an oppressive society" (Clark, 1977, pp. 231-232). Prejudices and misinformation need to be identified and unlearned and biases and sexist language eliminated.

There has generally been limited therapeutic success for gay

clients in counseling (Rudolph, 1988). The sources of dissatisfaction were noted as "counselors' negative, prejudicial attitudes toward and lack of understanding of homosexuality" (Rudolph, 1988, pp. 165-167). Although the admitted homophobic therapist is clearly of danger to the homosexual client, the unaware homophobic counselor may be of greater danger (Rudolph, 1988). The unaware counselor may impart homophobia to the client or overlook or minimize the apparent issue.

Only with thorough self-examination will the counselor be able to identify the internalized homophobia in the lesbian mother and her children. This internalized homophobia needs to be distinguished from prudence, because the lesbian mother is likely to face the homophobic heterosexual world on a daily basis. The lesbian mother needs support as she confronts her own internalized homophobia and that of her children, and also the real danger of a homophobic society.

The therapist must also know the stages that the lesbian mother experiences as she "comes out of the closet." By knowing these stages as well as "normal" developmental stages, the counselor can assist a lesbian mother who may become "stuck" in her process of "coming out." The counselor must help the lesbian mother as she confronts both internal and external homophobia during each stage of her "coming out" (McDonald, 1983, 1984).

Clark (1977) presented the following seven "psychodynamic generalizations" for counselors to understand in working with homosexuals.

- (1) The gay person has learned to feel different. In this society, which values conformity, the person feels devalued or worthless even though he or she may be outwardly successful and accomplished.
- (2) The gay person has learned to distrust his or her own feelings.
- (3) The gay person is likely to have decreased awareness of feelings. The anger generated from a punitive environment and the anger at self for being different seems unjustified and therefore must be sent out of awareness where it continues to accumulate.
- (4) The gay person, being invisible, is assaulted daily on character and ability.
- (5) The gay person feels alone, wrong, and fears further lack of support and affection if he or she reveals true thoughts, feelings, and identity.
- (6) The gay person is apt to be the victim of depression that includes some degree of immobility.
- (7) The gay person is likely to be tempted to dull the pain that surfaces now and again through misuse of drugs and alcohol or to end the pain by suicide.

These seven generalizations should be kept in mind while working through the process of "coming out." They should be considered whenever working with lesbian mothers because the "coming out" process may not yet be completed.

Another factor that the counselor needs to be aware of is that lesbian mothers cross all socioeconomic and ethnic boundaries. This is important not only because values of lesbian mothers often differ from values of their families, but also because lesbian mothers are not always easily identifiable; the counselor should not assume all mothers to be heterosexual.

Confidentiality and privileged communication should be maintained at all times when working with this population. Because civil rights legislation does not guarantee civil rights or legal recourse against discrimination on the basis of sexual orientation, and because the lesbian mother is likely to have legal issues, a breach of confidentiality could cause loss of employment, housing, or children as well as extensive emotional harm. In the gay and lesbian sub-cultures, a general assumption is that no one has the right to disclose another's sexual orientation; each person must have control over his/her own self-disclosure of sexual orientation. The lesbian mother must be guaranteed and assured of confidentiality and privileged communications. Any limitations to this type of communication must be acknowledged from the beginning.

Other issues with which a counselor working with lesbian mothers must be familiar include:

1. The barriers to employment, financial success, self-esteem and freedom from sexual abuse
2. The issues of single mothers, step-families and blended families
3. The spousal status of the lesbian mother who is apt to note "single" on any legal documents
4. The lesbian and gay sub-culture
5. Resources available to the lesbian mother and her children, both in the gay sub-culture and in the dominant culture
6. Finally, the counselor should know when his/her expertise is limited and where to refer the lesbian mother in such a situation.

The counselor needs to be aware of the lack of research in the area of lesbian mothers and should contribute to that research whenever possible. Regular contact should be maintained with

the gay and lesbian caucuses of professional organizations. It is imperative that the counselor be current with regard to resources. The counselor should attend and/or give workshops on homophobia, as well as work against homophobia, sexism, and heterosexism whenever this prejudice is encountered. As the lesbian mother is freed from the societal stumbling blocks, society is able to gain access to another sub-culture and all of its resources, talents, and beauty.

CONCLUSION

This article introduced the counselor to some of the unique issues of this little known minority. These issues should awaken human service professionals' awareness to the fact that all mothers are not heterosexual. The very invisibility which may isolate the lesbian mother from her sub-culture and may protect her from homophobia on a daily basis may also serve to "protect" her from being genuine and fully self-disclosing with the counselor. She may incidentally sabotage the counseling relationship, whether or not the lesbian mother herself is "out of the closet." The counselor needs not only an understanding of the possible reasons for this lack of self-disclosure on the part of the lesbian mother, but also of his/her own value system with regard to homophobia.

Additionally, the counselor needs to understand the full range of both negative and positive potential implications that can occur when identifying the lesbian mother and gaining the lesbian mother's trust in the counseling relationship. Finally, the counselor must be keenly aware of the limitations caused by his/her internalized homophobia and minimal training with this sub-culture to assure an appropriate referral to a lesbian or a lesbian-affirmative counselor when necessary.

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**RESOLUTION OF MID-LIFE CRISIS:
THE SEXUALLY ADDICTED**

Daya S. Sandhu

Recognition of sex as an addiction which aggravates or contributes to other addictions (e.g., alcoholism, drugs, gambling, excessive eating) is a recent phenomenon. The discussion about the role that sexually addictive behaviors play in divorces, troubled marriages, and dysfunctional families is conspicuously absent in the professional literature. While the term "mid-life crisis" has become a household word, and such a crisis is almost always attributed to the ideal fantasy of the person involved for whom the "grass looks greener in a distant pasture", few consider the possibility that this person could be actually suffering from a sexual addiction.

Addictive sex, as an illness, is equally as troublesome as other addictions and shares many traits characteristic of other addictions. Sexual addicts suffer from the same compulsivity and lack of control over their sexual appetites as alcoholics and drug addicts suffer for their drugs. Morse (1963) described this compulsion from which many suffer:

I developed these tremendous urges. I could not think about anything but sex. It was on my mind constantly. My desires were just too strong for me. I would go out and find a man, any man. There was one magical cure for depression, something a lot better than tranquilizers, sex.
(pp. 40-2)

Kraft-Ebbing (1965) presented a similar account of pathological sexuality when sexual appetite is increased to such an extent that:

It permeates all his thoughts and feelings allowing of no other aims in life, tumultuously, and in a rut-like fashion demanding gratification without granting the possibility of moral and righteous counter-present-actions, and resolving itself into an impulsive insatiable succession of sexual enjoyment.
(pp. 46-7)

MacAuliffe and MacAuliffe (1975) defined alcoholism and drug dependency as a person's pathological relationship with a mood

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altering chemical. The same is true with a sexual addiction in which sex addicts indulge in a fanciful relationship with persons or objects related to the fantasies. "They rely on sex for comfort from pain, nurturing or relief from stress, etc. the way an alcoholic relies on alcohol, or a drug addict on drugs" (Carnes, 1989).

According to Money (1986), "an addiction always has a predicate: one is addicted to something, as in being addicted to alcohol, heroin, or other chemical substance" (p. 36). In a similar fashion, Money (1980) explained that "the person who has fallen in love becomes addicted to the love partner - obsessed and preoccupied with the next 'fix' of being together or talking together" (p. 151).

From a comparative study of all addictions, it is clear that sexual addiction shares common dynamics with alcoholism, drugs, and other obsessive behaviors. Because of these addictive qualities, "the obsessional illness transforms sex into the primary relationship or need, for which all else may be sacrificed, including family, friends, values, health, safety, and work" (Carnes, 1989, p.5).

Because sexual addiction is often masked under the cover of other multiple addictions, therapists must become sensitized and aware of the elusive nature of sexual obsessions and compulsions, if they intend to help their clients in a holistic manner. People who experience sexual compulsions may avoid painful and embarrassing situations if properly treated for their addictions. A mid-life crisis may actually develop from a compulsive addiction, rather than from choice or a natural developmental process.

Bergler (1985) described such a compulsion in the following situation:

Rumors and an anonymous letter, the wife's small suspicions, and the husband's big blunders all combine to make the wife certain that a new and important telephone number has been recorded in her husband's notebook. Sooner or later the husband runs out of denials; an excited scene follows; he is confronted with his wife's demand for divorce. His grotesque performance begins at this point; he declares that he doesn't want a divorce, he still loves his wife. The other woman means nothing to him; he was unfaithful merely because of a purely sexual attraction. (p. 195)

When the pleadings, explanations, and justifications fail,

this sexually addicted middle-aged man ventures to find solutions for his problems. Because all of his thinking, feeling, and acting are immersed deeply in sexual dreams and fantasies, he plans to build his new future with new hopes, new rationalizations.

I want happiness, love, approval, admiration, sex, youth. All this is denied me in this stale marriage to an elderly, sickly, complaining, nagging wife. Let's get rid of her, start life all over again with another woman. Sure, I'll provide for my first wife and my children, sure I'm sorry that the first marriage didn't work out. But, self-defense comes first; I just have to save myself! (Bergler, 1985, p.76)

Within a short period of time, the rationalization of happiness through changing the situation but not working on the addiction fails. In a bee-like fashion, the addict in search of honey flies from flower to flower, but the insatiable thirst is never satisfied. Bergler (1985) explains this never ending vicious cycle in which the sexually addicted are:

Convinced that a divorce wipes the slate clean of the unhappiness of the past and opens the way for a happier future. In reality the slate is still marked with the basic pattern of their neurotic dissatisfaction, and only the specific marriage partner, upon whom the inner conflict had been projected, has been eliminated. The conflict becomes temporarily dormant, but it remains very much alive and manifests itself again at the earliest possible opportunity. (p. 180)

PERSONAL WORLD OF THE SEXUALLY ADDICTED

Humans are the products of their phenomenological worlds. Childhood experiences, interactions with significant others, learned beliefs, values and priorities integrate to form a world view which the individual accepts as reality. In accordance with their perceived reality, people think, feel, and act to fulfill their primary needs. For the sexual addict, his/her primary and most important need is sex. To fulfill this need, the addict leaves no stone unturned. The addict makes other people and his/her own life miserable as he/she blunders and pays heavy prices to satiate sexual appetites. Unfortunately, the addict's sexual appetite is seldom, if ever, satisfied.

The personal world of the sexual addict is a troubled one. The sexual addict typically has a low self-esteem and a poor self-image. He doesn't trust anyone and blames others for his problems. Sex is equated with "real" love, secret lives with

real lives, and false identities with real identities. The sexual addict is a member of a special group. The members of this special group suffer from false fears and hidden hates and pin on hopes against hopes. Eventually, these people can plunge into a life filled with a never-ending seeking of pleasure and lust; a life full of waste, pains and miseries.

Not every person becomes sexually addicted, nor faces a mid-life crises. However, pre-conditions which make one more prone to such an addiction have been identified in family therapy and addictionology literature; conditions which make an individual more vulnerable. Such conditions or "risk factors" include: (a) being reared in a dysfunctional family with a damaged self-esteem; (b) a history of emotional, physical and sexual abuse; (c) being close to sexually addicted significant others and to the influences of other addictions and compulsion (e.g., drugs) (Carnes, 1983).

Addiction Cycle

Carnes (1983) identified a four step cycle through which addictive experiences of "sexaholics" progress and intensify. With each repetition, sexual appetites of such individuals increase, and they become more and more vulnerable. A brief description of Carnes' four step cycle follows.

1. Preoccupation: At this preliminary stage, a sex addict's mind is preoccupied with sexual thoughts and fantasies. A person becomes so obsessive with sex that every relationship and acquaintance is considered a new potential opportunity for sexual gratification.

2. Ritualization: Like all other types of addicts, the sex addict performs his/her own special rituals which intensify the obsessions, excitements and arousals. Cruising back and forth in the same areas and choosing the same surroundings to watch and wait are examples of potential rituals.

3. Compulsive sexual behavior: The sexual addict is powerless in controlling his/her sexual appetite. Risks are taken in order to satisfy this need. Engaging in the sexual act itself is the prime purpose of preoccupations and ritualizations, and can be at the cost of losing one's prestige, job, marriage, and in some instances, even life.

4. Despair: The fourth and final step of the addiction cycle involves the sex addict's self-pity, self-hatred, and self-degradation caused at the completion of compulsive sexual acts. Upon reflection of the sexual behavior, the sexual addict condemns his/her indulgences and acts. The addict is filled with self hate for what has been done and wonders if the "mess" will ever be resolved. This self-blaming leads to despair and

depression. Ironically, to alleviate the despair, the addict returns to step one again to repeat the addiction cycle.

As the addict works through the addiction cycle, he starts losing control of his personal life and is caught in the web of double standards. He constantly tries to save his public image, yet is always trying to hide his secret life. During the struggle, the addict loses the trust of family members and significant others as lies are uncovered. Eventually, the addict's life becomes unmanageable and can result in painful outcomes to include divorce, depression, and suicide.

Carnes (1983) developed a comprehensive system to explain how the sexual addict perpetually suffers due to personal beliefs, distortions, and addictive cycle. This addictive system (see Figure 1) continuously reinforces itself.

TREATMENT INTERVENTIONS

For the treatment of sex addictions, Carnes (1989) recommended an ecological approach to solving client problems. This approach is transdisciplinary in nature and draws support from every possible source of professional help. Various aspects of the addict's life are examined to prepare a treatment plan. The addict's physical health, concurrent addictions, relationship networks, family structure, work and environment systems are considered before interventions occur.

Because sex addictions are similar to other types of addictions, Carnes (1989) adapted the Twelve Steps of Alcoholics Anonymous to promote recovery and the healing process. At the same time, he developed his own seven-step brief model to intervene at any level of the client's addictive system. A summary of these seven steps follow.

Belief System

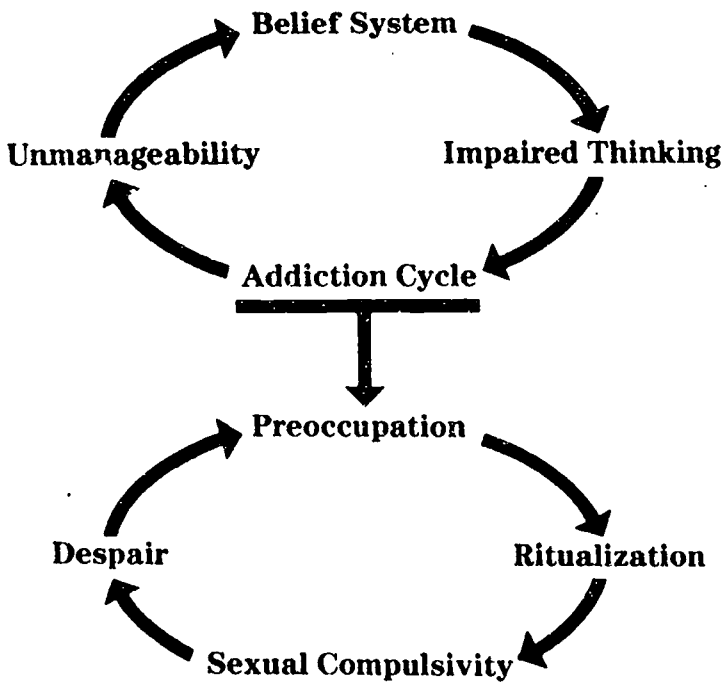
The addict's belief system is the prime source of his problem. Irrational beliefs cause irrational behaviors. A therapist's primary task is to help the client re-examine his belief system and rebuild it. Then, the addict is encouraged to try new behaviors according to new beliefs and a restructured belief system.

Impaired Thinking

The addict also suffers because he distorts reality. He indulges frequently in denials, delusions, and baseless rationalizations. Behavior is based on a "perceived" reality which may be far from the truth. At this stage, a therapist should confront the client, helping him to accept reality.

Figure 1

THE ADDICTIVE SYSTEM



Preoccupation

Preoccupation with sex plays a major role in the life of a sex addict. The addict ruminates on sex related thoughts and fantasies. Again, the therapist must confront the addict concerning his vulnerability and facilitate an understanding concerning the role this preoccupation plays in the addictive behaviors.

Rituals

Rituals are another name for the destructive behaviors that the sex addict repeats on a regular basis in search of sexual stimulation. The therapist must identify specific rituals and place "injunctions" on them. Provisions should be made to substitute positive rituals in place of negative rituals, and the client should be encouraged to try new behaviors.

Behaviors

Behaviors are the actual sex acts in which the addict engages. At this stage, the therapist needs to determine the severity and frequency of such behaviors and establish contractual limits to stop them. The therapist should also provide the sex addict with new coping behavior and teach stress management skills for anxiety while the new and different behaviors are tried.

Despair

The addict experiences despair over his powerlessness to control compulsive sex behaviors. Feelings of utter hopelessness, depression, and self-pity may ensue. Self-hatred, shame, and suicide ideations may occur. At this stage, the therapist must watch for life-threatening signals and seek further help for the client, if necessary.

Unmanageability

As the sexual addict faces reality through therapeutic intervention, despair may become more of a problem. The processes of unmasking secret lives, explaining untold false stories, and preparing for the anticipated confrontation with family and friends can be overwhelming. Due to extreme shame and guilt, the addict can become confused, fearful, and can have difficulty managing his life adequately. The therapist must be sensitive to the addict's out-of-control behaviors and provide support and encouragement to help the addict manage his daily life.

CONCLUSION

Almost daily, the steamy news of yet another sexual crisis of

an important political, religious, public, private or professional figure is brought to the public's attention through the media. The general public is awed, angered, and stunned. The problem revealed through the media is merely a tip of the iceberg. The sex addictions remain hidden and intertwined with other addictions and are many times not treated. Marriages are broken, mid-life crises takes place, and families are destroyed. Counselors, marriage and family therapists, and other helping professionals must become sensitive to the special needs of sexually addicted clients to help them manage their uncontrollable sex addictions.

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PRACTICALLY SPEAKING

SEXUAL OFFENDER TREATMENT OPTION PROGRAM

Barbara B. Duncan

The cyclical nature of abuse whether emotional, physical, or sexual is an accepted fact. The abused child can grow into the abusive adult creating an entangling web of continuing destruction. Abuse itself becomes an entity following a mole-like pattern of dark tunnels from which nothing can surface without healing directional light to change the constant repetitive nature of unending fear. The truth of these dynamics must activate our profession to provide holistic treatment to allow abused souls to emerge as autonomous individuals capable of trust and intimacy. Sexual abuse especially evokes judgment that prevents effective treatment, and thereby fosters the very cycle of abuse we wish to end. How can a therapeutic environment be created fertile enough to promote deep healing from abusive scars and to allow individuals sufficient growth to risk, to trust, to develop healthy selves?

The Sexual Offender Treatment Option Program (S.T.O.P.) has been in successful operation for four years. The program is based on a behavioral/developmental approach which allows for the control of inappropriate sexual behavior and promotes healthy restructuring of the clients. All aspects of the client's system are treated: the offender, spouse, victim and also adults molested as children. Regressed offenders, offending primarily within the family and without a high degree of violence, are the most amenable to treatment. Both individual and group treatment are provided on a weekly basis for a period of 1 - 3 years. Couple and family sessions are provided as appropriate. Generally, either a protective order and/or a court order has been issued requiring treatment for all involved parties until appropriate therapeutic closure is reached. Both Juvenile and Domestic Relations Courts and Circuit Courts order directly to S.T.O.P. and believe that it is an effective alternative to incarceration and a deterrent to recidivism. Rather than the mechanics of S.T.O.P, the holistic essence helps healthy individuals and families to emerge

TREATMENT FOUNDATION

Treatment is based on the belief that intrafamilial sexual molesting is an expression of repressed childhood anger and

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pain. This results in an adult who cannot trust, is isolated, feels no sense of self, and role plays relationships, thereby, creating the same rejecting destruction from which the abuser came.

Based on Erik Erikson's psychosocial theory of development (see Figure 1), S.T.O.P. believes that the damaged adult must retrace in therapy the stages of trust, autonomy, initiative, industry, identity, intimacy, generativity, and ego integrity. This retracing must be accomplished to help heal childhood scars and, thereby, attain an adult self capable of healthy relationships (Vander Zanden, 1977, pp. 112-113).

The childhood of the adult (whether offender or spouse) is explored to develop the needed bond between client and therapist. In a system of abuse, the spouse's development is usually as damaged as that of the offender. Clinical distance is minimized and effective joining is emphasized to allow a cathartic revisiting of childhood pain which is shared by the therapist with nurturing response and acceptance. This initial stage lasts approximately six months and allows for the redevelopment of trust and for the diminishing of instinctive mistrust. During this period, the client must be genuinely accepted, and he/she must separate his/her behavior from his/her true self. The client/therapist bond serves as the catalyst to pull the client back through the developmental stages. The bond also mirrors the innate good qualities present within the client which should be integrated as the client empties years of built-up anger and pain.

Techniques

A variety of individual and group techniques are used. Journaling, role play, and other Gestalt measures are employed in individual sessions. Victim work is enacted in group sessions. True guilt for harming another cannot be felt until the pain of one's own victimization is processed. Behavioral techniques facilitate inappropriate behavior control and monitoring. Charting various symptomatic behaviors such as control, judgment, isolation, as well as noting behaviors leaning toward emotional, physical, or sexual abuse, develop a self-picture enabling the individual and group members to confront and reveal destructive patterns of behavior which need to change. Video taping with another group member mandates detailed admission of abuse and works to minimize or eliminate denial. The goal of the tape is to produce normal reactions to abuse as opposed to a desensitized response or even erotic response. The group member's function is to disallow minimization and to demand responsibility of one's own behavior.

Results are not accomplished immediately, but over time as the individual increases in health, a sense of self develops.

Table 1

DEVELOPMENTAL STAGE	PSYCHOSOCIAL CRISIS	PREDOMINANT SOCIAL SETTING	FAVORABLE OUTCOME
1. Infancy	Basic Trust vs. Mistrust	Family	The child develops trust in itself, its parents, and the world.
2. Early Childhood	Autonomy vs. Shame Doubt	Family	The child develops a sense of self-control without loss of self-esteem.
3. Fourth to fifth year	Initiative vs. Guilt	Family	The child learns to acquire direction and purpose in activities.
4. Sixth year to onset of puberty	Industry vs. Inferiority	Neighborhood; School	The child acquires a sense of mastery and competence.
5. Adolescence	Identity vs. Role Confusion	Peer Groups	The individual develops an ego identity - a coherent sense of self.
6. Young Adulthood	Intimacy vs. Isolation	Partners in Friendship & Sex	The individual develops the capacity to work toward a specific career and to involve himself or herself in an extended intimate relationship.
7. Adulthood	Generativity vs. Stagnation	New Family; Work	The individual becomes concerned with others beyond the immediate family, with future generations, and with society.
8. Old Age	Integrity vs. Despair	Retirement and Impending Death	The individual acquires a sense of satisfaction in looking back upon his or her life.

SOURCE: Adapted from J. W. Vander Zanden, Social Psychology (New York: Random House, 1977), pp. 112-113.

Just as in the course of normal childhood development, diverse educational needs must be met in therapy as well. Communication skills, problem-solving techniques, and coping mechanisms must be introduced to allow the development of sufficient confidence to risk the vulnerable processing of childhood abuse, rejection, or abandonment. Sufficient self must develop to strengthen the courage to vent and control anger/pain appropriately. Acceptance must be felt to incorporate healthy sexual education, sexual identity, and sexual expression. Sufficient trust must develop to risk learning about true relationships, intimacy, and value clarification. Sufficient autonomy must emerge to learn to set goals and direct one's life style toward their accomplishment.

A natural result of any dysfunction is the reduction in self-esteem which, in turn, restricts the ability to change. Thus, many of our clients have poor self-esteems with behaviors of some nature to reinforce and continue to lower feelings of self-worth. Defensive selves, learned over a life-time, emerge, and projection, usually containing the anger of self-impotence, begins distancing the client from any clear view of self.

A paradox of therapy is to address pathology while raising self-esteem. In other words, how does a counselor describe a defensive self-behavior without causing the client to be further defensive? How does the counselor elaborate on false, inappropriate or pathological behaviors without further diminishing self-worth? How does the counselor poignantly address the need for growth and at the same time not negate the real potential to do so?

Connecting Present to Past

Though working in the present, the past, especially early childhood through adolescence, must be connected to the present. It is in those first years that our developmental patterns form, our defensive selves develop, and "gaps" or malnourished sub-personalities become submerged from view according to the theory of psychosynthesis (Assagioli, 1965, pp. 74-77). If the therapist can help the client become aware of these general concepts, the client's work is facilitated and can be on-going between sessions. Because dependence on the therapist is not the desired goal, an empowerment of the client must be fostered. Therefore, from the beginning, the client's real self must be separated from his/her inappropriate, deviant, abusive behaviors. Most clients buy into a distorted view of themselves stemming from these behaviors. In order to make possible a new world view, the behavior must be separated from the self.

It is not enough to make change, to correct behaviors, to raise self-esteem. The client must be able to identify the warning signs during stress that precipitate old problematic

behaviors and stop them. The client must be able to redirect and not feel a panic either to act out or run back to the therapist, although certainly that option should remain available. The client must feel and see the uselessness of repeating patterns in order to self-inflict the pain of vulnerability and be willing to risk, to grow. A need to become one's self, an excitement to be "who we are" must be created.

Thus, the following points must be understood by the client: (a) the difference between self and behaviors; (b) the value of uniqueness of the real self; (c) the uselessness of repetition of old patterns; (d) the excitement, need to be, to develop self; (e) the understanding of why certain behaviors developed; (f) the forgiveness of self for inappropriate behaviors; and (g) the need and right to be loved for self.

Duncan Equation

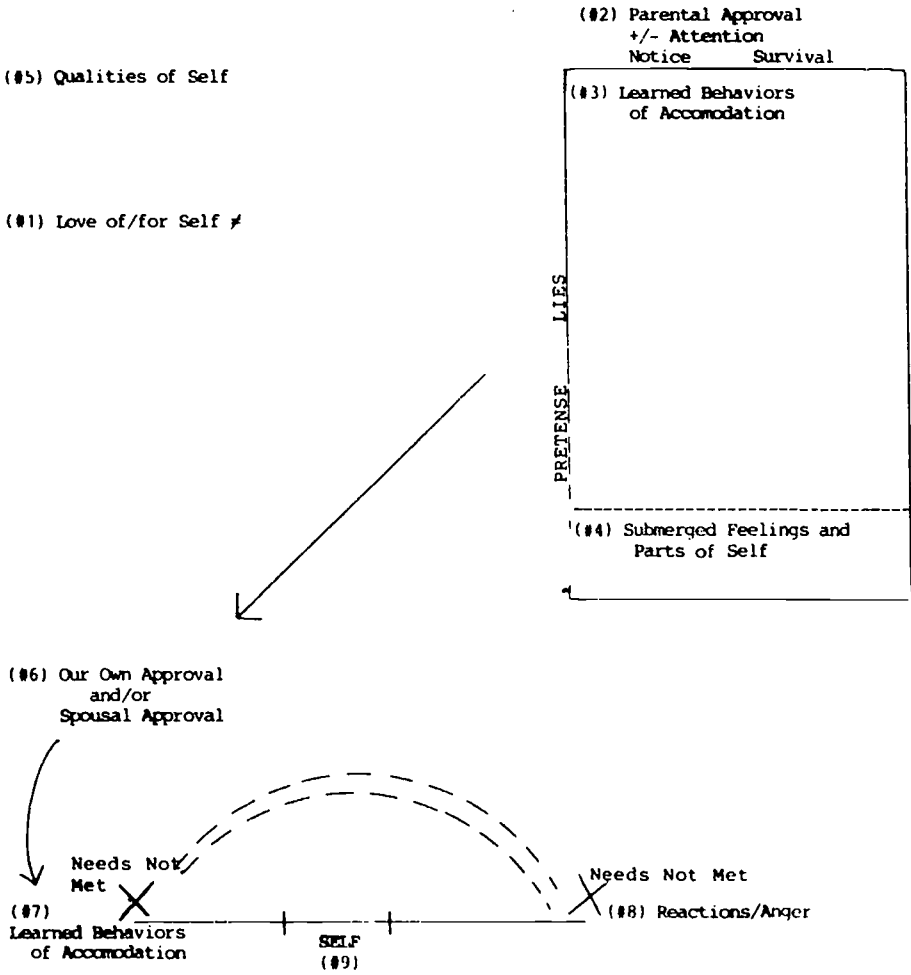
The Duncan Equation (Figure 2) is a powerful aid in this mode of therapy which requires extreme behavioral change, emotional and spiritual growth, forgiveness, and rare courage to face one's self and others. The Equation helps the client to value the self that has been submerged and to perceive the inappropriate behaviors that developed in a more forgiving light. It works as efficiently with personal growth issues as it does with severe pathologies. It is understandable at varying degrees of cognitive ability, and is theoretically supported with aspects of cognitive behaviorism, humanism and psychoanalytic schools of thought.

Approval/Attention

Most people believe that when one enters the world, one deserves to be loved just for who one is, a unique self with valuable qualities, gifts, and potential (Figure 2, #1). To the degree that one's parents are able to love one for the pure self is the degree to which one enters adult life with emotional well-being. To the degree to which one is not loved just for self is the degree to which one learns to substitute parental approval for parental love (see Figure 2, #2). This substitution feeds a person about as well as water would be sufficient to nourish an infant in place of milk. The very young child quickly learns the desired behaviors to effect approval. The submergence of real self has begun.

According to the severity of the pathology, some children do not receive approval but rather subsist with attention, positive or negative, notice, or mere survival. Regardless of the level of distortion, each person can answer the questions, "How did I behave to attain approval? What made my parents pleased? How did they need me to be for the home to run smoothly? What did I do to be noticed?" Each of us has unique answers to these

FIGURE 2
DUNCAN EQUATION



questions and, thus, fills out the right hand side of the equation with learned behaviors that became incorporated into each person unconsciously (see Figure 2, #3). Whether perfection was learned to please or defiance was learned to receive negative attention, each person can list specific ways of behaving learned in childhood. Both normal growth issues and pathological behaviors are made visible through this equation. The message, however, is the same: "Behave a certain way in order to earn approval to substitute for love freely deserved." Therefore, the seed is planted within the child that he/she does not deserve love just for self.

Hidden Self

In the process of learning acceptable ways to be, dependent upon the needs of parents, the child must mask, stuff, bury and fragment unacceptable feelings. Thus, the real self is hidden from view, not only from parents but gradually also from the child (see Figure 2, #4). Generally, it is the highest innate qualities of caring and sensitivity which encourage the child inwardly to take care of his/her parents by becoming whatever is desired or needed (see Figure 2, #5). Likewise, the child's need for the parent is so great that he/she will accept crumbs of substitution. Therefore, the true self is prostituted to become apparently more acceptable. An unconscious sadness develops. The child learns a tap dance of pretense, lies, and illusion (see Figure 2, #3 & #4).

In adult life, the need for parental approval is transferred and/or increased to our own approval and/or that of our mate (see Figure 2, #6). However, we are already set up to fail; for we do the only dance know to earn approval (see Figure 2, #7). Though it does attract (either negatively or positively), our needs are not met. They are not even identified; they were hidden in the prostitution of learning how to be for others in order to be acceptable. A resulting internalized dislike for ourselves occurs. We do the best dance we know, and our needs are not met. How many of us at some time have said, "I'm doing everything I can. When is someone going to see what I need or how I feel?"

Therefore, we swing to the opposite end of the pendulum and react to the tap dance (see Figure 2, #8). Each of us has our own extreme way to express anger, to distance, to punish. For example, tantrums, abuse, and suicide attempts occur in this swing. Internal dislike for self is again generated. It is too scary to remain in a state of rejecting/rejection. Again, our needs are not met. We swing back and forth on the pendulum, wondering why it isn't working, and reinforcing the wrong message learned originally that we do not deserve to be loved just for self. The rejection of self to whatever degree in childhood is internalized in the adult.

True Self

A developed true sense of self separate and apart from our behaviors and ways of performing for others is missing. Throughout life, adults work to develop that shrunken self, to discard false learned selves, to find submerged pieces, to become comfortable with a greater degree of honesty and vulnerability, to learn to love and to be intimate, and often to forgive self and begin again. Self needs must be identified and ways to meet those needs must be discovered (see Figure 2, #9). The discovery and integration of self is the purpose of therapy. Within the safety of therapy, vulnerable qualities, gifts and potential can emerge through the unconditional acceptance evident in the therapeutic relationship. These positive qualities are the antithesis of the behaviors that are destructive, not conducive to self-worth and are often pathological. A completed Duncan Equation is depicted in Figure 3.

Cognitive Approaches

In recent years, the schools of cognitive and behavior theory have moved closer together. Cognitive theorists believe that the restructuring of early memories can prevent undesirable behaviors and can encourage positive ways of being. Traditional behaviorists contend that through stimulus/response alteration inappropriate behavior can be changed (Goldfried, 1982, p. 356). However, according to social learning theory, positive learned behavior does evolve from the need for reward and acceptance. Therefore, regarding the Duncan Equation, the child determines the conditions (i.e., behaviors), ways of being, which evoke parental approval and internalizes those behaviors. As a behavior is rewarded with an approval, a smile, a notice, or feelings of safety, the behavior is reinforced and becomes part of the child's perception of self. Conversely, when an aspect of self is labeled unacceptable by parents, thus receiving a negative response, the aspect goes deeper into hiding. As the child goes to school, he anticipates similar responses and is either further reinforced or very confused.

From the cognitive perspective, Albert Ellis (Ellis & Whitley, 1979) explained through his theory of Rational Emotive Therapy (RET) that people condition themselves to respond in specific ways (p. 2). Referring again to the Duncan Equation, hypothetically the child, knowing what behavior or response the parent's desire, becomes conditioned to use that behavior or response in similar situations, thus a part of him/herself. As the response occurs repeatedly, the child has difficulty separating it from the "learned" him/herself, and the knowledge of the real self is further submerged. More positively, Ellis and Whitley also contended that people have the ability to

Equation

Work of Therapy

Parents' Approval

Attention

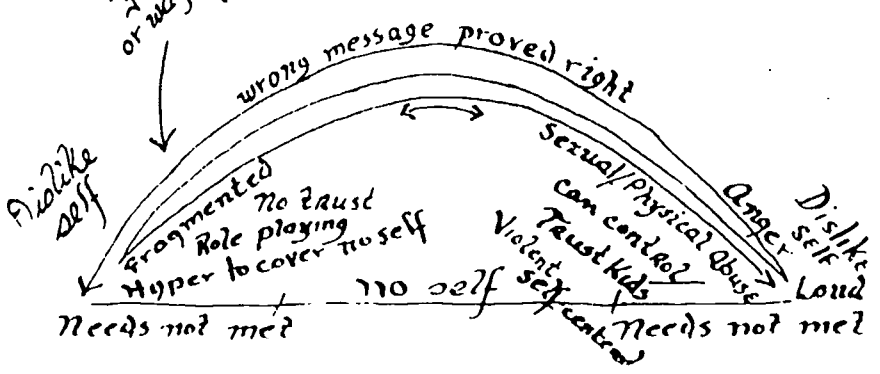
Noticed (Survival)

After 11 months ↑
 Desire to help others
 Trust
 Realness
 Depth of sorrow/grief
 Joyful spontaneity

Try to please
 (Be wild - be scapegoat)
 "Be bad" (act family evil)
 Take abuse and thank them (say I love you)
 Stay out of way
 Not expect anything (later good in sports but no one there)
 Do housework for mother
 Accept - never right
 Agree with all criticism
 * Not show fear or tell anyone
 Be sneaky with lies
 - to cover -
 Pain - sadness no love
 Anger - stuffed with Why me? inside

Love for/of Self ≠

Self's Approval or way to be to survive (mate's) ←



change their emotions, behaviors, and even their knee jerk reactions. The "shoulds and oughts" of life rule us until we separate ourselves from our behavior and the need to please, and be accepted by others. Additionally, once the past is identified, the adult must work in the present, to make changes and to develop self (Ellis & Whitley, 1979, p. 33). Finally, an important tenet of RET which supports the use of the Duncan Equation is that behaviors and feelings are not good or bad; they are conditioned and can be reconditioned (Ellis & Whitley, p. 47). This RET concept allows the client to (a) not judge him/herself, (b) forgive behavior, (c) negotiate new ways of being, and (d) become the true self or self as that person chooses to define it.

Psychoanalytic

The positive view of man's potential suggests a post psychoanalytic viewpoint shared by such theorists as Carl Jung and Alfred Adler. They believed that man has within himself a natural seeking spirit to improve, perfect, to grow, to be all that he can be (Hampden-Turner, 1981, p. 47). According to Jung, our persona (equal to the learned right side of the Duncan Equation) is what becomes an amalgam of behaviors and ways of being that others want to see. Our persona acts as our go between our self and the outer world. It helps us adapt and adjust until we are ready to look beyond our outward being into who we truly are. In striving for a balance, Carl Jung would say that we then access the unconscious, our shadow of submerged qualities to strive toward wholeness. With respect to the Duncan Equation, we then delve into the true underdeveloped self (left side of Duncan Equation) to reveal and integrate hidden pieces not previously valued. Psychoanalysis is concerned primarily with the following:

1. What is the relation between a person's cognitive structure, or his personal construct system and his behavior in and experience of the world?
2. How is this structure derived and, specifically, how far and in what way does earlier experience not accessible to conscious recall or descriptions, or expression in words determine or limit the individual's construction of his world?
3. What procedures can help the therapist recognize and modify those constructions that are related to his patient's difficulties? (Goldfried, 1982, p. 340)

Clearly, the self is a separate entity from the behavior of self. Inappropriate, hurtful, learned behavior must be discarded, enabling the self to actualize real potential.

Perhaps James F. Masterson (1985) most clearly delineated self from learned behaviors or false selves in The Real Self. The impact of parents, most specifically the mother, is all encompassing. Through the availability and interaction with mother, a child develops the abilities to be intimate, creative, and autonomous either in a positive or a negative manner (Masterson, 1985). In the theory of Object Relations, the child develops false, defensive selves which are fantasy, and which help the child cope with what is expected, denied, and experienced that is oppositional to the real self which is perceived to be rejected (Masterson, 1985, p. 31). Returning to the Duncan Equation, the learned behaviors are false selves developed to attain approval which is a substitute for being loved just for self. Masterson believed that the majority of these selves develop or the real self emerges in varying degrees during the first three years of life.

Slipp (1984), another Object Relations theorist, agreed with the idea that mother is an important figure in the development of self. Slipp explained how our behaviors are learned and illustrated the possible detrimental results with the following scenarios:

1. The child does not receive enough parental response to individuate, i.e., false selves develop to defend.
2. The child is used to nurturing his parents.
3. The child is too afraid to resist, i.e., whole system might disintegrate.
4. One or both parents project a good/bad part of themselves on the child, i.e., the child is responsible for parental self-worth and survival of parents.
5. Therefore, the real self of the child cannot develop. (pp. 238-240)

Using these premises, in varying degrees all of us have developed learned behaviors which mask who we are, often prevent self-development, and can produce deviant behaviors.

Humanistic Approaches

Leaving the psychoanalytic assessment, the humanistic, phenomenological approaches as purported by Rogers, May, Perls, Maslow, and others are reviewed. Unconditional positive regard/acceptance, the real base of the Duncan Equation, of the client's real worth and value regardless of deviant behaviors or false selves presented is the most dynamic quality of this approach. A belief in one's inner self as worthwhile enables the client to separate self/potential/personhood from behaviors that have proved destructive or not acceptable. Change is therefore possible. The second tenet of this approach which supports the Duncan Equation is the use of the therapeutic

relationship which is client-centered to foster change (Rogers, 1951). As a client perceives acceptance by the therapist, self-forgiveness becomes possible. When a client feels that judgment is replaced by warmth, caring is modeled, and good qualities are mirrored, an atmosphere is created where vulnerability and risk are possible and a new self gradually emerges. There is an inherent belief in each person's own inner resources just waiting to be tapped.

The theory of psychosynthesis substantiates the Duncan Equation. According to Roberto Assagioli (1965), we need to differentiate our complexes located in the lower unconscious (right side of Equation) from our real self (left side of Equation) by achieving a psychological distance. From this distance we can see the harm and dysfunction of some learned patterns and begin the process of change. Of course, this path coincides thus far with psychoanalytic and behavioral thought. However, at this juncture, Assagioli accesses the middle and upper levels of consciousness in which reside our creativity, intuition, and spiritual realization. As we strive to unite the known self (right side of Equation) to the higher self (left side of the Equation), we become congruent. We develop and come to know our ideal self - our model. We expand our context to include more aspects of ourselves, more subpersonalities that have heretofore been submerged. Vast energy is released in this transmutation and synthesis. We no longer have to maintain the external complexes (right side of Equation), and we can attune to our inner self (left side of Equation). Assagioli developed many techniques to access the spiritual realm and to unify the Personal Self with the Higher Self. He (Assagioli, 1965) underscores the underlying message of the Duncan Equation: without self realization, we merely replicate learned patterns which reinforce our lack of developed personhood and prevent a harmonious unification of self (pp. 21-29).

THERAPY

The effectiveness of the Sexual Offender Treatment Option Program is founded on not merely a behavioral/developmental modality, but it also depends upon methods integrated from the theoretical foundations reviewed above, and the appropriate use of the Duncan Equation. The goal is to create an environment sufficient to foster the client's potential for growth. The client and therapist must work through stages to access the client's real self and achieve the disintegration of pathology, learned patterns, and ways of obscuring the self, even from the client. Creating the environment, the relationship between client and therapist, and the stages through which one must progress might be called relational work. The genuine connectedness found in therapy is what leads to the truth and produces enough vulnerability to risk visibility and growth. The therapist's responsibility is to reflect the inherent beauty

within the client distinct from behavior, in order for the client to see, to feel, to believe, to become. This type of connectedness demands vulnerability of the therapist as well. The stages of therapy age described below.

Stage One

The first stage of therapy is crucial. It is more than mere unconditional acceptance. The therapist must readily see the client's real self and reflect that knowledge back to the client. Using Erik Erikson's developmental stages (see Figure 1), the therapist can use information gathered for insight, for empathy, and in order to facilitate vulnerability. The child within each client must be accessed. More extreme pathology demands a longer period of time to accomplish this phase. Patience, persistence, gentleness, and insistence are prerequisites for the therapist. The therapist's vision of that self must remain constant irregardless of the resistance from the client. Time periods of this first phase of therapy range from 1-2 months for progressive growth clients to 6-12 months for a sexual offender who represents severe pathology. Accomplishing the first stage is mandatory because the success of the remaining therapy flows from it.

Stage Two

The second stage builds on the first by identifying the complexes, learned patterns, and pathology and making them understandable for the client. As the developmental stages and experienced psychological crises are revealed, the client is given the right for past mistakes to be renegotiated in therapy. Healthier ways of relating then become possible. In severe pathology, the client must renegotiate from stage one of basic trust versus mistrust; likewise each stage thereafter must be redeveloped relationally with the therapist. Therefore, the length of therapy may be extended. For the less scarred and less severe pathologies, it is generally at stage three, initiative versus guilt, that most humans get stuck, developing a purposeful sense of self separated and apart from the family. Later stages have been to greater and lesser degrees negotiated.

The Duncan Equation is appropriately used late in stage one or in stage two of therapy for the first time. Initially, its purpose is to (a) gently reveal to the client the presence of a self (undeveloped) separate from the presenting, dysfunctional behaviors, and (b) bring the client into humanness or in commonness with all of us who have places to grow and change and patterns to unlearn. This human belonging is crucial because the client begins therapy from a place of isolation and aloneness. The connectedness must be experienced with the therapist, with significant others, and with mankind as a whole. In severe pathology, the client can only begin to experience

this knowing with the therapist and generally continues old superficial ways of relating with others until such further progress is made. These developmental, psychological stages cannot be translated quickly or lightly for they form the bases of the remaining development of the real self. Each stage is tested with the therapist time and time again. Often after progressing toward autonomy or even initiative, the area of trust versus mistrust again surfaces to ascertain safety and the relative truth of the client's perception. The therapist must remember that this trust is as new and vulnerable to the adult client as it is to the child who is negotiating these areas of development at the appropriate developmental age.

Lastly, in stage two, the client must see the self-destructiveness of his/her old patterns. Gentle but firm confrontation is needed from the therapist. The Duncan Equation, previously introduced in a gentle broader way, is now used referentially in confrontation. The client has previously acknowledged learned patterns and has witnessed them before him/herself. The stage is set at this point. The therapist waits for the same old problems, complaints, projections or pathological behavior either to be brought in or to occur in the therapy itself. As the patterns repeat, the therapist can easily place them diagrammatically on the Duncan Equation (Figure 2, #3). This action makes them dramatically undeniable. The Equation, at this point, becomes an excellent weapon against resistance and denial. As this confrontation becomes increasingly uncomfortable, the therapist can balance with the mirroring of the undeveloped self (Figure 2, #5), reflecting good and valued qualities. Bonding between therapist and client happens at this point because the client is viewed as a beautiful soul in the midst of dysfunctional behavior, and he/she can vulnerably see, feel, and own inner beauty in the present moment. Thus, though the past is crucial, it is the use of it in the present which facilitates the renegotiation of the developmental stages and with bonded vulnerability is the key to real and lasting change.

Stage Three

The third stage of therapy is more concrete. During this time, real behavioral change occurs. Old, repeated, destructive patterns gradually become replaced with new, healthier, beneficial ways of relating and behaving. The Duncan Equation, at this time, is firmly implanted in the client's mind and is referred to easily by both the therapist and client. The client begins to experience the calm of emotional health and the inner peace of being able to trust and like one's self. For the seriously dysfunctional, this stage can last 6-12 months. During this stage, the client is also trying new wings with varying degrees of success in the outside world. The therapist a reinforcer in response to success and a forgiving but

persistent coach during failures or regression. Family work needs to coincide with the client's therapy for new behavior from the client, even though desired.

Stage Four

The fourth and final stage of relational work includes both accessing the client's view of the real self and developing that self both emotionally and to whatever degree is indicated spiritually. It is here that the client develops a firm model of whom he/she is and what he/she wants to continue becoming. It is during this phase, that the client, while developing a relationship with self, begins to rely on that inner truth and can, therefore, separate from the therapist in a healthy manner. The therapist pulls back and becomes more of a supportive, affirming guide. The Duncan Equation now becomes the tool of the client. It will remain an aid for the client to monitor him/herself during possible regressive points of stress in the future.

CONCLUSIONS

Therapeutic results from using the Duncan Equation are effective with the severe pathology found in a sexual abuse system. The Duncan Equation facilitates, not only the client's growth, but enables the therapist to accomplish less clinical distance while maintaining appropriate boundaries. The therapist becomes an emotional magnet toward growth for the client, while also empowering and fostering client independence. It fosters clarity of understanding amidst a fog of undefined, problematic issues. The client uses it as a tool for growth, seeing, changing, both during and after therapy.

Clients express satisfaction and a cathartic knowing not heretofore understood. Self-esteem and the very definition of the self become more easily approached when not negated by and when separated from dysfunctional behaviors or messages. The separation frees the client both to see and feel his/her own potential and right to change for him/herself. Each human being, including the most pathological, becomes imbued with a need to become that self. Once visible to the client, the drive to change, to become one's self is internalized.

As suggested earlier, harsh judgment of sexual abuse is counterproductive in therapy. Offenders begin at a hopeless point of internal loathing and rejection, and others in society must provide a stance of hope and potential to change, believing that they can become who they were rightfully intended to be. The clear delineation of the Duncan Equation enables the offender to view cathartically and to understand his/her pathological behavior as evolved from learned negative patterns while identifying self-worth probably for the first time.

The use of the Duncan Equation facilitates the development of the arena of hope within the client without which the therapist is stymied. The trust level of both the client and therapist is deepened with the use of the Duncan Equation, which becomes particularly important for those offenders returning home or for returning children to the home. The therapist's ability to feel the genuine growth and desire to change is sometimes the only factor used to determine the safety of the children.

Certainly, the goal of all those who work with sexual abuse is to end its destructive cycle. To accomplish this goal, professionals must be willing to be agents of grace to allow souls to heal, to risk, and to re-enter society as healthy human beings. For the child to become the man, the child must be known and loved. If patterns learned are self-defeating, healthy ways to meet one's needs and be one's self must develop. If that self is damaged, then it must be restructured with grace.

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PRACTICALLY SPEAKING

THE CHILD CARE COUNSELING PROGRAM

**Carol Ann Rudolph
Pamela Feinstein**

Employers of the 1980s know that child care is one of the major problems of employees who are parents and may result in work problems related to job turnover, productivity, absenteeism and stress. In order to compete adequately for the best employees and to retain high quality staff, employers are learning more about child care benefits and services available to employees.

Some employer-supported programs are designed to give parent-employees assistance with parenting skills, as well as with child care arrangements. In addition, child care programs may provide support for employees who feel the stress of balancing work and family roles. Research such as the American Management Association's study of executive stress has shown that problems at home can have negative repercussions at work. Thus, the reasoning behind the development of educational programs for working parents is that helping employees become better parents also helps them to become better workers.

Parents do need child care counseling in order to make sound decisions about their child care arrangements. Studies have indicated that parents lose approximately eight days per year due to child care problems (e.g., looking for child care services, arranging for substitute care when regular arrangements fall through or when children are sick) (Child Care System, 1985).

A significant finding of a *Fortune* magazine survey on child care noted that difficulty in finding child care was one of the best predictors of absenteeism (Galinsky & Hughes, 1987). Many parents are ill-equipped to handle child care-related crises and need information and assistance from experts to deal with them more effectively. One study on parenting and child care issues indicated that parents spend eight to ten hours per arrangement looking for child care (Child Care Systems, 1985). Moreover, most of that time is spent while on the job. Employers who —

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provide child care information and counseling assistance help employees create more stable child care arrangements by having more resources to rely on to deal with their child care problems. Thus, employees are able to be productive at work.

THE CHILD CARE COUNSELING PROGRAM

Origins

The Child Care Counseling Program is an outgrowth of the insight and experience gained while operating child care centers and observing how parents go about selecting child care. In conducting Parenting Seminars at the workplace, it became obvious that parents need assistance as they deal with issues related to child care, the options they have, the costs involved, how to negotiate fees, how to access the child care community and parent-provider relationships.

The Benefits

The Child Care Counseling Program is a relatively inexpensive child care service that provides in-depth contact with employees about their child care problems. The employees know there is one person they can contact who can sit down with them in person or talk with by phone. Many of the employees get to know this child care counselor (or specialist) by attending supervisor meetings and/or Parent Seminars over a period of time. Employees can reach the child care specialist during evenings and weekends so that they do not have to take time from work to talk about their child care problems.

Implementation of Services at the Work-Site

Child Care Counseling Services are provided to any employee who requests the service. Eligible employees may include: (a) parents of children 0-13 years of age; (b) expectant parents; (c) parents who plan to adopt; (d) foster parents; (e) grandparents or step-parents; or (f) parents of developmentally delayed adolescents who need child care services after school.

CCMR is available to counsel employees on a wide variety of child care issues. Employees are advised as to which day the child care specialist will be on-site and available and are encouraged to set-up appointments, rather than drop-in. Appointments are generally made directly with the child care specialist, but they could be handled through the personnel office or the Department of Human Resources. Should an employee need immediate child care assistance, the specialist is available to take telephone calls day or evening, including weekends, to discuss any employee's child care needs. The employees are able to contact the child care specialist directly under such circumstances.

Child Care Counseling involves helping employees deal with the following types of child care problems:

1. Identifying child care options that are appropriate for age of child and income of family
2. Negotiating fees
3. Developing contractual agreements
4. Solving disagreements with child care providers
5. Dealing with children's adjustment problems
6. General decision-making about their children's child care needs
7. Finding sick and emergency care services
8. Legal and tax information
9. Summer and holiday care.

The consultant also distributes a packet of information to all employees who contact her for child care information. Each packet is streamlined to meet the needs of the employee with selected articles, lists and information.

Child Care Counseling services also include:

1. Attending interviews with potential providers or coaching parents and potential parents on the interview process
2. Visiting child care programs (with or for employees) to assess the quality of potential or already chosen services
3. Conducting research on particular child care services that are difficult to find such as care for children with special needs, infant care and sick care services
4. Finding resource materials such as magazine articles, books and research reports that might be useful to certain parents' child care and child development issues
5. Investigating certain legal questions related to child care such as current tax issues, hiring foreign child care workers, and police checks
6. Making calls to various providers, or to agencies that place or refer providers

7. Following up on employees' child care situations such as calling back to determine if care has been found or sending congratulations cards to new moms to demonstrate support and caring.

Parenting Seminars

In order to reach a wide range of employees, Child Care Counseling Services also offers parenting seminars. These seminars are designed to meet the needs of parents who need additional information about child-rearing practices or are looking for information about child care issues for future use. Parenting Seminars are offered either once a month or once every other month, depending on the interest of parent-employees. Seminars are generally offered during the lunch time period (12:00-2:00 pm) but, as an alternative, may be held before or after certain shifts (e.g., at 3:00 pm or in the early morning).

Seminars are most frequently attended by female employees who are either parents or prospective parents. However, fathers, grandparents, relatives and close friends of parents with young children have attended the sessions. Seminars are occasionally taped so that parent/employees who missed the seminars can still get the information. Handouts are available to all employees who request them, should they miss the sessions. Sample seminar topics include: choosing quality child care, balancing work and family life, dealing with latchkey children, dealing with guilt feelings, communicating with your child, single parenting, discipline, building self-esteem, child development (including such topics as developmental milestones and appropriate learning activities for young children), nutrition, infant care issues, sibling rivalry, children's health issues, and understanding preadolescent and adolescent development.

Parent Support Groups

The consultant attempts to develop several parent support groups on particular concerns such as single parenting, new parents, and parents with children with special needs. The consultant's role is to coordinate the support group sessions, facilitate them as needed and delegate responsibilities to the parent-employees themselves when they are ready.

Evaluation of the Child Care Counseling Program

Child Care Management Resources provides a prototype guide that can be adapted to each employer's needs. The Family Resource Guide is placed in all new employees' packets of orientation when they begin employment. The guide provides a statement of the employer's policies related to work/family issues, and a description of any child care or dependent care

benefits and services that are available, as well as various lists of public and private agencies, child care services, parent education resources, parenting books and family support services.

Parent Resource Library

The consultant may also develop a small resource library that would include books, articles, magazines, video-tapes, film rentals and other resources that could be helpful to working parents or expectant mothers and fathers. The resource library would be catalogued and a lending system developed, with the consultant responsible for the follow-up of the loans by employees.

Employee Child Care Network

The consultant allocates some time in the contract to developing a network of employees who leave their jobs after babies are born and who may wish to provide child care for other employees. The consultant works with key department supervisors and personnel managers to identify and locate those employees and develop a referral service.

Newsletter Articles

The consultant writes a newsletter article each month for the client's in-house newsletter. The articles describe the Child Care Counseling Services, the Parenting Seminars offered, the Parent Support groups being formed and any other new child care services or conferences. The column may also include a review of a topic addressed in one of the seminars or support group meetings.

Supervisor Briefings

Initially, the consultant meets with key management, as well as with supervisors, to brief them on the services that will be offered under the consulting contract. The purpose of these briefings is to broaden the use of the counseling service by informing supervisory staff of its existence and encouraging them to refer employees to the service.

Collaboration with Organizational Resources

The consultant initiates contacts with various departments within the organization to enhance the Child Care Counseling Program using in-house resources. The Education Department, Training Department, or Department of Human Resources and the Planning and Marketing Department can often be helpful to the Child Care Consultant. The Child Care Counseling Services also meets occasionally with the head of the Employee Assistance

Program to discuss common goals and concerns.

Consultation with Management

The consultant is available to offer advice, provide resource information and offer insights as a result of the counseling service. In addition, the consultant is available to meet with management to discuss plans for other child care services or benefits that the employer may be considering.

Usage Rate

Contract fees are based on numbers of employees who are projected to use the program and the amount of time the employer expects the specialist to be available on-site for counseling and seminars. Usage rate is approximately 4% of the total employee population, similar to Child Care Resource and Referral programs. Female employees (90%) use the program far more frequently than male employees.

In evaluating use among a population of bank employees, almost 30% of the participants in the programs were single parents. The majority of employees had already given birth to their children and were either on maternity leave or had already returned to work when they contacted the child care specialist. Managers (i.e., vice-presidents, supervisors, assistant managers, coordinators) made up 30% of the user population. Nearly all departments were represented, including bank branch employees such as tellers, head-tellers and branch managers, who were the most difficult to reach. Seven per cent of the participants used the program more than once.

It is extremely important to make every effort to market the program to all sectors of the employee population. Newsletter articles, presentations at regional manager meetings and regular listings in employee training calendars contribute to the successful use of the program.

Cost of the Package

The Child care Counseling Program with all the components, such as the counseling service, seminars, The Family Resource Guide, employee child care network, and newsletter articles can develop into quite an extensive contract. However, initially, most employers are interested in the Child Care Counseling Services and the parent seminars. Additional services would naturally add costs to the contract fee, and the cost is based on the projected time involved for each of the related projects, such as the Family Resource Guide and the supervisor training.

CONCLUSIONS

The Child Care Counseling Program is offered currently in the Washington, D.C. metropolitan area at Chevy Chase Bank, Georgetown University Hospital, Columbia Hospital for Women Medical Center and Suburban Hospital. Several other employers are considering implementing the program as well. The highly favorable response to the program to date suggests that it may be a viable and valuable option for businesses and organizations who recognize the importance of responding to employee child care needs.

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PRACTICALLY SPEAKING

HOMOSEXUALITY; MANACLE OR MENU/ THE QUESTION OF CHOICE

Stephen Paul Flemming

This article is about the question of choice in sexuality, and its format is a running interrogative. By default, the approach is implicitly from the point of view of choosing from within the context of homosexuality. This being because it is culturally, perhaps metaphysically, implied that one would not rationally choose to stray beyond the psychic and physical borders of a comfortable heterosexual context. Or would one? And if one would, would such a choice thereby be indeed irrational? Or, could it be a fully reasoned approach to living? Are such choices made, or capable of being made within the conscious realm? If homosexuality (or any of the plethora of its affective cousins) is an irrational response to perceived reality, is its appearance therefore merely a kind of subliminal pathway developed by the individual to escape that reality?

Branden (1980) wrote that homosexuality does "reflect a detour or blockage on the pathway to full maturity as an adult human being..." (p. 94). Branden explained no further, but his statement implies a world of implications, questions, and possibilities. If his view is accurate, it is implied that heterosexuality is the "bulls-eye" of sexual development and expression, with homosexuality apparently only haunting one of the outer rings. Second, Branden's statement implies the existence of an element of choice in sexuality. Third, if the foregoing is presumed, what causes these detours and blockages to sexual maturity, and what strategies (i.e., choices) would be required to remove them? And, at what cost to the individual? Might the individual regard the choice of the reworking of his/her sexuality as a valued, probably long-term, project, or an odious waste of precious life, time, psychic energy, and personal resources?

HOMOSEXUALITY: A CHOICE?

Apparently, at least some homosexuals think that choosing to change is worth the investment. Lief and Kaplan (1986) cited two case histories in which the clients, both men, sought the help of

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a therapist because of "dissatisfaction" with their sexuality. Both men could be considered to have done so under some degree of duress. The first was a 40 year old businessman who was a dedicated "cruiser" and had been experiencing same-sex relations for years without his wife's knowledge. This man was fearful, however, of being arrested for his behavior and of being blackmailed by one of his employees; consequently, he revealed his activities to his wife. He went into counseling with the goal of reducing his overt homosexual behavior; his wife also entered counseling to learn to be more accepting of her husband's homosexual preferences.

The second man came from a somewhat different context. He was in his early 20s but had never had sexual contact with another man, though his desire to distressed him greatly. He both admired and longed for contact with very masculine men while feeling quite inadequate as a man himself. His handful of heterosexual experiences typically ended in premature ejaculation. His goal in therapy was to decrease or eliminate his homosexual impulses, prevent any overt homosexual behavior, and improve his sexual performance with women.

What these two case histories of Lief and Kaplan (1986) describe is ego-dystonic homosexuality. The diagnosis of ego-dystonic homosexuality "depends on the patient's stated desire to decrease or eliminate his/her pattern of homosexual arousal and to acquire or increase heterosexual arousal. In many instances, however, the patient is uncertain whether to pursue a homosexual or a heterosexual orientation" (Lief & Kaplan, p. 259). Smith (1985) offered the more formal DSM-III diagnostic criteria for ego-dystonic homosexuality:

1. The individual complains that heterosexual arousal is persistently absent or weak and significantly interferes with initiating or maintaining wanted heterosexual relationships, and
2. There is a sustained pattern of homosexual arousal that the individual explicitly states has been unwanted and a persistent source of distress. (pp. 399-400)

Smith (1985) added that the DSM-III states that "homosexuality that is ego-dystonic is not classified as a mental disorder" (p. 400), and that with ego-dystonic homosexuality the "common denominator is the lack of self-acceptance" (p. 401). What these two statements imply is that if the individual could "choose" to be ego-dystonic, it would go a long way toward preventing mental illness in that individual.

The term ego-dystonic would seem to describe well the classic

conflict present in homosexual identity and its functional problems. It bespeaks the pervasive and overwhelming problem of self-rejection, and the myriad intra- and extra-psychic problems into which this self-rejection can devolve. Is re-choosing (i.e., choosing to accept oneself and one's sexual orientation) the central, critical choice that obviates all other considerations of sexuality?

Glasser (1985) is apparently skeptical. He wrote of "the pictures in our heads" (p. 19) which we develop in our childhood and which we believe portray what is necessary to fulfill our needs in life. He believes that we learn to live according to the content of those pictures, and to model our behavior accordingly. He also believes that we can affect changes in these pictures and thereby affect changes in our lives. He does, however, draw the line at homosexuality. He wrote:

For reasons that no one can yet explain, once we get any sexually-satisfying picture, usual or unusual, into our albums, this picture is almost impossible to remove. If we attempt, because of cultural pressure, to engage in any long-term sexual activity that is different from the pictures in our heads, we will be either unable or unwilling to perform. If we can't change the pictures ourselves, and there is, as yet, no counseling technique that can lead us to change most of them, then we must accept the pictures we have. Difficult as this may be, we must learn as best we can to live with them within the rules of society. (pp. 24-25)

Glasser (1985) indicates prior to this that "to some extent the pictures explain why homosexuals and others who do not satisfy their urges in the usual heterosexual ways find it almost impossible to change their sexual behavior" (p. 24). Are we, therefore, as has been so long suggested in other contexts, largely powerless victims of our "childhood pictures?" Or, can we re-choose these pictures, even those concerning our allegedly intractable sexuality, and thus change the course of our lives?

It would seem likely that any pressure to change one's homosexual inclinations in order to emulate the culture's more accepted norms of behavior would now be heightened by the AIDS epidemic. This current health crisis may stimulate a reconsideration of the possibilities of profound changes in sexual behavior, as well as intra-psychic affect, with a requisite realignment in cognition and adjunctive feeling. In simpler terms, might significant numbers of "fixed" homosexuals and bisexuals be musing anew on the nature of life's endless possibilities and their own fundamental options therein? Has this perhaps not always, at least in part, been at the heart of bisexuality?

But, this prompts other broader questions. What about the "change nature" of individuals with other sexual orientations? Does the possibility exist for ideational contagion from individuals of different sexual orientations who might begin catching ideas from each other? Perhaps they have already begun? For example, might the choice of some heterosexuals to not have children represent a diluted strain of the sometimes-suggested flight by homosexuals from the responsibility of heterosexual commitment and childrearing? In both cases, what are the parties involved attempting (perhaps inelegantly) to choose for, if anything?

There are, of course, schools of thought which do not regard sexuality as really lying with the realm of choice, and instead speak in terms of "cure." For example, Bergler (1966) described the personality of homosexuals as comprising the following elements:

1. Masochistic provocation and injustice collection
2. Defensive malice
3. Flippancy covering depression and guilt
4. Hyperm narcissism and hypersupercilliousness
5. Refusal to acknowledge accepted standards in non-sexual matters, on the assumption that the right to cut moral corners is due homosexuals as compensation for their "suffering."
6. General unreliability, also of a more or less psychopathic nature.

The most interesting feature of this sextet of traits is its universality. Regardless of the level of intelligence, culture, background, or education, all homosexuals possess it. (p. 44)

Bergler, then, sees only one reasonable choice available to all homosexuals: Cure. He stated that homosexuality can now be successfully treated psychiatrically/psychoanalytically "provided the patient really wants to change" (p. 177). Clearly, thinkers such as Bergler do not regard as philosophically viable the option of choice from within the context of homosexuality. Philosophically speaking, therefore, what profound and practical implications might the words of Bergler also have for choice by homosexuals masquerading within the ostensible well-zone of heterosexual hegemony?

Fortunately, the viewpoints of most other thinkers are broader and even accepting. "It is important to underscore the [Masters & Johnson] Institute's position that homosexuality in contemporary society is a viable lifestyle that presently suffers the major disadvantage of selective public opprobrium" (Schwartz & Masters, 1984, p. 173). It is interesting to note that Schwartz and Masters write in terms of homosexuals "exploring their heterosexual

potential" (p. 173) versus Bergler's (1966) emphasis on their finding a "cure" for themselves. The construct of one's "choice to choose" in matters of sexuality has perhaps itself only just developed in recent decades.

FUNDAMENTAL NATURE OF PSYCHOSEXUALITY

Tyson (1982) seems to suggest that boys, at least, "want it all," psychosexually speaking.

Boys usually make it very clear - they want the penis and the ability to have a baby...C., now almost four, with his most erotic look, exclaimed, "Daddy, I love you! I think I'll marry a man when I grow up." After some discussion he realized that if he married a man, he could not marry a woman like mommy, and could not be a daddy to a baby as his daddy was to him. Therefore, he changed his mind and returned to his former wish to marry the little girl next door. (Tyson, 1982, p. 69)

Is it possible that the fundamental nature of psychosexuality could be imbued with such a delightfully whimsical set of crossroads, a crossroads that, in principle, might time and time again be crossed, widened, or bypassed? The vignette above described by Tyson is so beautifully simple and matter-of-factly presented that the incredible profoundness of its possible implications could be missed, the implication in particular that the issue of enabling or disabling a particular aspect of sexuality might well be reduced to the algorithm of practical self-interest so compellingly illustrated by this little boy and his father. In contrast, might the slightest slip of the tongue on the part of the father, the merest wavering of the will to self of the little boy, have made the outcome of this particular story decidedly different? Can the complex matter of sexuality be no more difficult to master in reality than the child's neologism "supercalifragilisticexpialidocious?" Might the personal control of sexuality just appear improbably, even impossible, so that we turn away from the task and never discover that we might well have learned to even do it "backwards" with equal ease? And with as little sense of foreboding and just as much sense of fun?

Bell, Weinberg, and Hammersmith (1981), writing on the development of homosexuality, stated that "if a certain circumstance arises, it may predispose a subsequent one that in turn might give rise to a third phenomenon and eventually lead toward the development of a homosexual preference. But at any point along the chain, the process can stop" (p. 191). In their study, these researchers found that "homosexuality is as deeply ingrained as heterosexuality, so that the differences in behaviors or social experiences of prehomosexual boys and girls and their

preheterosexual counterparts reflect or express, rather than cause, their eventual homosexual preference" (pp. 190-191). Further implications for the notion of choice versus non-choice can be found in the conclusions of Bell et al. that "boys and girls who do not conform to stereotypical notions of what it means to be a male or a female are more likely to become homosexual. For males in particular, sexual orientation as a rule evolves relatively early in life (very often before the teen-age years) and in general is relatively impervious to whatever occurs subsequently" (pp. 221-222). These findings would seem to bode ill for a fundamental reframing of one's sexuality in later years.

Integrating the thoughts of Bell et al. with those of Tyson, might we conclude then that though a child might wade in a kind of blissful, semi-conscious state of existential abandonment through an unnerving and explosive minefield of choices, and with enormous good fortune perhaps arrive unscathed on adulthood's far shores, should he/she misstep while making the crossing and not repair the wounds enroute, it will have been too late? Does the child lose the ability to choose once adulthood is reached?

CHOOSING HOMOSEXUALITY

In the matter of homosexual choice, Masters and Johnson (1979) referred to the terms conversion and reversion to differentiate between the subject's relative degrees of experience in homosexuality and heterosexuality. A person seeking to convert has had little or no heterosexual experience in the past, while someone seeking to revert would have had either considerable or mostly heterosexual prior experiences. Masters and Johnson indicate that many factors have the power to sabotage homosexual conversion or reversion (i.e., re-choosing), but the most significant is attitude, both of the client and the therapist. The key for the therapist, according to Masters and Johnson, is to maintain an "objective personal attitude toward the subject of homosexuality...it is the institute's fundamental position that the therapist as a committed professional does not have the privilege of imposing his or her cultural value systems on the client, regardless of whether the client is homosexually or heterosexually oriented" (Masters & Johnson, 1979, p. 334).

Of course the idea of choice from within the context of homosexual reversion/conversion theory can take on my faces. Masters and Johnson (1979) described a plethora of possible personal profiles presenting for treatment. Some of those appearing for treatment are coupled either hetero- or homosexually. Others are not committed to a partner, but have one in mind. Sometimes the partnership is of a committed nature, and sometimes only casual. Then there are the applicants for treatment who are uncommitted homosexuals who are alone. What all the applicants typically share is a sense of "pressure" from one direction or another to change their sexual preference, which is derived either

from within, from a partner, or from society at large. Moreover, Masters and Johnson (1979) suggested that "fears of performance [may] keep many more homosexually-oriented men from experimenting with heterosexual interaction than we have realized or than might have been admitted if the men had been openly interrogated. Quite possibly the reverse may be equally true. Fears of performance and of social opprobrium keep many men fully restricted to a heterosexual lifestyle who might otherwise have experimented with homosexual opportunity" (p. 339).

Marks (1982) concurred with Masters and Johnson and others regarding the reasons that most homosexuals wish to re-choose their sexual preference. Marks (1982) included ego-dystonic homosexuality in his article along with paraphilias, and referred to them as unconventional sexual behaviors, as well as deviant behavior, because they are statistically uncommon. For Marks, the pairing of behaviors and terminology seems to be strategically significant. He indicated that "it is not usually possible to abolish all deviant desires, only to significantly reduce their strength and the frequency of acting on them..." (Marks, 1982, pp. 339-340), a rather telling blow to the idea of fundamental choice (an re-choice). Marks further believed that a change in deviant behavior is best accomplished through a behavioral approach, including aversion therapy techniques. "The general principles [in treatment] are to reduce the deviance, increase heterosexuality...and to reduce precipitating factors such as boredom or interpersonal friction with partners by appropriate social training" (Marks, p. 341).

Ross, Paulsen, and Stalstrom (1988) related perceived undesirability of homosexuality to the socio-cultural context from within which it is being considered. The authors found that where homosexuality is regarded as psychopathological, an attitude of stigmatization is prevalent, as in Western culture which only in recent years challenged homosexuality's inclusion in the roster of mental disorders. Ross et al. determined that the degree of stigmatization present directly related to the treatment of homosexuality as a disorder. They find no unifying evidence of homosexuality-related psychopathology across cultures. They wrote:

...it is impossible to state that either homosexuality is evidence of psychopathology or that there is a common reaction to it cross-culturally which may lead to stigmatization of homosexual behavior. In each society, any stigmatization of homosexuality as psychopathological is based upon psychiatry in that society supporting the value judgments made....
(pp. 148-149)

Ross et al. (1988) concluded that "imposition of a psychopathological label on homosexual behavior would be an act of cultural imperialism without scientific or logical justification"

(p. 149). This statement has enormous implications for the idea of individual choice/re-choice in matters of sexuality. If indeed homosexuality cannot be labelled as being intrinsically pathological, then there would seem to be no rational reason for not regarding the expression of homosexuality as lying entirely within the province of the individual's rights, and within those of his/her freely consenting partners. Can sexuality be approached, therefore, as merely one aspect of life's cornucopia of rational possibilities, to be worked and re-worked to meet one's personal goals and enjoyment of life? Ross et al. (1988) seem to answer this question in part by writing, "Were it not stigmatized, it is doubtful whether it would need to be emphasized to the point where individuals need to explain homosexual behavior, and thus adopt as part of a self-affirmation a homosexual identity" (p. 135).

CONCLUSION

The central issue here as with so many other areas of controversy is not one of hetero- versus homosexuality, or even one essentially of sexuality at all. The fundamental issue, the real battleground which few will ever name openly, is that of individual rights and freedom. It is the issue of the right to one's own person, in toto.

In the tossed salad of all the world's cultures, societies, and nations wherein the individual is either unfree, or enjoys a kind of soupy semi-freedom, this is the fundamental issue so universally ignored or short-shrifted. Even in the United States, the only nation ever established for the specific purpose of protecting individual rights, the individual has still never achieved the unbreachable right to his/her own person. Even in the so-called "freest nation on earth," we Americans remain profoundly unfree. Regardless of bromidic rhetoric to the contrary, the chains on the right to self are often implicit even where they are not explicit.

In the matter of sexuality, therefore, the notion of viable choice can be rendered academic in the midst of a civic and cultural environment ambivalent or hostile toward the principle of right to self. When made, the "choices" in such a climate cannot evolve into much more than furtive, tentative, anxiety- and guilt-ridden, out-of-context acts, the results of which are all too often destructive of self and others. Such "choices" (not unlike the installment of "a pro forma democratic mechanism" in a communistic culture) are a mockery of life and its possibilities.

Metaphysically speaking, only the individual can ultimately choose for himself/herself, notwithstanding any superficial trappings to the contrary. That is irreducible. And the individual must be free in order to choose, even if badly. To choose well we must be free to choose poorly. Even if our life

"choice" is schizophrenia, for example, and if, against all psychiatric persuasion and medical intervention to the contrary we will not/cannot surrender our schizophrenia, that is our inescapable metaphysical right to be, because the requirement to choose and to be for self is our inescapable metaphysical reality.

Our fundamental right to choose ends where our self ends, however, and we have no right to choose in a manner that infringes on the rights of others (viz., to choose). Where choices are made that do not violate others' rights, these choices should be respected and accepted graciously by others on principle. And so it should be, I believe, in the matter of choice and homosexuality.

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