Emerging Societal Influences

in Relational Psychotherapy

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Abstract

Parallels between the author’s earlier research regarding teaching as ‘reflective pedagogical decision-making’ and the work of relational therapists are explored. In particular, a critique is presented of the very limited initial preparation and the continuing education of MA-level psychotherapists. Reform emphasis is placed on the need for psychotherapists to know and use much more knowledge of CONTEXTUAL VARIABLES about themselves, clients, therapeutic processes, and therapy outcomes in order to adequately provide robust therapy to today’s clients and their needs. Three examples of research findings about emerging societal influences ---- (1) more than heterosexual husbands and wives, (2) gender norms, identity, and expression, and (3) sexual norms and sexual intimacy ---- are presents as examples of these relevant contextual variables.
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PREFACE:  How Did I Get to THIS Specific MA Project Focus?

The Focus for My MA Project Learning

Now here in fall 2014, almost five years have unbelievable passed since I began my LPCC / LMFT program at Adler. After tending to my 93 year old dad’s health decline and death in 2012 – 2013, I re-enrolled at AGS and have been finishing up my 598 Advanced Internship case study, this MA project, and two remaining courses during winter / spring / summer / fall 2014. As I finish up writing this, it has become winter 2015.

As they should be, my two primary internship sites ---- the Crisis Connection phone hot line and two private practice locations at Aslan Institute / Eagan and the Center for Relationship / Individual Therapies / Edina ---- were sources of rich opportunities to explore, question, apply, embellish, and investigate theoretical knowledge from my AGS classroom learning about individual and relational therapy. New questions seemed to easily flow from working with a wide variety of adult clients and networking with other therapists through my own initiatives and in MAMFT-sponsored events.

I was very stubborn about wanting to genuinely learn useful things from doing this required MA literature review-style project. Perhaps one reason for this determination was that I had already spent nearly three decades developing expertise in teacher education reform, another professional and clinical field, so I was enormously respectful of all that expertise and empirically-documented effectiveness in human service clinical work entails. I easily acknowledge (and as many others have said …..) that I am a very curious person at my core and that I take the professional and ethical responsibility of effectively working with clients very seriously!
In addition and in so many ways, as I took more and more graduate classes and sought an advanced internship site, I had gradually come to feel quite surprised, upset, and disappointed that my AGS preparation for LMFT / LPCC licensing seemed to be so generic, limited, generalized, shallow, and inadequate in the face of how complex and how life-or-death important this work of psychotherapy was! The truth of this life-or-death influence seemed perhaps clearer to me than to some beginning therapists because of 400+ hours I’d spent taking crisis phone calls from suicidal / depressed / anxious / hungry / homeless people through my volunteer internship work at Crisis Connection, the Minnesota state-wide hotline.

At the same time, I recognized that one point of possible comparison which I had on this question could lead to a valid accusation that I was making unfair assessments of my initial preparation as a beginning psychotherapist. That is: was I comparing my knowledge-base in teacher education after more than three decades to the understandably less in depth knowledge-base which I have about psychotherapy?

It is true that starting in 1980, I had grown into having expertise in several areas of education and teacher education after more than three decades of work in this field --- where I was clearly not a beginner! However, I can readily and comfortably acknowledge that, as a beginning LMFT / LPCC psychotherapist, I am in a very different position as a mature beginner here rather than as a retired associate professor emeritus of teacher education with a published record of research / academic writing / curriculum development / consulting.

Here, though, I am referring to a different basis for my comparison comments. I have significant expertise in the field which is known as the ‘initial preparation of teachers’. Thus, what I’d experienced in my AGS classroom and clinical preparation and the almost ‘helter-skelter’ approach to actually barely mentoring young therapists seemed to be both shockingly
inadequate to the task and the client’s needs and to be indefensible as a profession, compared to what I know of national reforms occurring in the initial and continuing education of teachers during the past four decades.

It is easily true that the uncomfortable, unsatisfied, I-am-ill-prepared feelings I have just described are both a tortured and a blessed place to be as a curious human being, as a non-traditional grad student, and as an emerging ‘young-but-actually-mid-age’ LPCC / LMFT psychotherapist!

Furthermore, the complex ideas and issues which I gradually found to be most intriguing and urgent seem to run underneath what we could describe as the yet ill-shaped surface of new emerging ‘problems’ as well as yet vague trends, tensions, and ‘stretch points’ in the field of psychotherapy today.

I and others read about these topics in professional journals, attended conference sessions on these issues, and talked with others as I networked with about a dozen individual therapists in the field about their perspectives / thoughts / practices. Fascinating books, written even for ‘civilians’----- such as Microtrends: The Small Forces Behind Tomorrow’s Big Changes by Mark J Penn and E. Kinney Zalesne (2007) --- also caught my attention and seemed very important to read, both as a human being and as a psychotherapist. These topics also seemed very apparent to me as embedded in many clinical cases, either on the Crisis Connection phone hotline or in my / our private practice office with actual clients.

So, these were motivating reasons which led me to decide to focus on exploring and articulating more in depth contextual knowledge and its application by psychotherapists which could help them to be genuinely more specific, client-centered, and probably effective in working with their clients and to better meet client’s authentic and complex needs.
These topics / issues involve efforts to work as a psychotherapist in ways which are more complex than ‘rote application’ of a few Adlerian (or those of any other theoretician) concepts and which were deeply considerate of the actual details and complex dynamics of clients’ contexts and lives.

Exploring Parallels to Reflective Pedagogical Thinking for Psychotherapists

This was a perspective which was very familiar to me from my days in teacher education when I collaborated with others to review research in order to develop a theoretical framework, an assessment taxonomy, and components of an initial preparation program for teachers which featured what we called reflective pedagogical thinking – e.g. Simmons & Sparks, 1987 / 1988, Simmons & Schuette, 1988; Sparks-Langer, Simmons, Pasch, Colton, Starko, 1990). Thus, this idea runs parallel to substantial R + D, writing, field testing, and publishing which I did during my nearly three decades as a teacher education professor and consultant at Michigan State University from 1980 – 2007.

In addition, as has been the pattern in all my previous professional life, I’ve known that I am always very excited to find a few other people who are beginning to notice and explore these ‘edges’ and ‘cracks’ in a human services field, in this case, the field of mental health care and in related areas of society and social / health care policies and practices.

I came to see that all of these possible ideas and criteria which I considered for my MA Project clearly involved exploring a set of vital, inter-connected and inter-disciplinary ideas related to articulating dimensions of creating some sort of better future as well as more profound and genuine impact for the complex practice of psychotherapy.

That is clearly the sort of ‘scout’ or ‘questioner’ or ‘reformer’ role I enjoy and am drawn to in my professional and personal endeavors (Barker, 1992). In addition, I had consulted,
published writing, and taught educators about these roles and processes for nearly three decades in my previous career.

Finally, I have come to believe that these are responsibilities and ethical challenges which we have as both as citizens and professionals. Perhaps this belief is also due to the socio-political climate growing up in the 1960s.

**Choosing to Explore Relational Psychotherapy Further**

I have deliberately studied both individual (LPCC) and relational (LMFT) psychotherapy in my AGS program because I strongly believe that individuals are shaped by the multiple relationships surrounding their lives. At the same time, people’s relationships are created by individuals and are only as possibly healthy as the specific individuals involved.

Another way of saying this is that we all develop and live our individual lives in the midst of various past / present / future relationships. Yet another way of saying this is that when a client(s) walks in a therapist’s office door, they are entering as an individual(s) and also the sum total of the relational experiences and influences they’ve had.

In other words, there is a double-headed arrow indicating many complex and simultaneous influences flowing back-and-forth between an individual(s) and various relationships. Mental / emotional health and wellness in either dimension is incomplete if viewed without consideration of the other dimension of life on the other side of the double-headed arrow.

Next, with my understanding and commitment to this basic framework principle, I thought at first to focus on relationship psychotherapy and how extremely many ‘societal influences’ were / are / will be influencing each client in his / her relationships, us as therapists,
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and the therapy processes and outcomes as we interact. In fact, relationship therapy is so strongly and appropriately built on systems theory, as we all know.

Indeed, my doctoral level minor field of study (PhD 1980 from Syracuse University NY) was curriculum design / evaluation, so I have long, long history of working with a systems theory framework at macro and micro levels of design / application / assessment in schools and other educational settings. With this academic background as well as life experience, moreover, it was easy to realize that the same numerous societal influences operate in and around the conceptualization / practice / evaluation of individual growth / development and psychotherapy. In fact, we could easily adapt systems theory to more fully describe the multiple, multi-dimensional systemic elements surrounding and influencing each of us as individuals as we develop and function in particular societal contexts.

Thus, I readily and strongly assert that a systems view could and should be used as a framework for our perspectives and work with individual clients as well as relational clients. In my opinion, it is a richer and more comprehensive conceptual framework which is unfortunately not often explicitly used, and this ignorance can have significant detrimental effects for individual therapy. More specifically, I believe that individuals can be more accurately and fully viewed in terms of their internal (i.e. inside) or external (i.e. outside) contexts as well as macro-level and micro-level contexts from a systems therapy perspective.

However, I decided to focus my MA Project on relational therapy so that this project could have realistic and practical boundaries. Thus, I decided to focus my project investigation on the contextual elements found within which the dynamics of how our human identities / growth / development are shaped by our relationships, connections, and specific features of our lives with others and vice versa. For me, this would be more intriguing and allow me to
intensify my learning about how these features can influence more in depth and more contextually-based relational psychotherapy.
Overview of the Typical Preparation of Psychotherapists Today

The focus of this MA Project literature review has been to explore some of the emerging questions, information, issues, and themes in three different topic areas which are influencing relationships and relational psychotherapy in contemporary society. The secondary focus has been to explore how knowledge of these societal influences can be used by psychotherapists in their work with clients.

Working on this project has been rich as a learning opportunity in identifying an enormous range of contemporary societal influences and speculating about how broadly, deeply, and specifically they are influencing the therapist, clients, their therapeutic relationship, their interaction, and the goals and outcomes of therapy.

One message of this project is that the process and impacts of relational psychotherapy could be enhanced if these influences were brought out into the light and explicitly studied and discussed.

To better understand and further explore how more explicitly addressing these vital dynamics can impact the process and quality of relational psychotherapy, it is important to know some basic information about current practices in the educational programs / resources / processes by which relational psychotherapists at the MA level are prepared and later engage in continuing education as they are licensed professionals.

What is ‘typical’ in these educational programs today and their educational / social / legal / political contexts is both a view of the context of this MA project as well as a snapshot of their current status in an evolving history of gradually increasing adequacy and sophistication on a pathway towards educational excellence and increasing professionalism for MA-level
psychotherapists. This gradual evolutionary process is characteristic of all professional preparation programs, including those in the health care and human services fields.

Further, more specific discussion on that point follows here.

**Initial Preparation Programs**

The focus here will be on descriptive and analytical comments regarding what is ‘typical’ today regarding the various graduate school pathways which people take in order to become an initial-stage, MA level psychotherapist who works with clients regarding relational issues.

These comments here below are examples of potentially serious problems and limitations in adequately preparing psychotherapies to work with relational clients in today’s fluid and rapidly changing society and profession.

These comments are NOT an empirically-based critique of any particular graduate program, nor are they only characteristic of one program. Indeed, they seem to be ‘representative’ or ‘typical’ of today’s mid-range MA level preparation programs. It is important to also note that there are state-level differences in regulations for program approval and for licensing, and for that reason, it must be noted that this description and critique is primarily based on what occurs in the state of Minnesota. In addition, it should be noted that no effort has been made to empirically survey to see how widespread these program features are today because that is outside the parameters of this literature review study.

First, it must be clearly said that, at this time, it is technically possible as well as legal for a psychotherapist only licensed to work with clients as individuals (i.e. LP or LPC or LPCC licensing in the state of Minnesota) and who has not completed any graduate coursework or workshops related to what has historically been referred to as ‘marriage and family therapy’ (i.e. LMFT) to also routinely work with clients about relational issues. Unless the person sets his or
her own boundaries on NOT working with relational clients because of not being qualified, it is absolutely legal to do so.

In addition, there are some therapists doing ‘therapy’ or ‘counseling’ with relational clients without any psychotherapy graduate education at all ---- they may have ministerial or educational credentials, for example or merely market themselves to couples and individuals seeking therapy or counseling. This is not regulated by the state or the profession of psychotherapy.

Third, the MFT curriculum at any particular graduate school consists of a set of courses offered by an accredited higher education institution. As part of becoming accredited through a process controlled at the state-level, the school’s graduate courses have been minimally and superficially reviewed and then approved as adequately teaching the key learnings identified by the state-level licensing board for MFT licensing. I use the phrase ‘minimally and superficially reviewed’ because each of these courses will have been only reviewed by someone reading a syllabus written on paper or stored online, NOT reviewed in terms of gathering and evaluating more empirical data such as actual observation of classes being taught, interviews or tests regarding actual student learning, review of student learning projects or exams, or tracking how these students perform in demonstrating their learning from this course in a clinical setting or on the appropriate national licensing exam.

Fourth, there are also various traditional and non-traditional avenues which prospective therapists can take in order to be eligible to take the national LMFT exam and to be licensed in a particular state: (1) they can complete the entire set of required MFT graduate courses at a particular higher education institution; (2) they can complete only certain (fewer) courses after a transcript analysis is done of their previously-completed-and-judged-to-be-relevant graduate
coursework, or (3) they can complete an even smaller set of specific MFT courses in addition to those required for licensing as an individual therapist (i.e. LP or LPC or LPCC), resulting in a combined LPCC / LMFT program.

In one particular graduate school producing high numbers of MFT therapists, the required coursework for MFT under case # 1 above is 48 graduate credits while it is 60 credits for the individual therapy licensing program. This 26% lower level of required credits in the MFT licensing program seems difficult to justify as adequate when it is rather easy to make a logical and empirical case that doing relational therapy is at least twice or three times as complex as individual therapy in a clinical setting!

Fifth, in case of pathway # 3 above, the number of additional MFT courses needed is (only) three / 9 graduate credits for students who are also completing the LPCC individual client licensing program. In addition, students are allowed to AUDIT two / six credits of these courses, thus truly experiencing these two additional courses as ‘seat time’, and thus, being able to avoid any of the more in depth learning which theoretically and naturally can result from students reading textbooks, doing weekly assignments, taking the course final exam and completing comprehensive course projects. This situation is like believing that adequate preparation for becoming a LMFT therapist consists of primarily listening to people talk about MFT topics, thus omitting any of the richer, more in depth, and complex teaching / learning strategies related to professional clinical preparation!

Sixth, credit analyses of previous coursework completed by prospective students is usually based on reviewing course titles, and at times, reading a course description from the other graduate school. There is little decision-making based on review of actual student
previous learning in the form of interviews, projects, or exams before deciding if courses should be accepted as equivalent.

Seventh, there is only rare opportunity overall for prospective psychotherapy graduate students to ‘test out’ or have specific courses waived because of concrete evidence of their prior learning or life experiences. Waiving courses because of demonstrated relevant learning and life experience is a progressive feature of educational credentialing today, but that it is done so rarely seems to reveal that this ‘demonstrated learning performance’ framework is NOT yet very established in psychotherapy graduate program policies.

Eighth, there is usually little to no customization of a student’s MFT required academic plan based on the prospective student having completed an undergraduate degree in business vs. education vs. human psychology or community development or chemistry. Such graduate psychotherapy students are likely to have huge differences in their undergraduate foundational knowledge.

Ninth, it is true that a strong component of the program’s curriculum design that a significant amount of MFT learning for prospective therapists is also supposed to occur in clinical internship settings. The learning criteria metric which is used here, as above, is also ‘clock hours’, or as is more commonly said, ‘seat time’, not demonstrated student learning outcomes. The design and monitoring of specific learning experiences as well as their progress in actual learning in relation to MFT program standards or learner outcomes for these prospective relational therapists is left to the judgment and signatures of other practicing therapists who have no particular training or demonstrated expertise in supervision, nor even, necessarily MFT credentials ---- i.e. they may have LP or LPC or LPCC licensing.
The overall summary and critique of these current features of many of today’s initial preparation programs is that their curriculum / teaching / assessment practices are shallow in depth, narrow in range, superficial and traditional in content, and non-learner outcomes-based in terms of curricular goals and student assessment.

One interesting exception is the 2010 book, *Highly Effective Therapy: Developing Essential Clinical Competencies in Counseling and Psychotherapy* by Len Sperry, a noted Adlerian scholar. Unfortunately, not much use is apparently being made of Dr. Sperry’s resource book or his basic message ---- i.e. the book has not be updated, has only one customer review on Amazon at this time, and is listed as selling at the rank of 1,276,245 among all Amazon books.

Thus, to return to overall trends: initial preparation programs seem to be very limited, shallow, slim, and simplistic compared to the complexity of the actual work of relational psychotherapy and in relation to the unfortunately vaguely articulated professional and program standards of MFT national organizations and state-level licensing boards. Other clinical and professional fields such as classroom teaching and medicine are much more advanced and have performance-based standards than what is ‘typical’ in initial preparation programs for psychotherapists of either individual or relational clients.

**Multicultural / Diversity Perspectives**

This part of the initial and continuing education preparation program of psychotherapists deserves special discussion, both because of emerging recognition of society’s actual needs in this topic area and because of the focus of this MA project on contemporary societal influences on relational psychotherapy.
It is commonly recognized that a significant program / curriculum / teaching / assessment challenge today in all clinical programs is to infuse multicultural / diversity themes, content, and issues into programs for preparing psychotherapists as well as other human service professionals. This is has been and continues to be a key recommendation of almost every professional organization in the human service field for the past three or four decades.

As is true of many psychotherapy preparation programs at this time, multiculturalism is a somewhat verbally praised but minimally and awkwardly implemented part of the AGS curriculum for young therapists. While it is possible to say that ‘progress has been made’, it is also extremely clear that further progress is needed at almost every graduate preparation program for therapists across the country!

One clear and powerful source of this imperative is history ---- the decades during and since the 1960s can be described as times of recognizing increasing human / civil rights and globalization. Leaders are recognizing how invisible and neglected these perspectives have been in most all educational systems and in clinical practice in the social sciences and health care research and industries.

Adler, himself, did not speak in specific ways about any elements of diversity except the topics of gender and medical / physical ‘defective’ conditions (e.g. short height, asthma) which, he believed, may lead a child and others around him / her to form beliefs about her / his own inferiority.

This was a key element in much of his theoretical framework regarding what his followers have translated as Individual Psychology ---- e.g. lifestyle, private logic, inferiority feelings, striving for superiority, masculine protest, (over) compensation, mistaken goals, safeguarding, and so forth.
Overall, however, it is possible to see broad connections between Adler’s focus on these concepts which easily blend with today’s rhetoric.

At the macro-level, his emphasis on individual psychology and its elements, the social contexts of a person’s lifestyle, and the challenge to each individual to create and re-create him/herself all provide specific elements which can be used in elaborating and infusing multicultural / diversity concepts and issues into preparation programs for young therapists.

A high frequency textbook resource used in ‘multicultural counseling’ courses in MFT programs is the current edition of Derald Wing Sue and David Sue’s textbook. The 5th edition was published in 2007, and the 6th edition was published in 2012. It is a survey text which primarily seeks to make the case for WHY, with only minimal attention to HOW counselors need to be aware of client’s ethnic and religious cultures and WHAT they might do to adjust their clinical work accordingly.

There is also brief attention given to theories of racial identity development in one chapter of this text. This is a central point in a critique of multicultural / diversity resources because this is a topic which has important and broad implications for every client, but the authors make no effort to explore the damaging effects of prejudice / racism / homophobia / so forth for those who are developmentally ‘stuck’ in these ways in this developmental process. There are also huge implications for clients who are impacted by this negative interaction with others during their lifetimes, even to the point of trauma. This are two examples of how there is much more which could be done in this dimension of initial preparation for psychotherapists.

With a look to curriculum reform and more powerful teaching strategies in this area, there are many types of learning outcomes to consider from simple factual to more complex
problem-solving, and there are multiple perspectives ranging from factual to inquiry-oriented to consider using when teaching young psychotherapists about multicultural concepts and issues.

Again, there are ideas in teacher education reform and diversity education there for the past several years which provide some ideas to consider.

A very useful macro-level framework from James Banks (1993) can be adapted from education to psychotherapy. This framework consists of four, gradually more complex and more robust approaches:

**LEVEL 1:** **CONTRIBUTIONS approach** ---- *i.e. heroes and holidays*

**LEVEL 2:** **ETHNIC ADDITIVE approach** ---- *i.e. MC content added to the mainstream ‘real’ curriculum*

**LEVEL 3:** **TRANSFORMATIONAL approach** ---- *i.e. MC content taught from multiple perspectives*

**LEVEL 4:** **SOCIAL ACTION approach** ---- *i.e. based on the new learning and analysis of level 3, making decisions and taking action to solve social problems*

As with most taxonomies, Banks’ emphasized that functioning at LEVEL 1 is more progressive than doing nothing, often based on an erroneous belief that what is ‘mainstream culture’ covers everyone and that there are NO alternative sub-cultures existing. Continuing on, we could say that according to LEVEL 1, it is not adequate for a therapist merely know a few names or words and mention them to the client regarding his / her specific cultural sub-groups ---- e.g. managing to mention the name of Dr. Martin Luther King Jr to an African-American client during the intake session.
At LEVEL 2, straight-forward-and-assumed-to-be-true-of-you evidence of a client’s cultural identities is occasionally ‘dropped into’ mainstream, so-called ‘culturally-neutral psychotherapy by the therapist.

At LEVEL 3, the therapist engages with the client in exploring how the client’s various cultural influences may / may not be influencing his / her lifestyle in a congruent or a reacting-against manner. NOTE: those influences for the client may be straight forward agreement or may involve some degree of disagreement, separation, or adjustment regarding those cultural influences.

At LEVEL 4, the therapist guides the client to inquire about possible cultural influences, to consider how / why the client wants to maintain / lessen / increase these influences and then gradually takes those actions in her / his own life ---- i.e. creating one’s own lifestyle, as Adler emphasized is the opportunity and responsibility which every human being has.

Additional useful ideas can be found in a related project from 2005 in which about 150 classroom teachers and administrators developed a pre-K to grade 12 specification of CROSS-CULTURAL COMPETENCY OUTCOMES which were then aligned with the core subject area curriculum standards and five age / grade level developmental stages (Simmons et al, 2005). The project was sponsored by the 23 school districts in the Kent County Intermediate School District, centered in Grand Rapids, Michigan, and there was no other similar multi-cultural / diversity resource document in the country, as far as could be determined.

SIX CROSS-CULTURAL COMPETENCIES: the learner will (TLW) ....

1 – KNOWLEDGE OF ONE’S OWN CULTURE ---- TLW demonstrate knowledge of one’s own culture, including its strengths and limitations and how this culture has influenced one’s own perspectives and experiences.
2 --- ELEMENTS OF CULTURE ---- TLW explain specific elements of culture and discuss human similarities and differences across cultural groups using these elements.

3 – CONTRIBUTIONS ---- TLW identify and explain prominent examples of the contributions of different cultural groups to historical and contemporary human society.

4 – PREJUDICE & DISCRIMINATION ---- TLW be able to analyze examples of culturally-based privilege, power, and discrimination and to explain the negative effects of this on individuals and our society.

5 – CONFLICT RESOLUTION ---- TLW take appropriate actions to stop overt bullying, harassment, and discrimination against those for other cultural groups.

6 – SOCIAL JUSTICE / SERVICE LEARNING ---- TLW participate in diversity-focused activities designed for their own learning and for increasing social justice.

The purpose of creating this framework was to identify clearly stated, specific student learning targets to use as the 23 school districts went about creating / implementing / assessing the academic core curriculum and character education efforts in their preK – 12 programs.

In addition, even before beginning work on this project, it was recognized that the adult staff in these school districts also needed cross-cultural learning opportunities and interpersonal experiences in order to themselves develop these competencies. This was an additional educational gap which had to be addressed before project leaders could even imagine that the preK – 12 curriculum could be adequately taught to youth. Project leaders recognized that this degree of specificity regarding learner outcomes was needed IF school systems were to be able to push deeper than students and professional staff merely being able to talk and make jokes about ‘politically correct’, superficial notions of multiculturalism / diversity.
An explanation of these two educational resources is included here because they suggest possible avenues for parallel efforts which are yet sorely needed in preparation programs and resources for psychotherapists.

In summary then, most every contextual influence discussed in this MA project literature review can be viewed as a CULTURAL ELEMENT which influences therapists and clients alike. Without wanting to take the time to identify hundreds of possible examples here, here are a few examples: relationship status and history, sexual history, gender identity, sexual orientation, alternative types of relationships, internet usage, physical health status, family-of-origin profile, cultural identity, religious / spiritual profile, and so forth. These are relevant and complex topics which psychotherapists should learn about in significant depth so that they can utilize this contextual knowledge about themselves, the client(s) and the therapeutic process.

Another way of saying this is that happily-partnered-but-painfully-childless WOMAN # 1 is the NOT the same as single-divorced-management-employed-survivor-of-domestic-abuse WOMAN # 2 who is also NOT immigrant-diabetic-grandmother-whose-extended-family-is-deeply-conflicted-about-cultural-assimilation WOMAN # 3. A significant additional point is that simplistically regarding these three hypothetical women as merely differently dressed versions of the same generic-woman is also extremely inadequate!

Continuous Professional Development Programs and Activities

After becoming fully licensed, MA-level psychotherapists currently are primarily left to the ‘honor system’ and to their own initiative to respond to ‘marketplace motivations’ to continue their own professional learning.

Thus, a psychotherapist may decide to engage in further learning through independent study or completing specified training programs sponsored by an institute or professional
organization ---- i.e. reading or viewing DVD pre-recorded, often lecture-based program materials ---- to obtain the right and the credential to claim expertise in a new area, and thus, potentially attract new types of clients. Examples of these programs include EMDR, parenting, ADHD, grief / loss, adoption, and so forth.

Another way of saying this is that there are NO negative consequences for psychotherapists’ licensing or employment if they choose to NOT engage in ongoing professional development of sit-in-a-chair style workshops carrying CEU-hours beyond a minimum number of hours during the entire timeframe of their working career. In this case, earning CEU credits is a matter of sitting-in-a-chair ‘endurance’, and a person can continue practicing without being licensed.

In general, this framework for professional development can be characterized as minimally congruent with many other profession fields today in which continuing education is mandated, usually in terms of required number of graduate credits or CEUs. Again, as said before, these rather traditional continuing education required units are usually based on number of hours or ‘seat time’ spent in learning activities. In fields with more progressive and sophisticated professional development frameworks, performance assessment is required before program participants are allowed to claim a documented credential regarding new learning and clinical skills. In some cases, professionals are encouraged to design their own individual or team-based learning.

From the first perspective, mental health professionals post-licensing learning could be viewed as more idealist and as ‘how it’s supposed to be’ for people in a professional field ---- i.e. a clinician participates in continuing education because of the responsibility and initiative of each practitioner who wants to be more well-informed and to provide up-to-date services to
clients. However, there is no required demonstration of learning associated with the professional development experiences.

On the other hand, many occupational groups, including educators, have abandoned this idealistic ‘individual professional initiative’ approach to motivating practitioners to engage in continuous professional learning because of the notable failure of many individuals to live out this ideal, and thus, the resulting serious and negative consequences for clients ---- e.g. students, clients, patients.

The logic of expecting or requiring continuous, ongoing learning for professionals serving the public rests on the basic logic of implicit beliefs or a more advanced level of research-documented CAUSE >> EFFECT-IN-CONTEXT relationships between the practitioner’s professional knowledge / skills and resulting clinical practice with clients. In the field of teacher education, these sort of empirical research findings have been emerging and are prevalent in program design / delivery / assessment and increasing performance assessment of young teachers during the past four decades.

In the field of mental health counseling, these sort of empirical research findings are entirely lacking or yet lacking except in very primitive form. Thus, there is the corresponding lack of specific ‘seat time / clock hours’, or even better, ‘demonstrated performance learning’ requirements for any graduate degree or continuing education or any state or national organization sanctioned licensing before one can engage in mental health care of clients.

There are incentives, to be sure ---- e.g. therapists must be licensed in order to receive insurance or government reimbursement for the care of clients ---- but strictly speaking, one does NOT have to have graduate level learning or to have passed certain exams or to have
performance demonstrated certain clinical skills to be licensed to practice as a ‘counselor’ or ‘mental health caregiver’ on a cash basis.

From one point of view, this situation reflects the relative immaturity of a professional field with an established ‘effectiveness-in-context’ research-base for the clinical practices which its members use.

Other people champion the view that it is impossible and inappropriate to even imagine that there is or could be an appropriate ‘scientific evidence base’ of doing psychotherapy because it is entirely an ‘artistic’ interaction, relying on the individuality and intuition of the individual practitioner. From this perspective, they believe that there is no point in even considering that there are or could be certain ‘common evidence-based knowledge / skills / practices’ for psychotherapists to learn at basic and more advanced levels because they believe that how one therapist practices and a different therapist practices may be widely different but still be effective for a particular client in his / her context.

Thus, in this environment, continuing professional development today is an optional activity undertaken as self-study by individual practitioners and / or may be the focus of certain, usually day-long ‘programs’, often located in hotel conference rooms, offered by commercial vendors (e.g. PESI) and by professional organizations (e.g. AAMFT or MAMFT or other state-level MFT groups).

Sadly, the primitive quality of these programs violates most everything we know about effective adult learning and active, brain-based learning today. They often consist of a presenter from out of town talking-to-passive-sit-in-a-chair-all-day-long attendees. There is little or no interaction among attendees, and few or no question asking or re-shaping of the ‘curriculum’ to better fit attendee’s needs or prior background. The entire endeavor emphasizes what is known
in education as ‘seat time’ or the number of hours one has sat still in a learning ‘event’ which is sharply distinct from actually expressing one’s curiosities in the form of questions and pursuing knowledge, skills, and perspectives related to these questions as ‘learner outcomes achieved’.

In certain ‘emerging practice areas’ today, there are also a few programs of more than one day duration and which are categorized and designed to be for beginners vs. advanced vs. trainer degrees of depth of learning. These are usually focused on certain theoretical models or practices ---- e.g. John Gottman, Sue Johnson’s EFT, Terry Real, etc. They occasionally include participant skill practice and feedback, but more often, are again offered in large hotel ballrooms to relatively passive audiences, not a group of actively engaged, highly interactive learners.

Thus, there is little professional development which features CONTEXT-BASED content such as this MA project has featured. What mention of context elements which occurs is embedded as a third or fourth level element in more practice-oriented workshops.

With this dismal state of current professional development for psychotherapists, it is perhaps more realistic and uplifting to focus on individual self-study or the potential of small peer consultation groups, task forces or study groups in professional organizations or agencies, and book clubs as appropriate locations of richer, more nuanced, and more relevant professional learning.

Much, much more of this sort of learning needs to be established, encouraged, marketed, and utilized by and for psychotherapists in relation to the actual needs of practice with today’s clients and their needs!!

In the best of what can be imagined and designed, there would be frequent opportunities for therapists to actually identify ‘issues or problems of practice’, identify and share / obtain
relevant professional knowledge, and explore possible hunches about application of these ideas in the form of ‘action experiments’ as they work with these clients and issues (Simmons, 1984; Sparks & Simmons, 1990).

While it possible to do this sort of reflective decision-making about one’s practice individually, it can be much more fruitful to engage in collaborative consultation or study group exploration because of the exchange of knowledge and perspectives which becomes possible.

There are many cutting edge professional development practices occurring in education today which could be adapted to help advance the quality of professional development available today for psychotherapists.

**Which Societal Influences are Important for Psychotherapists to Explore?**

What contextual influences should relational psychotherapists consider exploring, prioritizing, using, and assessing?

As short-hand for the numerous ways for psychotherapists to do this, I will refer to their ‘exploration’ of contextual elements describe this process in order to underscore that relatively little attention is currently given to these elements with unfortunate results and that a ‘playful’, “I’m-still-continuously-LEARNING’ stance would be appropriate, realistic, and characteristic of a therapist exploring these elements in a professional manner with complex and varied clients.

Indeed, because relational psychotherapy deals with complex, multi-layered human beings, often at least two or more clients at a time, who are themselves moving through constantly unfolding developmental and learning processes across their lifetimes, it is easy and realistic to imagine that MOST EVERYTHING becomes a potential contextual influence from the wider society for us as individuals and within our relationships.

However, at the same time, such an ‘almost everything / almost no boundaries’ criterion would leave us drowning in practical terms! For example, the excellent and remarkable book,
Microtrends: The Small Forces Behind Tomorrow’s Big Changes by Mark J. Penn and E. Kinney Zalesne (2007), identifies and discusses over 75 trends in 15 categories!

It is obvious that FOCUS is desirable, and even, necessary here. Thus, some strategies for obtaining focus and drawing some practical boundaries which I have chosen to use here are detailed here next. Of course, this is why therapists determine certain AREAS OF EXPERTISE for their practice as well as it is important to use some boundaries in order to be practical for this MA-level literature review.

First of all, this literature review focuses on RELATIONAL PSYCHOTHERAPY, so one important criteria is to examine what relates most directly (i.e. the concept of alignment) to the processes and dimensions of RELATIONSHIPS, not what operates on the more fundamental level of INDIVIDUAL growth, development, and psychotherapy.

Another source of criteria about which contextual influences are emerging as salient in today’s society is to identify those which other psychotherapists are exploring and dealing with regarding relationships.

Thus, one qualitative research strategy which could be used in a larger study than this one is to peruse titles / topics featured in current professional journals and annual meetings of organizations for relational psychotherapists. To do content analysis, researchers merely record the topics which they found and used simple frequency, percentages, and rank ordering as content analysis techniques to consolidate trends.

To explore relevant sources, the following resources could be scanned: (a) the three most recent years of the publications of three relevant organizations (i.e. Psychotherapy Networker, Family Therapy – the bi-monthly journal of AAMFT, and MAMFT News – the quarterly journal of the Minnesota chapter of the National Association of Marriage and Family...
Therapy. ….. ) and (b) the three most recent conference programs of these same national and state-level organizations.

A brief table and written report could be created to report the results of what this content analysis process showed are either HIGH FREQUENCY or EMERGING or OUTLIER trends.

However, in order to be practical in this very small project here, I have simply and informally chosen from among several possible prominent topics which are vividly exploding in our broader world, recurring in the conversations we have with our colleagues and within our professional organizations, and featured or implied in the interactions which relational psychotherapists have with clients in their offices.

I selected three topics to feature here, intending that their analysis will underscore the importance of the broader point: the world surrounding our work as psychotherapists is changing in multi-dimensional ways, and therapists we need to be engaged in continuously exploring these influences as a key part of being up-to-date professionals and in order to be able to give their ‘best efforts’ to their clients.

The three topics selected to feature here are: (1) alternative types of relationships; (2) gender; and (3) sexuality. In some ways, these three topic areas are EXAMPLES. In selecting these, other relevant topics have been left out, but of course, they could be exploring in a similar fashion, either as a professional, in a graduate school preparation program, or an individual ‘civilian’.

Finally, I have considered how topics match up with the five-part structure of LIFE TASKS which Alfred Adler and neo-Adlerians have identified: community, love / sex, work, spirituality, and self.
<table>
<thead>
<tr>
<th>ADLERIAN LIFE TASKS</th>
<th>SOCIETAL INFLUENCES FEATURED HERE</th>
<th>COMMENTS</th>
</tr>
</thead>
</table>
| community / friends | alternative kinds of relationships  
social media and relationships  
school and workplace relationships |          |
| love / sexual intimacy | gender identity and expression  
sexuality --- all sub-topic areas  
social media and relationships  
school and workplace relationships  
communication style differences |          |
| work | gender --- all sub-topic areas  
sexuality --- all sub-topic areas  
workplace relationships  
communication style differences |          |
| spirituality | ALL THREE topic areas |          |
| self | ALL THREE topic areas |          |

In selecting particular resources to feature in this literature review project, I have selected those which are widely regarded as ‘classics’ as well as those which are more recent and present ‘fresh perspectives’ on relational psychotherapy at a macro-level. I have also selected those which present vital, fresh perspectives on these three topic areas in particular. Finally, these resources may be used as a ‘recommended reading list’ for relational therapists today, either alone or in professional consultation groups or informal professional development (e.g. book clubs). More will be said about this later.
Roots of this MA Project and Adlerian Core Ideas

Considering possible connections and identifying important questions and issues which exist between this MA Project topic and key ideas from Adlerian studies of psychotherapy is a required part of this requirement. That will be addressed here next.

A therapist’s, as well as each client’s, awareness and participation in the vital functions of these complex contextual elements and their dynamics also seems similar to Alfred Adler’s notion of individual psychology ---- i.e. each individual human being is a unified embodiment of several inter-related dimensions of physical body, ideas, emotions, spirit, and so forth.

In addition, Adler’s prioritized what he called social interest as a key feature of good (or healthy) mental / emotional / social / spiritual health. In other words, Adler believed that this was fundamental to quality human development.

What is being explored in this MA Project with its assertion that relational psychotherapy could be greatly improved by increased and more in depth attention to contextual influences is one vital way of further illuminating these two core ideas of Adlerian psychology.

Individual Psychology

By 1911, a decade after joining Sigmund Freud in organizing the Vienna Psychoanalytic Society, Alfred Adler realized that his own views of human beings were strongly diverging those of Freud which were based on his now famous ‘libido-theory’ of human motivation and biological science dynamics of human beings. A significant step occurred in this gradually developing rift when Adler explored his differences in fundamental views in a series of three papers delivered to associates in the Vienna Psychoanalytic Society focused on the term ‘masculine protest’. Heinz and Rowena Ansbacher (1956) characterize these differences as flowing from Freud’s biological approach in contrast to Adler’s social approach to psychology.
While this conflict between Freud and Adler simmered, Adler took the initiative to leave the group, resigned as president of the society and co-editor of the society’s journal, and left with about one third of the membership to form a separate group which he titled The Society for Free Psychoanalytic Research. Freud was furious and declared that people could NOT belong to both groups and needed to choose whose views they were following.

Meanwhile, according to Adlerian experts, Jane Griffith and Robert L. Powers (2007), Adler’s views were evolving, and he began to call his approach ‘Comparative Individual Psychology’ to “give emphasis to (a) each person as a UNIQUE VARIANT of human possibility in his or her style of approaching the problems of social living (i.e. comparative); (b) the UNITY of the organism and the personality as an indivisible whole, indivisibly EMBEDDED in a social and historical situation (i.e. individual); and (c) the agency of the person, a ‘soul’ to be understood by a focus on PURPOSE, not process (i.e. psychology) (p. 57).

Griffin and Powers continue: “Before long therefore, the new group took the name Individual Psychology Society, to underscore these emphasis, which the German name was able to achieve in the single word, individualspsychologie. The English name, necessitating two words for its translation, has been misinterpreted as if it were meant to emphasize the identification and study of the individual in isolation from his or her social CONTEXT, an unfortunate and unintended deformity of Adler’s meaning. Probably for this reason, among others, Adler’s work has come to be more commonly known under the name Adlerian Psychology” (p. 57).

In discussing the many serious problems caused by this and many other poor translations of Adler’s ideas by his assistants ---- which Adler himself was too busy in clinical work and
public teaching to oversee ---- Michael P. Maniaci suggests that the clearer, more accurate term for what Adler meant about the individual, unique person is ‘indivisible’ (2012, p. 6).

Thus, Adler’s view of the essence of human beings emphasizes the dynamic unity of the physical body and its systems, the mind / thinking, the emotions / feelings, and the spiritual / values. While this unity of elements in a system is universal, the specific of what and how each human being creates her / his self is completely unique. This ‘unity’ of personhood is what Adler referred to as ‘lifestyle’.

Another way of saying this is that the contextual elements and their dynamics are unique and essential for understanding each human being and for self-understanding. This is precisely the context focus which this project seems to explore and illuminate regarding relational psychotherapy.

**Gemeinschaftsgefühl / ‘Community Feeling’ / ‘Social Interest’**

Finding adequate English terms to represent the German (which was Adler’s native language) term above has proven to be difficult, according to many Adlerian experts, including Griffin and Powers (2007). Sometimes, the term ‘community feeling’ is used to mean the “individual’s awareness of BELONGING in the human community and the cosmos of which it is a part, and an UNDERSTANDING of his or her responsibility for the way the life of the community is being shaped by his or her actions” (p. 11).

They continue: “Adler allowed himself to be persuaded that the term, **social interest** (by which was meant an interest in the interests of others) could be used to express what Adler called ‘the action line of community feeling’, especially in relation to addressing the three LIFE TASKS. (…..) Community feeling / social interest, regarded as a universal human capacity,
must be cultivated and trained (…..). It is further thought of as an index to successful ADAPTATION (mental health) (p. 11).

Richard Watts writes: “‘community feeling’ addresses the affective and motivational aspects and ‘social interest’ the cognitive and behavioral ones”. (…..). “The manner one chooses to strive constitutes the Adlerian criterion for mental health: healthy development follow the goal of community feeling and social interest; maladjustment is the consequence of pursuing narcissistic self-interest” (2012, p 43).

In an earlier book, Harold Mosak and Michael Maniacci write about how Adler’s ideas are congruent with social-field theory: “Individuals develop and live in social context. The idea of a person living outside of a world is incomprehensible” (1999, p. 20). They go on to quote Kurt Adler, Alfred’s son: “If the person is continually acting on, and not simple reacting to, is or her environment, and that person is actively creating his or her perceptions, goals, and movements through life, then the Adler conception sees development as an ongoing process; the person is continually creating (or recreating) him- or herself (1999, p. 20).

Thus, social interest is another term for what Adlerian psychotherapists have clearly embraced as the personal / professional challenge of leading a thoughtful, analytical, low-key activist’s life with sharp awareness and engagement in whatever context they are living and working. This term and ideal value is very fundamental to the sort of relational psychotherapist they aspire to be and to the sort of colleagues with whom they wish to relate as professionals.

In professional realm, this MA project demonstrates ‘doubling down’ ---- i.e. how the therapist’s own social interest RE self as well as choosing to hold social interest-informed views of the client and of the therapy process and its goals can provide a more robust approach to
relational therapy which offers more possibility of therapy being congruent with actual client’s complex needs.

How Might Psychotherapists Use Knowledge of Societal Influences?

A schemata from earlier research and scholarly writing about reflective pedagogical decision-making by classroom teachers will be adapted to the discussion here (Simmons & Sparks, 1987; Simmons & Schuette, 1988; Sparks-Langer, Simmons et al, 1990).

Like all physical, mathematical, or graphic organizer models, this cognitive map or schemata is an abstraction or generalization of what occurs in the actual, specific, multi-dimensional processes of psychotherapy occurring with a particular therapist and client(s) in a particular context with a particular set of treatment goals and related treatment processes.

The treatment goals and processes are determined based on characteristics of the specific therapist and client(s) regarding their issues and concerns as determined during intake and in an ongoing, iterative manner across various therapy sessions. The client(s) may or may not join the therapist in making choices about the goals and processes. Initial decision-making and revised decision-making about these goals and processes used may continue to be made as the process of therapy unfolds.

Gradually, multi-dimensional assessment of those intended treatment goals occurs to determine the actual treatment outcomes, and ideally, both therapist and client(s) collaborate in doing this evaluation process. Based on this evidence, the treatment goals and process is adjusted or fine-tuned to better meet the client’s needs, and the entire process of therapy concludes when the treatment goals have been satisfactorily achieved.
Details of the actual people (i.e. client(s) and therapist), what actually occurs during and between therapy sessions, and the actual case records written by the therapist contain the specifics of psychotherapy are NOT shown in a generalized schemata.

--------- SEE DIAGRAM ---------

At the left – center of the diagram, the schemata features the two key players who interact --- i.e. the therapist and the client(s). A box for each person can be drawn with double-headed arrows between the boxes showing the ongoing and dynamic nature of their interaction during the gradually unfolding process of therapy.

On the left, the **therapist’s persona** consists of elements of her / his own personal or ‘civilian’ history, insights, emotions, values, and beliefs as well as his / her professional training --- i.e. specific assumptions, perceptions, attitudes, beliefs, knowledge, skills, behaviors, and so forth. These elements are intertwined in ways which are almost impossible to separate.

To the right of the therapist’s box, is a box representing the clients(s). In a similar way, the **client’s persona(s)** ---- i.e. each individual’s history, beliefs, thoughts / feelings / behaviors are the components which form the quality of individual and relational life. The degree of satisfaction and the quality of impacts from how these are used to interact in relationships comprise the **client’s issues or concerns** which are the focus of therapy.
Schemata for Reflective Decision-making

About Contextual Influences Affecting

Therapist / Client / Therapeutic Goals and Processes

*(copyright by Annie (Joanne) M Simmons, 2015)*
Their micro-level interactions, showing as words / phrases between the therapist box and the client(s) box, can be identified as the strategies and resources being used during the

**therapeutic processes** being implemented.

Out at the right side of this interaction are the **therapy outcomes** which are intended as well as those which are unintended or accidental as the therapy processes unfolds, and they can be identified there with brief outcome statements. These outcomes can be viewed as the

**actualized evidence of the therapeutic goals** which the therapist and client have identified for their work together.

Surrounding that interaction are all the macro-level and micro-level **societal influences** which operate on individuals and relationships. They can be shown as words / phrases which are relevant to the specific therapist and client(s). Such influences can operate on all five elements (shown as boxes), sometimes more powerfully or in different ways for each of the different boxes.

For example, FEMINISM as a philosophical, anthropological, and socio-political force can influence the client as well as the therapist, and most certainly, can operate prominently in the content of the client’s issue(s). In addition, there are feminist therapy processes which the therapist may choose to use with the client, depending on many factors. Finally, the intended and unintended therapy outcomes can contain feminist and anti-feminist elements.

Recognizing all these vectors of any specific societal influence, such as feminism, can allow us to say that these influences can operate along different continua such as weak vs. robust, simple vs. comprehensive or multi-dimensional, positively or negatively. Knowledge of micro-level features such as age, gender, life experiences, political / economic factors, religious
and other cultural values frameworks, education, and so forth can be used to inquire how FEMINISM influences this particular example.

Furthermore, we need to recognize that it is very limiting and actually short-sighted to imagine that these influences can be identified, adequately understood, managed, or relegated to only one or two of these impact areas. For example, it is dangerously misleading to imagine that an immigrant client is only influenced as a person and within her / his relationships by that ‘immigration’ element without simultaneously considering how that might influence the therapist, the therapeutic processes used, and client therapy outcomes which are targeted and those which occur would seem to severely limit or minimize the effectiveness of psychotherapy efforts with immigrant clients.

In summary, two ways of stating this concisely are: (1) people are NOT ‘plain vanilla’ cartoons! and (2) CONTEXT MATTERS, but NOT in a purely deterministic or uniform way!

THUS, a key premise of this literature review which explores emerging societal influences on relationship therapy is that psychotherapy is likely to be improved if the therapist and the client are more explicitly aware or conscious of these influences rather than being ignorant or ignoring them. This study is NOT designed to prove that premise ----- that is not the nature of these MA literature review projects at Adler Graduate School / MN, nor of any literature review kind of research and scholarly writing.

Rather it is to explore what might a few of these significant influences be ? and how might they influence the client, the therapist, the process, and the outcomes of therapy ?  

What is presented here are examples of this dynamic process.

Perhaps most importantly, the focus of this project is to suggest the importance of the therapist’s habit of being actively curious about the contextual world around herself and the
client(s) to a reasonable degree. While psychotherapists are not sociologists or politicians, they are very much doing their work in a particular societal context — some of that is of the historical and the ever changing 360 degree world, and some of that is due to the specific ‘story’ or ‘life journey’ of the client and of the therapist as well.

This is a particular view of effective psychotherapy which respects and prioritizes the therapist’s awareness and intentional use of knowledge / skills / attitudes in context — both one’s PERSONAL LIFE as well as PROFESSIONAL EXPERTISE — as a lens for doing impactful, effective psychotherapy with particular clients with particular goals in particular contexts.

To be clear, THIS is a view which is diametrically opposed to the perspective that somehow effective therapy is effective therapy for anyone and everyone. It is opposed to the view that there are some routine, core, good-for-everyone ways to do effective therapy for any and all clients, and that matching a Rip-Van-Winkle-just-waking-up sort of therapist with just any client coming in off the street is ever likely to work very adequately in light of the complexity of this work and the sacredness of the obligation which we have to provide effective therapy for a particular client in a particular context.

In fact, it is not difficult to imagine cases of context variables in which this ‘generalized’, plain vanilla form of relational psychotherapy could actually be HARMFUL to the specific client(s).

This literature review project, then, also seeks to illuminate other discussions and research occurring today about ‘common factors’ in effective therapy as well as the ethical and practical challenges of providing psychotherapeutic services to the best of one’s professional abilities in relation to the needs of actual clients.
There are implications for how psychotherapists conceptualize therapy, how they implement therapy, and how they evaluate the processes and the actual outcomes of relational psychotherapy.

Furthermore, this view affects how the profession might better and more adequately prepare grad students to become psychotherapists and the continuing education habits and program available for practicing psychotherapists.

Three Emerging Societal Influences Related to Relational Therapy

Three examples of complex and broad societal influences will be discussed here next. The resources cited and the content which is presented are intended to outline key ideas and controversies about several dimensions which are influencing relational psychotherapy today.

More than Heterosexual Husbands and Wives

Awareness of the many different types of human relationships which exist in society and which are clearly important for people’s emotional / social / intellectual health and functioning is tremendously increasing.

The normative moral and political status of heterosexual marriage in modern society is being severely challenged today as other forms of voluntary, loving, committed relationships are acknowledged. In addition, sociological data reveal that people are delaying making a commitment to marriage / partnership as well as working longer hours and moving more frequently, often for employment-related reasons.

As a result, new forms of socializing as friends and engaging in sexuality-outside of legal marriage are emerging. As predicted, the dramatic increase in use of new forms of electronic technology in personal interaction in a multitude of types of relationships is skyrocketing, and researchers have been investing these positive and negative influences, starting during the past decade.
As people are living longer, and there are more three and four generation family structures in existence, related communication challenges and new health care / financial / decision-making conflicts are emerging. These are occurring often without people even living geographically very close each other, as in the ‘small village’ of prior eras, which add additional layers to these difficulties.

This topic clearly promises to continue changing in the years ahead.

**Alternative Types of Relationships**

Those working in the area of relational psychotherapy today and in the future need to recognize that people are involved (or frustratingly and painfully NOT involved) in MANY TYPES of relationships which are important to their mental / emotional health, growth, development, social and economic status, and overall wellness.

Secondly, at this point in history, it is increasingly important to recognize that these relationships go far beyond traditional hetero-sexual marriage / families which have been prime focus of MFT therapy and therapists in the past. In a similar way, people’s lives today are increasingly more national / global / technological, and most people no longer live a ‘village / small town’ circle of life.

These connections are important in people’s daily lives in a wide variety of ways ---- e.g. logistically, social / emotional / intellectual development, and overall wellness / health. In fact, most people relate to others in a wide variety of biological, legal, or informally chosen interactive relationships of mutual connection, influence, support, and concern. These include alternative relationships such as:

- childhood family-of-origin parents and siblings
inter-generational extended family members from childhood family-of-origin family

- teachers / coaches / spiritual leaders
- classmates / teammates / personal friendships
- current and former dating partners
- adult ‘families of choice’ ---- friends or committed partners which may or may not be legal
- parenting own biological / adopted children / step-children
- inter-generational extended family members from adult ‘chosen family’
- in-laws, children, and other extended family members related to partner
- son / daughter’s partners and friends of adult children
- grandchildren
- parenting our own family-of-origin parents, in-laws, and other aging family members
- ex-partners and their extended family members
- employers / employees
- co-workers / colleagues
- neighbors
- service providers for ourselves and family members
- other citizens

The list of relationships above has been constructed in roughly developmental sequence, or in other words, as a life-stage progression in which people might create and live through these relationships from birth to childhood to adolescence to adulthood to death.
The increased longevity or life span which people typically today have is also recognized above --- e.g. people may have friends and ex-friends from childhood, school, college, workplace, and neighborhood with whom they remain in contact for 60 – 85 years as they move forward through adult life. People may grieve the distance, relationship changes, illness, and death which occur, particularly as these friendships may have lasted longer than many people’s legal marriages to a divorced or deceased spouse(s).

‘Family-of-origin’ and ‘family-of-choice’ are becoming widely-used terms used today to distinguish members of our childhood family from people with whom we relate as adults when we choose a specific partner and her / his other family members, whether legal ‘marriage’ is involved or not.

In some cases, there is no ‘partner’, and an adult speaking of his / her ‘family of choice’ is simply indicating who is important in a circle of ‘social supports’ for her / his single life.

Many people today will belong to more than one ‘family of choice’ during their lifetimes due to divorce or death, and therefore, various types of children and adult relationships identified above may exist for an individual within the broader ‘extended’ or ‘blended’ family structure.

In fact, separated / divorced and subsequent ‘blended’ families are now the MOST NUMEROUS type of family in U.S. society, according to recent demographic studies.

Another ‘alternative’ family structure which is increasing frequency is that of grandparents raising their grandchildren --- for resources, see Williams, 2011; deToledo & Brown, 2013; and www.grandparentsasparents.org). In addition, significant geographic distances frequently separate grandparents from their grandchildren in today’s society, creating a situation with its own emotional stresses, yearning, and practical problems of identity and communication to solve (Graham, 2009).
Yet another alternative family structure is GLBTQ parent partnerships with children from that union and/or from previous partnerships (Berzon, 2004).

Inter-generational family conflict and confusion increasingly involves three types of cross-generational situations with high stress and conflict. First, as today’s young adults are increasingly underemployed and returning home to live with their mid-age parents, new negotiations about family values, norms, finances, household tasks, and just overall communication are frequently complicated (Sachs, 2009; Straus, 2009). These tensions can also include conflicts between parents and their young adult children regarding employment, dating partners, sexual behavior, politics, religion, and drug/alcohol usage, and other dimensions of inter-generational family life.

Straus (2009) also noted several concrete benefits of these emerging patterns of same mixed-generations, living-together households for both the baby-boomer, mid-age parents and the young adult millennials. She contrasted our U.S. ‘rugged individualism’, leave-home-at-age-18 expectations with the cross-generational, shared housing norms of many other countries.

Thirdly, many mid-age adult siblings and grandchildren are trying to coordinate elder care for their parents or grandparents today, often from a great distance and/or with serious physical and mental health conditions (e.g. dementia) for the elderly person. These are emerging relational therapy clients where there can be two or three levels of problematic, conflicted ‘relationship’.

As a society, we have tended to ignore or take for granted people’s friendship or social skills life ---- while perhaps we have made awkward jokes about people who are shy, introverts, or outliers in the school, workplace, or neighbor scene. Today, however, we are coming to know a great deal about the mental/emotional/physical health consequences of such human
loneliness and lack of satisfactory, healthy human connections. More will be said about this in another subsection of this project.

Many of the important human connections which are listed above are not relationships which have historically brought people into MFT psychotherapy offices, except for those which involve inter-generational, extended family-of-origin conflicts, parenting, and separated / divorced family members. Some traditional MFT ‘therapy clients’ have been court-ordered or desperately sought help due to high conflict situations such as divorce and domestic violence. In the past, these types of relational cases have historically been largely relegated to what is known as ‘family therapy’ and to psychotherapists with that expertise.

In the future, these historical cases are likely to be viewed as the proverbial ‘tip of the iceberg’ as we acknowledge that humans are suffering in many other conflicted and unhealthy relationships!

**Friendships and Loneliness**

At its core, friendship is a frequently overlooked and yet important dimension of human relationships which has been relatively neglected as a focus in psychotherapy research and practice. We can speculate that perhaps this has occurred out of mistaken assumptions that most people don’t have difficulties in this area of their lives, or if they do, it is they are shy or introverted, and therefore, they basically prefer to be alone socially.

Today, we are learning that this is very far from the truth (Brassell, 1994; Cacioppo, & Patrick, 2008; Flora, 2013).

While most people traditionally maintain an appropriate focus on people’s family-of-origin and family-of-choice relationships, we need to also recognize that friendships are another rich and important dimension of relationship life which affects nearly everyone. In fact, we are
starting to recognize that certain friendships outlast and, in some ways, are more important than romantic and legal partnerships across a lifetime for many people.

Friendships of various types and sources are becoming recognized as increasingly important in people’s daily lives as are school / workplace or employment-related acquaintances with whom people relate on a daily basis.

Thus, people who are lacking ease, social and emotional supports, personal happiness, and effectiveness in co-worker and friendship-type social relationships are a largely untapped segment of relational therapy which are likely to increase in the future for several reasons.

It is also relevant here to remind ourselves that socio-cultural critiques of U.S and western society have often emphasized an excessive and overly glorified ‘rugged individualism’ or a sort of ‘I don’t need anyone as I live my own lifestyle’. In fact, sociologists today are beginning to recognize that these are somewhat almost inevitable tendencies which can result in excessive ‘aloneness’ and ‘separateness’ in our rush-rush contemporary society. There also are significant negative impacts on lonely people’s overall health and their longevity, according to recent research.

The high level of geographic and employment mobility in our society also contributes to how much this theme of ‘I’m on my own here’ frequently characterizes adult life in today’s society. Books such as: The Friendship Crisis: Finding, Making, and Keeping Friends when You’re Not a Kid Anymore (Paul, 2004) make these difficulties of adult friendship and the cost of NOT having friendship in contemporary society be vividly clear in social, psychological, spiritual, and holistic health dimensions.

In the extreme, we have pathologized this ‘aloneness’ and ‘failure to connect’ in as anti-social personality disorder (301.7 in the DSM-5), placed such people somewhere on the autism
spectrum (299.00 in the DSM-5), or relegated it to one of “other problems in the social environment” in the V-code section of the DSM-5. Here we also find other similar diagnoses: V60.3 problem related to living alone and V62.4 for three conditions: acculturation difficulty, social exclusion or rejection, and target of perceived adverse discrimination or persecution.

Today, we are starting to have a mini-avalanche of human stories and scientific reports in the popular media about the multiple costs of people’s increased loneliness in modern society. Loneliness: Human Nature and the Need for Social Connection (Cacioppo & Patrick, 2008) reveals the extent and the acute suffering of so many people today who are finding that they feel painfully lonely which is distinct from feeling alone.

Recent scientific research about holistic health today is showing that there are several, important and significant negative impacts of excessive loneliness. According to studies reported by Dr. Ronald Pies (2010) completed by staff at the University of Pittsburgh School of Medicine, high degrees of loneliness among women were associated with increased risk of heart disease, even after controlling for age, race, marital status, depression, and other confounding variables.

Pies also reported on additional research by Dr. S.W. Cole and colleagues at the UCLA School of Medicine who found that people with high levels of subjective social isolation showed evidence of an over-active inflammatory response as well as reduced levels of activity in genes that normally suppress inflammation. These responses are the basis for a wide number of chronic inflammatory diseases. This sort of research finding is almost commonplace today.

Social Media and Relationships

Dr. Keith Hampton of Rutgers University delivered a plenary session titled, ‘New Communication Technologies and the Nature of Community’ at the 2011 annual conference of
Dr. Hampton reported: “There is a tendency to over simplify when discussing the Internet. We are talking about diverse technologies: text messaging, blogging, photo sharing, and so on. These diverse technologies have diverse impacts on our relationships” (p. 11).

He continued: “When thinking about types of relationships, the easiest distinction that many of us make is between our most intimate connections and those that tend to be less close and also more diverse. We tend to privilege closeness. Clearly, closeness and intimacy are vital for physical and mental health. Yet, exposure to other kinds of relationships also matters. Access to information, opinion formation, democratic engagement, social support, tolerance, health, and general trust are all dependent on relationships that tend to be less close” (p. 11).

Hampton organized his review of his team’s research according to three increasingly more external realms of people’s relationships: private, parochial, and public. The findings for the private realm were: “We found no negative relationships (i.e. correlations) between the use of (internet) and the number of core, close relationships. In fact, Internet users report on average 15% more core relationships than non-users” (p. 13).

On the other hand, another expert, Dr. Sherry Turkle, raised serious challenges about the satisfaction and effectiveness of how social media may be substituting for face-to-face interaction in contemporary society. Turkle is an ethnographically trained sociologist, clinical psychologist, and founding director of MIT’s Initiative on Technology and Self, so she is well qualified to research and report on these important, complex developments during the past three decades.
In her most recent book reporting on this research, *Alone Together: Why We Expect More from Technology and Less from Each Other* (2011), Turkle explored the ironic role of people’s sharp increase in use of social media and other technology today, but simultaneously, the decline in people reporting that they actually feel socially and emotionally connected to others. In other words, widespread use of a variety of personal technology is, in one sense, ensuring more frequent and simplified communication at a distance, but at the same time, resulting in less actual connections at deeper, more complex levels so that people feel they are ‘known’ by others.

In addition, Turkle pointed out that: “It’s become possible to have multiple tribal identities, depending on where you want to hang out on the web” (Wylie & Simon, 2011, p. 50). She elaborated: “Clients bring into sessions their experiences with many significant life ‘presences’ --- family of origin, partner, children, friends, pet dogs and cats. Increasingly, some of their most significant *personal* experiences occur with and through their various gadgets. Woe to the therapist who neglects these very, very ‘significant others’” (p. 49).

In a *Psychotherapy Networker* interview with her, Wylie and Simon quoted Turkle: “Part of my mission is to ask therapists to think about how the Internet and the other new communication technologies are impacting all of us. I want them to explore with their clients, particularly their adolescents clients, what they’re doing online. (…..) Just as no psychotherapist would be comfortable not knowing about a patient’s family relationships, today, therapists are starting to ask about their patients’ relationships with the online world” (2011, p. 50).
Another authority in this same field, Carlin Flora wrote: “Many social scientists and cultural critics have suggested that our involvement in cyberspace is harming our real-life interactions, rotting our brains, and diminishing our very abilities to be human” (2013, p. 182).

Quoting William Deresiewicz (2009), Flora went on to write: “Facebook’s very premise --- and promise --- is that it makes friendship circle visible. There are all my friends, all in the same place, or rather, they’re not my friends. They’re simulacra of my friends, no more my friends than a set of baseball cards is the New York Mets. (…..) Friendship is devolving, in other words, from a relationship to a feeling ---- from something people share to something each of us hugs privately to ourselves in the loneliness of our electronic caves. (…..)”.

Deresiewicz continued, “Before we used to tailor what we said and how we expressed thoughts to a specific friend or group of friends. Now we’re just broadcasting our stream of consciousness …. to all 500 of our friends at once, hoping that someone, anyone, will confirm our existence by answering back” (p. 188). What has been the important route of ‘shared experiences and intimate feelings over time’ in creating friendship with others is becoming today’s ‘exhibitionism’, says Deresiewicz.

The opposite point of view was taken by Melinda Blau in her article “The Relationship Revolution” in a 2010 issue of Psychotherapy Networker. She wrote:

The Internet has become the world’s largest, and arguable most important, social thoroughfare. (…..) Welcome to the Relationship Revolution --- a radical shift in the way we view ourselves and our social ties. The Internet creates ‘ambient intimacy’ which London-based tech designer Leisa Reichelt defines as ‘being able to keep in touch with people with a level of regularity and intimacy that you wouldn’t usually have access to, because time and space conspire to make it impossible.’ As a result, we’re awash in
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relationships. There’s always someone we can turn to for advice, information, solace, validation, a good laugh, a thought-provoking suggestion ---- and there’s always someone listening. (p. 24)

While these complex impacts of technology continue to be researched and debated today, it is logical to wonder if ‘collecting friends’ in an online environment is correlated and contributes to people developing narcissism and ‘grandiose exhibitionism’, as Flora wrote. Comparing one’s number of friends or ‘news’ to others can lead to envy and diminished self-esteem for some --- e.g. noticing that many of one’s peers are getting promoted, getting engaged / married, or having babies can lead others to question ‘is something is wrong with me?’

At the same time, both Flora and Turkle reported that it is positive to note that some people, particularly those who are introverted or shy or at great geographic distances from many other people are able to establish ‘peer friendships’ and to practice social skills with others using social media. Alternatively, some of these isolated or introverted people can become even more uncomfortable and resistant to actual in-person social interaction, compared to the we-are-at-a-distance-and-I-can-take-my-time-to-respond-and-revise manner of social interaction modalities.

A popular admonition in couples therapy is to NOT expect that all of your social – emotional needs can be met by your partner, thus underscoring the need for friends, co-workers, neighbors, and extended family members in your individual and in your shared relationship life. The importance of considering this cautionary point is underscored by researcher Keith Hampton who reported that his team’s research shows that “Compared to single people, those who are married or living with a significant other are about 60% less likely to have a non-kin core confident (with the decline in the size of people’s core networks, the reality for most married people today is that a spouse is their core confident)” (2013, p 13).
However, this can be challenging to do in practical terms because of our ‘rush-rush’ culture, frequent geographic mobility throughout our lifetimes, the time-intensive responsibilities of parenting and family life as well as sharply increased job expectations in today’s economy. In light of these brutal truths and other impacts reported by Flora about today’s society, experts say that we should expect to almost completely delete and re-establish our rolodex of friends within seven years.

Flora discussed the practical difficulties as well as anxiety which people can feel surrounding job change and geographic separations, emotional betrayals, and discarding of previous friends in ways which make many think of this sensitive situation as akin to marital divorce.

In fact, social media sites such as Facebook and others have made it much more complex to ‘leave’ a friendship behind when you still have common friends who interact in person and online, and you receive electronic notices which can report each other’s daily activities (Huston, 2014). Flora described this situation as creating a tendency to not have ‘clean break offs’, leaving some ambiguity and a lack of firm boundaries between ex-friends or ex-lovers.

**School / Workplace Relationships**

In recent years, society is expanding the notion of a person’s ‘significant relationships’ to spheres beyond the classic focus on family-of-origin and heterosexual married life of husband / wife / children. This is partly because of ‘noticing the obvious’, we could say, but more specifically, also because there are more and more women in the today’s workplace, many people are attending schools and working both more hours and more years across their lifespan, and these non-official-family relationships are becoming important contacts and sources of support, fun, and life satisfaction. Conversely, many research reports document that isolation,
unhappiness, or even bullying in the workplace and schools can lead to anxiety, depression, and general harmful effects on a person’s health.

In his book, *Vital Friends: The People You Can’t Afford to Live Without* (2006), Tom Rath outlined the results of recent Gallop Workplace Research team’s investigations about friendship in the workplace. The book presents a compelling summary of their findings about the multiple positive impacts which have been found for people who have one or more of what he calls ‘vital friendship’ in their workplace. These positive impacts include improvement in their physical health, more day-by-day happiness, and increased engagement and productivity in their jobs.

Rath explained how the opposite of these highly desirable impacts can occur in the more typical workplace setting which does not use architecture, time, events, and leadership encouragement for workers to relate to each other personally. These negative impacts are the sorts of feelings and social isolation which our clients frequently report in therapy offices today.

In many sectors, we can recognize is that there is also increased diversity among employees / classmates / team members today. In addition, the results of this include increased creativity and productivity but also increased conflict between people in some school, team, and workplace settings. Research shows that reasons for this increased conflict can include individual insecurities, socio-economic stresses, poor leadership, workplace climate problems, and unfamiliarity with peer and their lifestyles due to increased diversity of gender / race / religion / nationality among employees.

Particularly in schools, this increasing level and degree of interpersonal conflict includes outright verbal / physical / cyberbullying and other forms of harassment and violence which can have drastic, even traumatic, harmful impacts on people’s relational lives and individual psycho-
social-spiritual development (see Baker, 2002, for a discussion of these dynamics regarding GLBTQ youth).

In addition, a prominent component of school reform efforts in the past three decades has been an emphasis on character education (see Bohlin et al., 2001), an effort to consciously design, teach, and assess in non-paper/pencil ways the attitudes and behaviors which children need to develop healthy self-esteem and social relationships. Related terms for these sorts of programs for youth development focus on the goals of pro-social behaviors and social–emotional intelligences (see Goleman, 1995; 2006).

The Search Institute in Minneapolis MN is a well-respected think tank / consulting services / resource publisher for what they call the forty assets of ‘healthy youth development’ and how families / schools / communities can work together to increase these in youth. Their book by founder / director Peter L. Benson (now deceased), All Kids are Our Kids: What Communities Must Do To Raise Caring and Responsible Children and Adolescents (2006 / 1997), should be highly recommended for providing many practical ideas already being implemented around the country.

Another recent development gaining attention is cross-gender adult friendships, often either originating in the employment workplace or in hobby settings (e.g. the gym or hiking or cooking classes), which are increasingly common today. Carlin Flora (2013, 2014) and others also explore the substantial challenges and benefits of cross-gender friendships.

Flora wrote:

Male-female friendship received its first big break from the feminist movement of the 1960s, which placed men and women on more equal ground in social and work situations. In addition to creating more opportunities for the sexes to interact, the
changing social order made men and women more compatible as friends. (…) when women and men occupied different and unequal sphere of life, they had less in common and thus were less likely to be close pals. (2014, p. 32)

Thus, the availability of social media sites and more shared activities --- e.g. both men and women being active in sports ---- have made such friendships become increasingly more common among adolescents and adults in school and the workplace. Activities shared by a group of cross-gender friends and peer explanations of these friendships --- i.e. “No, we’re NOT dating --- we’re just friends” ---- are increasingly frequent and available socializing options for people today.

Part of the increased extent of such cross-gender friendships also is the increasingly older age at which men (29) and women (27) are ‘settling down’ to be married today. Demographers report also there is a decreasing rate of people getting married at all, so people are remaining single but enjoying a wide range of peer relationships and activities. Recent comparative census data support this observation and interesting interpretation of these patterns.

Navigating boundaries of close friendship and familiarity in the workplace, while respecting each person’s other family and committed partnerships as well as employment hierarchies, can be very tricky. There is an increasing use of workplace team structures in which different ranks of employees work together in a long-term timeframe on projects. Experts such as Flora report that it is becoming very challenging for people to enjoy and benefit from these friendships in ways which do not threaten their romantic, committed partnership relationships outside of the workplace and their boss / employee status in the workplace.

The term ‘emotional affairs’ is being used to describe the sort of threatening secret emotionally intimate relationship which can easily develop as people work longer hours and
sometimes at great distances from the location of their family-of-choice home base. Employers increasingly are creating policies to prevent or discourage relationships which compromise workplace operations and climate. That important and significant, and even dangerous, socio-emotional relationships can form in the ‘workplace family’ should perhaps be no surprise to us today.

An emerging new form of acknowledged relationship today is being ‘friends with (sexual) benefits’ but without legal or emotional commitment. These relationships involve young and older adults who seek to share the pleasures of sexual / emotional intimacy but who recognize that they are not ready or interested in permanent commitment with another person. People in such ‘friends with benefits’ relationships can experience happiness but also encounter a full range of individual and relationship challenges without the ‘protection’ and stability which a committed relationship can provide.

Psychotherapists’ office appointments reveal that when some individuals find that they don’t have access or success in these same-gender and / or cross-gender friendship settings, they can develop feeling of anxiety, depression, and suffer physical illness and distress (e.g. digestive system problems) because they lack satisfying opportunities for important social-emotional learning and enjoyment.

They may drift towards social isolation, other health problems (e.g. cutting, anorexia / bulimia, drug use and abuse), revengeful retaliation, and even become suicidal if they believe that changing their perceived loneliness is hopeless.

While the appearance of conflicted co-workers or unhappy, bullied school classmates in a relational therapist’s office is perhaps ‘strange’ to consider today, it is important for therapists to recognize that these sorts of relationship conflicts listed above can and do influence client’s lives
in profound ways. The Center for Disease Control (2013, March / April) has referred to this situation as ‘electronic aggression’ and noted the serious harmful effects of it (see www.cdc.gov/violenceprevention).

By taking a broader view, therapists can see that knowledge-base of relational psychotherapy already does and should be expanded to provide relevant, useful, and life-changing insights, knowledge, and skills to help such clients with the difficulties and challenges of adult friendships. The basic concepts and dynamics of relationship therapy as well as what is known about human social-emotional development can be adapted to help these clients and their issues.

**Gender Norms, Identity, and Expression**

The existence of GENDER obviously has been recognized and even joked about as ‘required’ part of adult relationships in mainstream society since the beginning of time. However, what we ‘think that we know’ about gender and which has seemed ‘obvious since forever’, is being turned upside down by recent research social trends, and controversial social / political / legal decisions.

They are helping to broaden society’s awareness of the multiple and varied ways in which gender, gender identity, and gender expression as well as sexual orientation actually exist for people within loving relationships.

What has been viewed as a binary structure (i.e. male or female) is being made more complex and realistic as a continuum of legitimate possibilities for gender identity and expression. This continuum of options which is emerging challenges what has been viewed as normative rather than as a socially-created, predominant framework.
This is producing re-assessment and research about historical views of ‘normal / morally good’ vs. ‘weird / morally evil’ about the roles of gender in relationships. A great deal of ongoing research, controversy, and debate still surrounds these topics, however.

**More Complex, Expanded Awareness of Gender Identity and Expression**

Inter-disciplinary research and the emerging voices of people with non-normative gender identities and sexual orientations have ignited corresponding public policy arguments about the civil and human rights of these people in today’s society. It has also stimulated exploration of further complex research questions about the biological and cultural origins of gender identity and sexual orientation.

Today, gender identity is recognized as a socially constructed dimension of human beings, ranging from female at one of the continuum to male at the other end of the continuum. In addition, biological and psycho-biological research today is also focused exploring people’s gender markers for being female or male at a DNA and cellular level.

One such special case is people who are born as intersex --- i.e. born with physically mixed male and female anatomical features --- who have historically had the sexual anatomy of one gender removed by doctors at birth and who are then raised according to the remaining chosen gender expectations. Historically, doctors frequently performed surgery on intersex newborns, choosing which the surviving gender a child and his / her unknowing family would raise the baby.

Over years, some of such children / adults would realize that ‘something felt wrong or incorrect’ and medical investigation would reveal that the person was genetically male but has been raised as a female after incomplete male genitalia had been surgically removed at birth. Besides the rights of such babies and their families to make choices about their lives, the intersex
movement today is helping to remind us that gender identity is more complex than the assumption that ‘anatomy is obvious and is destiny’.

Another such case is that of people who are transsexual — i.e. people born with the anatomy of one sex but who come to ‘feel inside’ that their identity is of the opposite sex and who may or may not choose to have hormonal therapy and sexual-reassignment surgery of their bodies as adults.

In civil rights discussions, these two situations are spoken of as gender identity and expression. As stated above, research shows that intersex and transsexual individuals report that they may be heterosexual, homosexual, bisexual or have more fluid sexual orientation.

This discussion is indirectly related to another nature-nurture argument about ‘proper’ or ‘socially acceptable’ gender identity and expression for men and women in contemporary US society. As stated above, one’s gender identity doesn’t have any strong correlation with one’s sexual orientation. That there is greater latitude for women than for men regarding gender expression in contemporary US society has been widely recognized since the 1960s, and these historical restrictions on men’s expression of their gender identity are also starting to gradually change.

While there is still disagreement being expressed as arguments as well as dangerous violence and harassment, what is gradually becoming ‘acceptable’ for males today ranges from ‘very butch’ (generally accepted and encouraged) to ‘very fem’ (generally discouraged because many people yet believe that this is correlated with homosexuality sexual orientation which is not true).

Today, some men socially present themselves as ‘pan-sexual’ or ‘meta-sexual’, a sort of blend or anti-binary gender identity position. The range of what is acceptable and ‘healthy’ for
men is also being influenced by greater involvement of men in parenting and nurturing behaviors. We are coming to recognize that each of these types of men may be heterosexual, gay, or asexual in their sexual orientation.

In today’s society, women are increasingly thought of as ‘emotionally healthy’ even if they present a gender identity which is anti-fem (as historically understood) with strong behaviors expressing self-confidence, assertiveness, and physical health / strength, perhaps gained through their involvement in sports or fitness.

Due to the impacts of the feminist movement begin the 1960s, somewhat fem woman today may also present with these qualities or be more subdued, delicate, and dependent on men. As above, we are coming to recognize that each of these types of woman may be heterosexual, lesbian, or asexual in their sexual orientation.

While gender identity of being male or female or other is still significant and influential in people’s lives, the range of gender expression which we see in society is blurring and broadening, particularly with greater blending and overlap in the middle.

**NATURE vs NURTURE: Socio-cultural vs Neuro-bio-psychology**

More recently, we are coming to have many more questions about what we’ve ‘assumed to be true’ about gender. We are also developing much more in depth knowledge, and additional, new questions, about HOW gender-specific, neuro-biology-psychology as well as socio-cultural socialization can influence men and women and how they function within their relationships.

Dr. Louann Brizendine, medical doctor and neuro-psychiatrist at the University of California – San Francisco, wrote that males and females share 99% of their biological genetic coding (2006, 2010). Dr. Brizendine’s writing and clinical career have emphasized education
and empowerment of her patients and readers in order for them to have increased insight, empowerment, and application in their relationships.

She is deliberate and quite clear in her key point: men and women are not superior / inferior to each other, just different, and each gender’s contributions are essential in human life. Another key overarching finding from this research which she discussed in her books is that ‘gender-specific’ findings refer to what is typical but not necessarily true for every female and male person. This means that we should be very careful to NOT generalize, even from what may be statistically-speaking, the majority of gender-based characteristics!

Another way of saying this is that we are coming to recognize that the continuum for each gender is overlapping --- i.e. there are women who are physically and verbally more aggressive than some men, and there are some men who are more oriented to emotional intimacy than some women. This means that there are some biological males whose characteristics are similar to those of some females and vice versa.

Dr. Brizendine’s two books provide valuable summaries of what is known about specific brain wiring and hormonal differences for females and males at conception and progressing through different life span stages. She appropriately emphasized that these biological differences then are further shaped by the cultural environment in which men and women are raised. In other words, it is NOT nature OR nurture, but rather, nature AND nurture.

Brizendine’s two books contain lots of examples of how these gender-based differences play out in many different dimensions of adult relationships and in parenting. For many women, these differences in brain wiring and hormones, particularly estrogen, lead to very strong, life-long drive toward connection and communication with others. For many men, these differences in brain wiring and hormones, particularly testosterone, lead to drives emphasizing physical
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strength, action, competition, and aggression. She explores these dynamics in valuable detail, both for a professional or civilian reader.

Some people will regard the research findings which Dr. Brizendine’s books present as contrary and controversial, compared to gender-similarity views which had popularity in the 1960’s due to the serious questions and issues which feminism helped to highlight.

According to these views, the observed differences between men and women in contemporary society were / are due to cultural-based socialization, and thus, variant depending on the culture in which a person is born and grows up, and changeable so that society / media / education / parents could raise children to be different than their gender-stereotypical nature. Thus, personal aggression could be diminished in boys and dependency could be diminished in girls by altering the ‘learning opportunities’ and the ‘messages’ about what is socially acceptable.

Such views have formed the backbone of formulating and implementing new ‘gender neutral’ goals and strategies in parenting, in play, and in education for many years. These issues persist in current debates about the impact of violence in video games for boys, the relative lack of nurturing behaviors / skills / attitudes taught to boys, and efforts to increase assertiveness, ‘voice’, math special skills, and critical thinking skills for girls.

Current observational research shows that the ‘truth’ about these debates is BOTH, not EITHER / OR regarding nature vs. nurture arguments, just as Dr. Brizendine’s books also emphasize. Another excellent resource for the latest research on this topic is a 2010 article by Lise Eliot in Scientific American Mind: “A natural place to look for answers is in the brain. If there is a neurological disparity between the genders, it could explain important behavioral differences” (p. 22). ( ….. ) “Boys and girls are different, but most psychological sex
differences are not especially large. For example, gaps in verbal skills, math performance, empathy, and even most types of aggression are generally much smaller (…). When it comes to mental abilities, males and females overlap much more than stand apart. Furthermore, few of these sex differences are as fixed, or hardwired, as popular accounts have lately portrayed. Genes and hormones light the spark for most boy-girl differences, but the flame is strongly fanned by the essentially separate cultures in which boys and girls grow up” (p. 29).

A related topic is that of gender identity and expression. Today, we have ample evidence of the serious struggles which youth and adults have regarding gender identity and expression, some to the point of suicide. There is an alarming amount of harassment occurring, particularly for boys / men who undoubtedly still face a narrower range of options which are ‘socially accepted’ for gender expression in particular.

The critically acclaimed books of William Pollack, such as Real Boys: Rescuing Our Sons from the Myths of Boyhood (1998) focus on the huge social and emotional costs of young males fitting into what he calls the ‘boy code’ in our society today. These resource books are particularly compelling, both for parent / educator / therapist audiences.

The widely-admired work being done by Terry Real, relational psychotherapist and founder of the Family Institute of Cambridge MA, focuses on research and insights from his clinical practice about the high degree of adult male depression in today’s society which results from trauma, with small ‘t’ as well as ‘capital ‘t’, in younger life. The title of his 1997 book, I Don’t Want to Talk About It: Overcoming the Secret Legacy of Male Depression, says this very clearly.

The pioneering work of Carol Gilligan (1982) is also widely recognized as the foundation of much of the research work available today regarding girls / women. Sharon Lamb’s more
recent book, *The Secret Lives of Girls: What ‘Good’ Girls Really Do – Sex Play, aggression, and Their Guilt* (2001), provided a window on the stresses as well as the very difficult choices and resulting impacts on young women in today’s society. There are many excellent books in this topic area with which relational therapists should be familiar.

**Communication Style Differences**

Dr. Deborah Tannen is the esteemed linguistics researcher and Georgetown University professor who popularized the topic of ‘communication style differences’ between the genders in her best-selling books (1990, 2011) during the past three decades. Tannen seeks to inform professionals and ordinary people about the vital roles which these gender-based communication differences have in romantic, family, and workplace settings.

According to the Publishers Weekly review (Reed Business Information) of her 1990 ground-breaking book, professor Tannen “here ponders gender-based differences that, she claims, define and distinguish male and female communication. Opening with the rationale that ignoring such differences is more dangerous than blissful, she asserts that for most women conversation is a way of connecting and negotiating. Thus, their parleys tend to center on expressions of and responses to feelings, or what the author labels "rapport-talk" (private conversation).”

They continued: “Men, on the other hand, use conversation to achieve or maintain social status; they set out to impart knowledge (termed "report-talk," or public speaking). Calling on her research into the workings of dialogue, Tannen examines the functioning of argument and interruption, and convincingly supports her case for the existence of "genderlect," contending that the better we understand it, the better our chances of bridging the communications gap integral to the battle of the sexes”.
Tannen (May / June 2010) emphasizes that these styles of speech are NOT used exclusively by one gender. All conversation includes a combination of hierarchy (men’s predominate style) and connection (women’s predominate style). However, for many people in each gender group, these are predominate styles. “In other words, a man and woman might walk away from the same conversation asking different questions: he might wonder, ‘did that conversation put me in a one-up or one-down position?’ whereas she might wonder, ‘did it bring us closer or push us farther apart?’” (p. 55).

A particularly high frequency confusing conversation moment involves when women want to share about a personal problem, seeking connection and validation, from another. If a woman responds in a gender-typical manner, she is likely to say, ‘I know how you feel…’ or ‘the same thing happened to me….’. However, if a man is the listener, he may “well misread her conversational gambit as a request for help solving the problem. The result is mutual frustration: she blames him for telling her what to do and failing to provide the expected comfort, whereas he thinks that he did exactly what she requested and cannot fathom why she would keep talking about a problem if she does not want to do anything about it” (p. 57).

Thus, men and women can have subtle but different goals in their family and couples conversation interaction about everyday practical matters as well as in complex, heated disagreements. In addition, we also know from other linguistic research that the same words can mean very different messages (i.e. ‘are you ok?’), and different words may be used to express the same or a similar message by men and by women (i.e. ‘yes, I’m ok’), as well as simply by individuals. Dr. Tannen’s research findings can used by therapists and clients alike to help identify and sort out both of these situations.
One can hardly imagine a more vital topic for men and women themselves to know about as well as relational therapists!

**Sexual Norms and Sexual Intimacy**

This dimension of relationships is changing tremendously in multiple, drastic ways and clearly promises to continue changing in the years ahead.

While honoring the frequent recommendation that serious cases of sexual problems be handled by a specialized sex therapist (see American Association of Sex Educators, Counselors, and Therapists --- AASECT ---- on the internet at www.aasect.org), it is nevertheless true that treatment for many couples seeing more mainstream LMFT relationship therapists will also involve various sexuality-related issues. For this reason, it is vital that mainstream relationship therapists are aware and skillful regarding trends and high frequency but less serious sexuality-related matters, including knowledge of valuable resources for themselves and clients.

Discussion of the topics below are examples of this point.

**Sharply Shifting Norms Regarding Sexuality and Sexual Behavior**

Starting in the mid-twentieth century, with the emergence of the feminist movement in the streets and in popular and academic press, traditional norms regarding sexuality and acceptable sexual behavior began to be strongly questioned and alternatives began to be explored (Branden, 1980 / 2008; Friedan, Collins, & Quindlen, 2013; Millet, 2000; Stansell, 2011).

Traditional sexual norms and behavior before this era can be described as placing strongly restrictive boundaries as well as normative morality on sexual behavior with the purpose of procreation within heterosexual marriage in the United States. Correspondingly, there were secretive, shameful views of premarital sex and sexual behavior outside of heterosexual marriage within many sectors of mainstream society.
In her provocative book, *Young, White, and Miserable: Growing Up Female in the Fifties* (1992), Wini Breines explored the enormously harsh conflicts for girls, their parents, and society at this time. (NOTE: it is also important to note that the conflict and negative judgments generally been assigned to females, not males, for so-called ‘immoral sexual behavior’ in this era.) Breines wrote: “the decade was an era of overwhelming contradictions in which girls received painfully mixed messages. Encouraged to be sexy, girls were forbidden to have sex; offered unprecedented new opportunities in education, they were taught that a woman’s true happiness was in the home” (book jacket).

Heated arguments, shifting norms, and changes in societal and individual consequences in the decades since then have been ongoing regarding many dimensions of sexual behavior. The gridlock of previously generally accepted conservative norms for sexual behavior for women and for men has exploded in every sector of society and family life in this country and in many countries around the globe.

Today, skeptical people frequently ask a predictable question: weren’t these ‘forbidden’ sexual behaviors actually occurring before today, but we just didn’t know about them because they occurred secretly? However, debating this question distracts us from recognizing precisely what has changed: (1) how explicit and in the open sexual behavior is today and (2) the sharp shift in morality from shame / secrecy to exhibitionism and celebrity status.

Another way of say this is that there have been huge, multiple changes in sexual norms and sexual behaviors coming into the open and becoming extremely commonplace --- some would say, even unavoidable ---- and this ‘greater openness’ is influencing people’s sexual desire, sexual expectations, self-esteem, social-emotional skills, and degree of satisfaction within their own everyday loving relationships. Many mental health experts would question the degree
to which these multiple impacts are tilted toward negative vs positive influences on people’s sexual health and the role of sexuality in loving relationships today.

In many quarters of society today, we have complex, heated debate about ‘what is healthy sexuality?’ as part of the overall pathway of human development, including psycho-social and sexual development?

Such trends and debates lead some to claim that the phrase ‘sexual behaviors’ ---- NOT ‘sexual intimacy’ ---- should be the appropriate terminology used in these discussions to indicate important differences in the meanings of these two contrasting uses of human sexuality.

We have ample evidence of pre- and early adolescents as well as so-called ‘mature’ adults (e.g. President Bill Clinton) participating in oral sex which shatters previous societal and personal questions of what behavior qualifies as ‘sexual relations between two consenting adults’?

Furthermore, we have decreasing levels of private shame and increasing public knowledge of previously forbidden sexual behaviors by people, even those who are married, including sensational stories in the popular media of infidelity by most celebrities as well as increasing awareness of what had been characterized as ‘sexual mis-behavior’ many people’s friends and family members today.

We are also seeing a sharp increase in sexual behavior between friends as well as people who are dating but who are not (yet) in the context of a committed and / or legally sanctioned partnership.  So-called ‘friends with benefits’ sexual activity has become so commonplace now that its absence has become the new ‘odd behavior’ in today’s society.  In addition, we have widespread approval from most adults who view early sexual intimacy behavior as just one among several ways of getting to know someone they are dating.
Laura Sessions Stepp, a Pulitzer Prize-winning journalist at the Washington Post, has written a very important, fascinating, and (for some) difficult-to-stomach book titled *Unhooked: How young women pursue sex, delay love, and lose at both* (2007). This is how she explained her book title: the term ‘unhooked’ is used in contrast to today’s use of ‘hooking up’ to mean casual sexual activity between two people who care emotionally to some degree about each other. ‘Unhooked’, then refers to sexual activity with a conscious focus on LACK of emotional connection with a sexual partner.

In her book she reported on her investigatory, long-term, interview and observational research of the sexual behavior of several high school and college aged young women who deliberately engage in ‘love-less’ sexual behavior designed to demonstrate their power over and emotional indifference to the young men with whom they relate sexually. They told her that this behavior allows them to express their sexual prowess, independence, and anti-emotional-intimacy stance regarding their own sexuality. They further said to her that they want to ‘be sexual in ways that are like men have been urged to be sexual historically --- i.e. fuck them and leave!’.

She concluded her book with several important developmental and psycho-social questions related to the long-term impact of this behavior, including: will women with such relationship experiences and sexual behaviors be able to switch gears and eventually engage in loving a partner, including healthy sexual and emotional intimacy, and in becoming healthy parents later in life? We must agree with her that it is too soon to know.

Social media also indicates that sexting (i.e.) electronic transmission of photos of one’s own genitals) by adolescents and adults occurs so frequently today that commentators are questioning if this behavior is sexual deviance or is becoming a marker event in human psycho-
social and sexual development in today’s electronic media culture. Data from a 2012 research study titled ‘Singles in America’ by Drs. Helen Fisher of Rutgers University and Justin R. Garcia of the Kinsey Institute (“What are the Stats?”, 2013), revealed that 57% of single men and 45% of single women reported that they’d received a sexy photo or explicit text. A majority of singles in the study believe that sexting can hurt their reputation (75%), career (72%), self-esteem (60), and relationships (69%). Nevertheless, in the same study, 35% of single women and 38% of men reported that they’d sent a sext to someone.

Today, we also have dramatic evidence of the overlapping use of addictive substances (e.g. drugs and alcohol) and harmful sexual behaviors such as date rape, especially among adolescents and young adults of high school / college age (Stepp, 2007).

We know also that increased transmission of a broad range of dangerous sexual diseases through sexual contact occurs on a more wide-spread basis, even among mid-age and senior citizens who are returning to the world of dating as a result of the high level of so-called ‘gray divorce’ of people from the ‘baby-boomer’ generation. Experts report that additional public health campaigns are needed which focus on creating increased awareness and appropriate cautionary behaviors.

Vehement, angry controversies surround the content of sexual education programs and services, particularly in our schools today. Nancy Kendall’s 2012 book, The Sex Education Debates, provides an insightful and valuable analysis of this yet ongoing national debate and related government and educational policies / practices. Should these programs be restricted to promoting the practice of abstinence-only sexual relations? At the current time, that requirement exists for those programs in most states, including all of those which receive federal funds.
Critics, of which there are many, point to the documented ineffectiveness of these programs as well as to the (obvious) lack of providing adolescents with the information they need for responsible family planning even after they are in committed partnerships. Additional alarm is being sounded today regarding the safety and the adequacy of sexual education programs and services for GLBTQ youth in today’s school (Mayo, 2013, Perrotti & Westheimer, 2001)).

At the same time, it is easily possible for people of any age to find internet, printed, and multi-media information about sexuality and sexual behavior — i.e. sexuality education and sexual images outside of the school curriculum. There is widespread agreement that such information ranges from accurate to erroneous and extremely harmful. Recent 2010 research reports that there are over 40,000 adult websites focused on sexuality (Ogas & Gaddam, 2011), so there is no shortage of sexual ‘information’ and ‘influential’ images in contemporary society.

Thus, we know that what has historically been regarded as ‘normal’ sexual intimacy has been greatly expanded beyond the so-called ‘missionary position’ form of intercourse and the assumption that the two people involved are in a heterosexual, legally sanctioned relationship. This is an area of rapid and diffuse explosion today (Ogas & Gaddam), and people’s sexuality will continue to be a topic of enormous concern, conflict, and struggle for clients who seek relational therapy.

**Emerging Acceptance of GLBTQ Sexuality and Relationships**

The struggle and the successes of the GLBTQ human rights movement during the past five decades have been notable in the headlines of the late twentieth and the twenty-first century thus far (Swan, 2014). This recent success is the result of many more important but obscure
efforts during the much longer ramp up of five decades spent exposing discrimination and unconstitutional treatment of homosexual citizens.

These shifts have occurred even among some of those within conservative religious traditions (e.g. Myers & Scanzoni, 2005), so that a majority of US citizens today believe that a person’s sexual orientation should not be a barrier to enjoying loving relationships, including access to the social recognition of civil marriage. Thus, people outside of what has been normative heterosexual orientation are increasingly public about their love and their committed relationships.

This civil rights struggle has led to increased awareness of sexual behavior by GLBTQ people, including gradually more enlightened debate about what is ‘healthy sexual behavior’ within a sub-group of people who have often experienced discrimination, bullying, violence, invisibility, and harsh social and religious moral judgments (Perrotti & Westheimer, 2001).

We have seen radical progress occur recently regarding the civil rights of homosexual or gay / lesbian / bisexual people, particularly regarding their rights to form legally sanctioned partnerships and families with legally-recognized children. In this case, what has been regarded as their non-normative sexual orientation is what is ‘different’ about the ‘family’ which they seek to form, and thus, to enjoy human love, safety, satisfaction, and well-being.

The cover page of the October 8, 2014 issue of the Minneapolis MN StarTribune presented a very historical dimension of this story (Condon & Rao). On October 7 of this year, the U.S. Supreme Court justices announced that they were letting stand recent lower court rulings which had struck down bans on marriage for gay people in five states. The effects of this decision to NOT hear arguments at the Supreme Court level regarding challenges to the legality of state-level gay marriage bans are substantial.
As a result, there is now a cascade of states realizing that they are unable to legally defend recent state laws that have restricted marriage to one man + one woman. These court cases were being filed by gay people who wish to marry and who were challenging recent gay marriage bans as unconstitutional and discriminatory for restricting ‘marriage = one man + one woman’. In other words, the core of their argument was that ‘marriage’ is a human and civil right in our society today.

Until this Supreme Court decision, there were only 18 states in which gay marriage had become legal by votes of the legislatures or the general population (NOTE: only one state, Minnesota, took this approach to overturning the ban on gay marriage). Now there are 30 states in which gay marriage is legal or soon will be legal, and 60% of the nation’s population lives in these states, according to the StarTribune story. It is forecast that within a few years, so-called gay marriage will be legal throughout all 50 states and the District of Columbia.

As was said above, these social change efforts, including those within conservative religious traditions (e.g. Myers & Scanzoni, 2005), have led a majority of US citizens by now to believe that a person’s sexual orientation should NOT be a barrier to enjoying loving relationships, including access to the legal and social recognition of civil marriage. Thus, people outside of what has been normative heterosexual orientation are increasingly public about their love and their committed relationships.

These GLBTQ issues affect almost everyone on a personal level in terms of people knowing a relative or friend or co-worker who is GLBTQ. In addition, when all of the people whose relationship lives are affected by homophobia regarding GLBTQ issues, discrimination, and human rights, it is easy to see that there are many, if not, MOST family relationships affected.
For example, as a society, we are increasingly recognizing that a great many of GLBT people have children and ex-spouses from earlier heterosexual marriages/partnerships. It is estimated that there are approximately several million children with GLBTQ parents in this country at this time. Some of these children are actually the biological children of a GLBTQ adult. In other cases, heterosexual spouses of GLBT people who have realized and chosen to come out regarding their sexual orientation, even though they have been married in a traditional way, can find information and support through the group Straight Spouse Network (on the internet at www.straightspousenetwork.org). The SSN is a national organization which provides information and online/phone/in person support groups for those affected.

In addition, it is estimated that there is also a very high percentage of people who are parents, siblings, and extended family members of GLBT people who also have this personal family-of-origin GLBTQ experience or who are classmates, co-workers, or neighbors with people who identify with GLBTQ sexual orientation. The PFLAG organization (i.e. Parents, Family, Friends of Lesbians and Gays) has been providing support, education, and advocacy services for over 40 years to these people. A great deal of useful information can be found on the internet at www.pflag.org for those who are interested. At this time, there are over 200,000 PFLAG members and 350 chapters in all 50 states.

This ongoing civil rights struggle has also led to increased awareness of the multitude of relationships in which GLBTQ people live their lives, including gradually more enlightened debate about what are ‘healthy relationships’ and what is ‘healthy female/male gender identity and behavior’ as well as ‘healthy sexual behavior’ for a sub-group of people who have often experienced discrimination, bullying, violence, invisibility, and harsh social and religious moral judgments.
Some expects emphasize how this historically harsh and rejecting treatment by many people has stimulated some of the ‘unhealthy’ individual and relationship behaviors which GLBTQ people display.

While these efforts proceed, nevertheless, we are becoming more aware and respectful of the multiple ways in which complex GLBTQ issues and a diverse range of people are living their everyday lives within all of the types of relationships which exist in our society.

In 2005, the American Association for Marriage and Family Therapy (AAMFT) organization publically announced the following position: “All couples who willingly commit themselves to each other, and their children, have a right to expect equally support and benefits in civil society” reported Green and Blumer (2013, p. 28).

As a society, we are beginning to recognize that GLBTQ people add intelligence, talent, joy, and inspiration to their relationships in our society. At the same time, we must also acknowledge that homophobia / discrimination and people’s own turmoil also result in serious negative struggles and impacts for many, many individuals and their relationships today.

**Sexual Intimacy Challenges**

Media presentations of sexual intimacy and sexual behaviors can be found everywhere today! Prime-time television, internet, YOUTUBE videos, pornography, and music / entertainment videos all contain portrayals of sexual behavior which are easily accessed by anyone, even young children, in an unregulated way. As stated above, there is wide-spread agreement that such information about sexuality and sexual behavior ranges from accurate to erroneous and extremely harmful today.

One way in which these media representations are extremely harmful is in creating the false and exaggerated expectation that EVERYONE EVERYWHERE is having PERFECT SEX
Real life and real people are NOT like that, and one negative consequence of these false expectations is that many people become unnecessarily depressed, self and partner judgmental, angry, and withdrawn about their sexual feelings, bodies, and intimacy experiences.

Michael E. Metz and Barry W. McCarthy’s valuable book, *Enduring desire: Your guide to lifelong intimacy* (2011), is another classic resource for therapists and their clients who are struggling in this vital dimension of partnership life. They focused on what they call ‘good enough sex’ (GES) in contrast to the exaggerated, unrealistic ways in which sexuality is depicted in today’s media. They wrote:

Do not get hijacked by words that over-promise and set up impossible and self-defeating expectations for sex. (p. 6) (...)  Hype sets you up for self-defeating performance demands and disappointment. (.....)  “Great” sex, especially in a committed relationship, is uneven and variable. What the best research suggests in that regular frequency and variable, flexible couple sex that is fully integrated into your real life is the best quality, most satisfying, wonderful sex for you as a couple. (p. 7)

In their book, they discussed five dimensions of sexual satisfaction and growth for couples: developmental life stages, biology, psychology, couple relationship skills, and psycho-sexual skills.

Metz and McCarthy also identified five basic positive purposes for sexual behavior in couples today: pleasure, intimacy, stress relief, self-esteem, and reproduction, thus broadening what had been much more restricted and morallistically judgmental purposes for sexual behavior historically.
Thus, traditional intercourse and organism are NOT the exclusive goal of sexual relations; rather, the focus is on the couple as an ‘intimacy team’ sharing sensuality, eroticism, intimacy, and mutual pleasure in multiple ways.

In a related book, McCarthy and his wife have written another excellent book (2009) for couples who want to explore and improve their sexual style in relation to the type of partnership relationship they have. In this book, they reported: “Less than 50% of the time will happily marriage, sexually satisfied couples describe a particular sexual experience as equally and mutually satisfying. (…) Fifteen percent of sexual encounters are functional but unremarkable. The most important statistic to remember is that 5 – 15% of sexual experiences of normal, healthy, happy couples are dissatisfying or dysfunctional. (pp. 4 – 5).

They offered three key guidelines for sexual satisfaction: (1) develop positive, realistic sexual expectations; (2) create sensual and sexual options; and (3) communicate sexual desires.

Michele Weiner Davis’ vividly titled book, The Sex-starved Marriage: A Couple’s Guide to Boosting Their Marriage Libido (2003), is a classic resource about a high-frequency reason for couples seeking relationship therapy today. Davis reported that this condition affects one third of couples in the nation. Historically, sexual dysfunction and lack of desire have been a shame-based, hidden problem with immensely negative consequences for such relationships and for both individuals involved. Ignorance and isolation about this problem had commonly led to power struggles, embarrassment, guilt, despair, couple conflict and / or silence, affairs, and divorce.

Such ‘sex-starved marriages’ are not defined by sexual relations being below a certain quota for frequency of sexual intimacy interactions. Sex-starved marriages occur both because
of substantial differences in sexual desire between partners as well as a due to a buildup of emotional intimacy disconnection between partners which leads to infrequent or no sexual interaction.

Typical results of these sexual disconnections include all sorts of painful relationship behaviors and negative emotions such as poor communication, power struggles, anger, exhaustion, lack of support, depression, jealousy, sadness, infidelity, and vindictiveness.

Davis wrote:

A sex-starved marriage is more about the fallout that occurs when one spouse is deeply unhappy with his or her sexual relationship, and this unhappiness is ignored, minimized, or dismissed. The resulting disintegration of the relationship encapsulates the real meaning of a sex-starved marriage. Sex is an extremely important part of marriage. When it’s good, it offers couples opportunities to give and receive physical pleasure, to connect emotionally and spiritually. It builds closeness, intimacy, and a sense of partnership. It defines their relationship as different from all others. Sex is a powerful tie that binds. (p. 8)

Davis divided her excellent book into sub-sections in which she addresses the perspectives and pain of both parties: the low-desire spouse and the high-desire spouse. She was careful to emphasize that effectively addressing the ‘problem’ in therapy involves substantial challenges for BOTH participants in understanding, empathy, patience, sensitive communication, and behavioral changes. She challenged several myths about low / high sexual desire patterns in marriages by emphasizing that this is NOT an exclusively women’s problem of low libido and that, given exaggerated societal expectations of hyper-masculinity for men, this problem can be extremely devastating problem for males with low libido.
She reported on important recent research that has found that different routes to sexual desire are ‘normal’ — i.e. feeling sexual desire and then acting on it vs. engaging in sexual behaviors which then lead to an increase in feeling sexual desire and arousal. This new research contradicts the myth that ‘if you don’t feel sexual desire, there is nothing which you can do about it’. Davis encouraged this second type of person that “your desire to be sexual only happens once the right physical buttons have been pushed’ (p. 12).

Finally, she appropriately emphasized that:

Once the intense infatuation characteristic of early relationships wears off (and it always does), desire is really a decision. You have to decide to make having a vibrant, exciting, emotionally satisfying sexual relationship a priority. (…) You must consciously work at understanding and keeping up with the changes in your body, your marriage, and the day-to-day demands of your life so that you can keep on reinventing your intimate relationship when it grows stale. It doesn’t just happen. You have to make it happen. (p. 13)

While Davis’ book contains useful general guidelines for partners to use in recognizing the problem and their associated honest feelings about the situation, and then, beginning to talk, explore, and change their behaviors related to emotional and sexual intimacy, this book is perhaps most effectively used as a resource while couples are simultaneously working with a knowledgeable relationship therapist.

**Emotional and Sexual Infidelity**

Infidelity has been viewed as a betrayal or breach of trust which must be explored in terms of both emotional intimacy and sexual intimacy for a couple.
Esther Perel (2013) has described infidelity as historically condemned, yet universally practiced, and thus she says, it is a common and complex issue in relationship therapy.

Historically, the dual purposes of sexuality in traditional marriage were for reproduction as well as being seen as woman’s ‘marital duty’. Sexual monogamy was part of a social system of patriarchy and a way of guaranteeing lineage. Today, the focus for sexuality has shifted to love, sexual rights, and sexual pleasure which create new kinds of opportunities and challenges, especially for contemporary egalitarian style couples. While monogamy is an ideal in today’s marriages, the reality of infidelity continues to be commonplace for both men and women.

Today, we recognize that there can be a wide range of motivations which exist for infidelity including: as a way to break out of merging or alienation within the marriage, as the quest for a new self or a lost part of self, reaction to other problems of life (i.e. loss of a job, parent illness, loneliness, fear of death), as an attempt to deal with feelings of insecurity, to stir jealousy or as an act of revenge, and to cope with disabled or chronically ill spouse or differences in libido between spouses.

The therapeutic culture of infidelity is gradually shifting, according to Perel (2013), Spring (1996), and other experts. Historically, there was an assumption of infidelity being symptomatic of inadequacies in the couple’s relationship, language of moral condemnation and pathology was used, and heated discussion of whose ‘fault’ and ‘responsibility’ occurred. Today, in contrast, there are emerging views that some affairs are sought as ‘marriage stabilizers’ or opportunities for individual expansion which can offer individual and relationship or renewal.

Couples as well as mental health professionals engage in Intense debates about possible new meanings and boundaries for the practice of ‘monogamy’ involving commitment and / or exclusivity regarding: thoughts, fantasies, flirtation, desires, arousal, emotions, actions, sex, and
Emerging ethical questions (Ben Zeev, 2004; Perel, 2013) in this area include: is faithfulness a virtue in the presence of multiple emotional betrayals, including neglect, contempt, humiliation, abuse, within couples? Is possessiveness an archaic remainder of patriarchy or is it fundamental to ‘love’? What morality relates to virtual infidelities? ..... to emotional affairs?

The role of the therapist in working with clients where infidelity has occurred is very complex. Perel urged that therapists be deeply and honestly aware of their own values beliefs, assumptions, and personal history with infidelity. Therapists are urged to determine where the couple and each partner is about the infidelity and its multiple meanings and impacts. Prevailing issues during treatment will include safety, betrayal, trust, autonomy, growth, grief / loss, transparency, blame, secrets, apology, and forgiveness (Spring, 1996). Intense, contradictory emotions and zig-zag pathways will be highly characteristic of the process of therapy. Therapists are urged to have both couple and individual sessions with confidentiality.

Perel (2010) summarized three types of patterns in the ways in which couples process and reorganize themselves after infidelity: (1) couple remains in mutual antagonism, bitterness, revenge, and self-pity; (2) couples who remain together because of honoring the values of lifelong commitment and continuity and who revert to a more or less peaceful version of their prior marriage without undergoing any transformation of that marriage or themselves; and (3) they reinvent their marriage through transformation. Perel’s article, “After the Storm”, published in The Psychotherapy Networker (July / Aug 2010) issue details each of these three types of couples working with a therapist.
Sexual Addiction

In this area of sexuality, there are clearly recognized expertise and increasing availability of resources and specialized treatment services. Sexual addition is closely aligned with other forms of addiction. Patrick Carnes (2001) and related resources by his wife, Stefanie Carnes (2011; 2012) are internationally recognized authorities and pioneers regarding the causes, dynamics, and treatment elements for those who are sexually addicted and their partners. Minnesotans Mark (2008) and Debra (2008) Laaser provide similar excellent resources within a Christian religious framework. Another well-respected resource is Women, Sex, and Addiction by Charlotte Kasl (1990) which is one of few which focuses on female sex addiction dynamics.

Sexual addition is enormously different in important but subtle ways from someone who ‘really loves’ sexual feelings, behavior, and intimacy with a partner. It is also different than enjoying erotica as part of one’s sexual life.

The criteria for sexual addiction is NOT frequency of sexual behavior, but rather, the REASONS or MOTIVES for a person engaging in sexual behaviors and intimacy. Sexual addiction should be viewed as an ‘intimacy disorder’ (Laaser, 2004). In fact, sex addiction is really NOT at all about compulsive sexual intimacy, but rather, using sexual behavior to compulsively avoid intimacy due to feeling intense pain and numbness from personal shame, guilt, despair, and negative self-image.

The January / February thematic issue of Family Therapy Magazine of the AAMFT focuses on ‘sexual compulsivity’ and is a useful resources for relationship psychotherapists. Carnes and Carnes (2010) provided a very helpful, robust discussion of sexual addition as a viable diagnosis and a treatable illness and distinguish it from much of the media sensationalism and misunderstanding surrounding it in today’s society. In their article, they provided specific
guidance about the criteria for diagnosing sexual addition using the Sexual Addiction Screening Test (SAST) and the PATHOS Questionnaire Items which focus on client’s Preoccupation, Ashamed feelings, have sought Treatment, have Hurt others, sexual desire Out of control, and feel Sad after sex.

Such painful conscious or unconscious emotions are typically due to a person having had extremely harsh and age-inappropriate childhood experiences of exposure to sexual behavior, sexual and emotional abuse, lack of boundaries, experiences of abandonment and failure to bond / attach with adult caretakers as a child. The stress of these emotional confusion is so extreme that sex addicts act out their pain using sexual behaviors by which they, perhaps even unconsciously, seek to simultaneously numb themselves and seek to regain a sense of control over their own lives and others with whom they relate in sexually addictive and inappropriate ways.

Over several years, undiagnosed / untreated sex addicts use a range of sexual behaviors in an increasingly frequent manner, desperately unable to stop. THAT is the nature of addiction. These out-of-control behaviors include sexual actions with one partner as well as with multiple consenting (i.e. love affairs and prostitutes) and non-consenting partners (i.e. rape), cyber-sex, pornography, masturbation, exhibitionism, voyeurism, obscene phone calls, child molestation, and so forth.

In these ways, we can understand that sex addicts are seeking basic approval and connection with other human beings, but their earlier emotional and sexual traumas have created such out-of-control needs and mis-guided thinking about how to connect with others in healthy ways. Addressing these emotional needs and faulty thinking is central to effective treatment for the sex addict.
As said above, men and woman may be sexually addicted, although the cases of women are fewer and less recognized in our society today. In addition, male sex addicts may suffer additional shame and difficulty in being identified, diagnosed, and treated because of societal expectations that men in our society are sometimes seen as more ‘manly’ or ‘masculine’ when they are hyper-sexual.

Furthermore, sex addicts may be ‘ordinary citizens’ or people in sensitive positions of authority ---- e.g. ministry, education, health care ---- where their addition and related sexual behaviors can harm many people far beyond their families, co-workers, and friends. It is also not uncommon for sex addicts to face enormous medical, employment, legal, and financial problems as well as family questions about sexually-transmitted diseases, divorce, parenting, and inter-generational conflict as others are exposed and embarrassed by what has occurred.

The basic dynamics of sexual addiction share many features of other forms of addiction. Multiple addictions often characterize those who have been most profoundly abused and traumatized by their earlier-in-life experiences. It is estimated that over 50% of sex addictions are also alcoholics, according to Mark Laaser (2004).

It is important that the sexual addict as well as his / her partner seek long-term, intense, and specialized treatment. This is likely to involve an outside referral from a mainstream family / relationship therapist. Both the sex addict and partner need treatment, both individually as well as as a couple. The resource books by Patrick and Stephanie Carnes and by Mark and Debra Laaser outline these dual issues extremely well and are highly recommended reading for mainstream relationship therapists as well as clients in treatment as sex addicts or their partners.
Exploring Possible Recommendations within Practical Limitations

The core focus of this MA project literature review has been to explore some of the emerging developments and issues occurring in three different topic areas which are key elements in people’s relationships in contemporary society. These three are merely examples of many emerging societal influences which are impacting relational psychotherapy today.

The approach taken in this MA project has provided rich learning about these three societal influences and many opportunities to speculate about how broadly and specifically these could influence the therapist, clients, their therapeutic relationship, their interaction, and the goals and outcomes of relational therapy.

The overall message has been to encourage and to illustrate how knowledge of these societal influences has great potential to contribute to more context-specific and context-appropriate psychotherapy for the client’s needs. Responsibility for having and using this knowledge is certainly that of the therapist, but it is possible to also imagine helping the client to more explicitly consider how her / his contextual influences are sharing current life and the future.

Further, more specific discussion follows here.

Cautions and Limitations of Literature Review Research

Because the parameters of this choice for the MA Project requirement at AGS are that it be a literature review, NO claim will be made that these specific context-related sub-topics are precisely the ‘right ones’ or the ‘most important ones’ or that a therapist’s knowledge of these will absolutely and empirically make one a ‘better, more effective’ psychotherapist in practice.

Indeed, the nature of a literature review is not at all presenting fresh, new empirical research, but rather, it is appropriately limited to identifying and discussing trends and patterns
found in other research and other knowledge-bases surrounding a particular field. It is somewhat like ‘panning for gold’ in the old west ----- one is searching for ‘nuggets’ of significant importance and exploring their possible significance.

Thus, the methodology used here is to identify some stated criteria to identify topic areas, select key resources, and to provide topical summaries / analyses of emerging knowledge in these topics areas.

One of the strong recommendations here that therapists further explore these specific topics (and others !) as well as exploring the contents of these specific recommended resources reviewed here are the first part of the core message here.

These three topic areas are important in their own right as well as examples of other influential emerging societal influences. Thus, the contents of this MA project is can, in turn, guide other relational psychotherapists to engage in their own additional relevant professional development, both individually and with others.

However, recommendations will not be limited to specific emerging knowledge and developments in these three topic areas. The overall recommendation will more focus more strongly on the macro-level idea that psychotherapists have a professional challenge and obligation to continuously explore such societal influences as vital parts of better understanding the contexts of themselves, their clients, the processes and outcomes of doing therapy. This knowledge, questions, and sensitivities have the potential to help contribute to them becoming more insightful, sensitive, and effective therapists.

A blunt or ‘headline’ way of saying this is: therapists thinking of either themselves or their clients in ‘plain vanilla’ and ‘cookie cutter’ ways today is inadequate for the knowledge-
base which this field is coming to have and for the professional responsibilities which they have to effectively serve their clients. More will be said about this later.

**Initial Preparation Programs**

Earlier in this paper, the overall elements and procedures in initial preparation program for MA level psychotherapists were identified and discussed.

The concluding paragraphs of that section were: The overall summary of these current features of many of today’s initial preparation programs is that their curriculum / teaching / assessment practices are shallow in depth, narrow in range, superficial and non-learner outcomes-based.

One interesting exception is the 2010 book, *Highly Effective Therapy: Developing Essential Clinical Competencies in Counseling and Psychotherapy* by Len Sperry, a noted Adlerian scholar. Unfortunately, not much use is apparently being made of Dr. Sperry’s resource book or his basic message ---- i.e. the book has not be updated, has only one customer review on Amazon, and is listed as selling at the rank of 1,276,245 among all Amazon books.

Thus, to return to overall trends: initial preparation programs seem to be very limited, shallow, slim, and simplistic compared to the complexity of the actual work of relational psychotherapy and to the unfortunately vaguely articulated professional and program standards of MFT national organizations and state-level licensing boards. Other clinical and professional fields are much more advanced and have performance-based standards than what is ‘typical’ in initial preparation programs for psychotherapists of either individual or relational clients.

Having already offered this overall critique, I would further recommend that faculty consider how courses and related clinical learning might more explicitly teach grad students using a dynamic, interactive schemata or graphic organizer for organizing the information and
skills they are learning and reflecting on their initial clinical learning experiences. A key part of this graphic organizer should be to help young therapists consider how contextual knowledge and questions about context could be used to help them to understand their clients more fully and accurately, and thus, work more appropriately and effectively with their clients.

The role of graphic organizers in aiding student learning is already well established through research on human cognitive processing. Graphic organizers are also frequently used as a template or schematic model for organizing perception of complex input for social judgment decision-making, such as clinicians routinely do who work in the human services professions.

A very basic version of this schemata has already been described earlier in this project report. It is based on what was developed nearly two and a half decades ago and what is known as ‘reflective pedagogical decision-making’ by educators (Simmons & Sparks, 1987; Sparks-Langer, Simmons, et al 1990). The general parallels to the clinical perceptions, analysis, and decision-making work of psychotherapists have already been explained earlier in this report.

Teaching young therapists to gradually pose increasingly knowledge-based questions and to reflectively explore reasonable hunches about the CONTENT of their profile as a therapist, each of the client’s profiles, and the therapeutic goals and processes as well as HOW these could be dynamically inter-connected would be fundamental to using this schemata as a powerful, useful teaching / learning tool. This habit is as basic as the therapist posing questions to his / her self about “what do I know about X? how could X factor be influencing this case? how could I explore this further ?”

Secondly, I would also recommend that a great deal more depth and breadth be added about CONTEXT elements to every course and to clinical learning experiences so that the
learning of young therapists can more richly correspond to the actual complexity of doing this work and more robust functioning as a psychotherapist.

This learning about context elements needs to occur both within an ‘interior’ dimensions (i.e. the therapist’s own life, meaning, and interpretations) and ‘exterior’ dimensions (i.e. what questions, hunches, experiences, controversies are found in the external practical and scholarly worlds). Furthermore, it is NOT adequate to isolate graduate students’ learning about such contextual factors into one course which is frequently titled ‘Multicultural Counseling’ ---- this lesson has already been clearly learned in the early, simplistic curriculum reforms done in the initial preparation programs of other human service professional fields.

Thirdly, much of the content topics of what gets attention already in a course titled ‘multicultural counseling’ should be vastly expanded to include many more important and influential dimensions of people’s lives ---- e.g. gender, sexuality, religion / spirituality, language, relationship status, socio-economic status, medical health status, psychological characteristics, sociological characteristics, and so forth.

Fourth, complex and more inquiry-oriented teaching / learning about these specific dimensions should be featured or infused across every single course in an initial preparation program, not just minimally featured in one course. James Banks’ four-layer taxonomy (1993) showing options for what the goals of this learning could be should be adapted so the minimal goals of young therapists learning multicultural names and words may become much more advanced learning. This higher level, more complex learning should focus on how these contextual elements function dynamically in people’s lives, including themselves as the therapist ---- e.g. alternative perspectives, critical thinking, social action goals.
Fifth, psychotherapy grad student’s culminating project and smaller clinical analysis projects along the way might be organized much more explicitly to feature in depth learning about these contextual elements in the clinical practice of psychotherapy. Such a schemata should be frequently used in seminars and supervision conversations about student’s clinical practices, both as initially design and carried out as well as in reflective conjecture and new implementation of ‘next steps’ with ongoing clients.

**Continuous Professional Development Programs and Activities**

Earlier in this MA project, the overall elements and procedure in continuing education programs for MA level psychotherapists were identified and discussed. The concluding paragraphs of that section were:

> Thus, there is little professional development which features CONTEXT BASED content such as this MA project has featured. What mention of context elements which occurs is embedded as a third or fourth level element in more practice-oriented workshops.

> With this dismal state of current professional development for psychotherapists, it is perhaps more realistic and uplifting to focus on individual self-study or the potential of small peer consultation groups, task forces or study groups in professional organizations or agencies, and book clubs as appropriate locations of richer, more nuanced, and more relevant professional learning.

> Much much more of this sort of learning needs to be established, encouraged, marketed, and utilized by and for psychotherapists in relation to the actual needs of practice with today’s clients and their needs!!

> In the best of what can be imagined and designed, there would be frequent opportunities for therapists to actually identify ‘issues or problems of practice’, identify and share / obtain
relevant professional knowledge, and explore possible hunches about application of these ideas in the form of ‘action experiments’ as they work with these clients and issues (Simmons, 1984; Sparks & Simmons, 1990).

While it possible to do this sort of reflective decision-making about one’s practice individually, it can be much more fruitful to engage in collaborative consultation or study group exploration because of the exchange of knowledge and perspectives which becomes possible.

There are many cutting edge professional development practices occurring in education today which could be adapted to help advance the quality of professional development available today for psychotherapists.

At this level, I think that it is perhaps most realistic (and intriguing!) to begin to explore some of the strategies identified above in casual and personal explorations or ‘small inquires’ focused on creating and assessing more in depth and clinical practice-based continuing education. In addition, creating ways for continuing dialogue about these little experiments through in person ‘study groups’ and in print forums would be useful ways to broader these smaller experiments into bigger scale but yet personally-focused reforms in continuing education for psychotherapists.

**Clinical Practice as Reflective Decision-making**

The core message here is not that psychotherapists should turn themselves into full-time social scientist researchers, because, indeed, their chosen focus is on the clinical practice of psychotherapy. Rather, what is appropriate, I believe, is to recognize the importance of psychotherapists being avid social science consumers and being thoughtful reflective decision-makers about themselves, their clients, and their clinical work.

Indeed, this recommendation includes giving priority attention to the arts, human biological sciences, spirituality, wellness, fitness, nutrition, and so forth, because all of these
fields of study explore and influence the human condition and unfolding human and relational developments. Each of these are robust fields of creation, description, investigation, and discoveries which surround us as human beings, like a three dimensional holograph.

Secondly, psychotherapists should also recognize that the range of societal influences for their clients varies from very little to large-scale impacts. One way of recognizing this in its most realistic terms is to realize that individuals respond and react to external influences by agreeing or cooperating with a particular influence at one end point of a continuum, and at the other extreme, by steadfastly disagreeing or moving away from a particular influence at the other end. For example, there are many elements of so-called ‘popular culture’ with which some people disagree, even distain, and so, they hold fast to opposite views and actions. These people respond to popular culture elements in at least a 180 degree manner. These influences are not unidirectional nor inevitable, but what is true is that THERE ARE SOCIETAL INFLUENCES for each person. Thus, specific clients may agree or mildly disagree or completely disagree with some of the gender and sexual issues presented here, but it is important for a therapist to know about this.

A third caution about these ideas involves recommending that psychotherapists focus on those societal influences which are most RELEVANT to themselves, their clients, and their practice. Again, this does NOT involve therapists turning themselves into full-time social scientists, anthropologists, librarians, or information collectors and analysts. Their proper focus should be on what is judged to be useful and relevant to the practice of psychotherapy in a particular setting, not to ALL that is in the universe. With time and practice, the breadth and depth of this ongoing search, like a fishing net, should become clearer, more focused, and more habitual for therapists.
Fourth, working on this challenge of professional learning in clinical settings may occur either through individual learning or organized professional development study, or in a combination of these strategies along this continuum. Perhaps the point is most easily made by repeating that there is great value in any therapist’s own curiosity and engaging in continuing education and consultation about a reasonable body of questions and the unfolding of related knowledge related to their own clinical practice.

Ryan Howes elaborates on this idea in a 2012 article in *Psychotherapy Networker* about what he calls ‘communities of learning / practice’. Howes wrote: “Although the term is relatively new, the idea of communities of practice is old. It refers to a kind of learning partnership between people who share something that they actively do, whether it’s learning a craft, pursuing a profession, or playing a sport. The concept applies to groups in which skills are learned and knowledge shared without the formal quality we usually associate with ‘vertical learning’ (p. 63).

A fifth important point involves multi-media and what we might refer to as an ‘anthropological lifestyle’. While it is natural for those of us who are ‘older’ to say READ, it is none the less true that in today’s society, it is equally vital to INTERACT, TALK, LISTEN, and VIEW. For example, we probably underestimate what can be learned from conversations, television, social media, music, and film as very revealing of societal influences and issues affecting human beings today.

Finally, the need for therapists developing and using a HABIT of periodic environmental scanning is also clear. It is easy to recognize that the habit of thoughtfully reading news magazines for the public as well as professional and association journals provide therapists with convenient access to this sort of information and background analyses. For those who already
read such resources, perhaps the message is to read with this purpose: what specific influences operate? how might these trends affect myself, my clients, my practice processes and intended outcomes?

In closing, I want to repeat a story which comes from my first year of teaching high school in Bogota, Colombia in South America just as I’d finished college. The message of my story involves the utter importance of the habit of asking questions as human beings.

I taught English and English-as-a-second-language to students in grades 8 – 12 in a bilingual school for girls. With my seniors, at the end of the year, I decided to spend a couple class sessions reviewing our semester content and talking with them about the characteristics of ‘good questions’ and ‘important learning’.

Then, I challenged them to look back over what we had studied and to develop 3 – 4 ‘good questions’ as homework which they would then answer in our ‘final in class exam’ time frame. They were to do this in order to demonstrate some of the breadth and depth of what they’d learned that semester during our time together.

Preparing to finish the semester in this way was very motivating to my students. In addition, these turned out to be probably the most revealing and refreshing student papers which I ever received in all my 35+ years of teaching!! How students selected main themes and core learning in very personalized ways was exciting to see. The levels of their learning and understanding ranging from shallow to profoundly integrative, and their highly varied personal interpretations were very apparent. Most of them demonstrated how very proud they were of their own active role, diligence, and initiative as learners with this very unusual, creative assignment.
I will always vividly remember this ‘experiment’ and its lessons about personal relevance and inquiry for my lifetime.

Finally then, THIS is a personal example of the broader point I wish to make here: the great value of therapists posing and exploring their own contextual questions with sincerity, curiosity, and energy about themselves as therapist, their clients, and their clinical practices can lead to a more comprehensive understanding of ALL that is involved in doing this work professionally and with integrity and comprehensiveness and effectiveness.
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