The Relative Importance of Fathers' Participation in Family Therapy

Alice Ann Smith Aldous

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THE RELATIVE IMPORTANCE OF FATHERS' PARTICIPATION
IN FAMILY THERAPY

by

Alice Ann Smith Aldous

A report submitted in partial fulfillment
of the requirements for the degree
of
MASTER OF SCIENCE
in
Psychology
(Plan B)

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To my chairman, Dr. William R. Dobson, who guided me knowingly through this experience,

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Thank you,

Alice Ann Smith Aldous
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INTRODUCTION

Family therapists, especially those who are proponents of systems theory, see family counseling as the therapy approach for both individual and family problems. However, the goal of working with the whole family in attendance often is not realized. Entire families are not always willing to participate in therapy, especially if some members feel the problem is one family member's behavior alone. Even after agreeing to be part of counseling, family members often feel the problem is one person's and not theirs, or the problem of the whole family (Woodward, Santa-Barbara, Levin & Epstein, 1978). Therapists surveyed by Berg and Rosenblum (1977) report that fathers are the family members most likely to resist family counseling involvement. Family members reported that the father was most often responsible for family cancellation and was the member most often absent.

Several studies have addressed the question of whether or not fathers are important in improving family interactions. Most authors are cautious in the conclusions they draw, and the reports may not agree.

Martin (1977) in a study on brief family intervention reports that the presence or absence of the father in therapy involving "mother-child problems" did not significantly affect outcome. Martin reports that though his work does not support the importance of fathers' participation in the group as a whole, there were individual cases in which fathers clearly sabotaged the therapy when they were not involved. In research on the father's importance in parent education, Firestone, Kelly...
and Fike (1980) were doubtful that the father's presence in this training intervention added to the original mothers-only intervention. Miller and Gottlieb (1974) showed fathers' personalities were not predictive of the outcome of family therapy. On the other hand, Gottschalk, Brown, Bruney, Shumatz, and Uliana (1973) saw marked improvement as fathers who initially were uninvolved became involved in a parents' group associated with a children's clinic: These authors stated that the father's involvement, attitude, and quality of interaction were predictive of children's improvement.

Although there is disagreement about the necessity of including fathers in order to affect change in families, fathers do make some demonstrated differences in family therapy. There are indications that fathers take a leading role in the interactions in family counseling sessions. Postner, Guttman, Sigal, Epstein, and Rakoff (1971) found improvement in affective expression and communication when fathers were more talkative than mothers. Magargee (1977) noted that fathers lead their family members in behavior which either approaches or avoids solutions of their communication problems. The first of these interaction studies, then, shows improvement as the result of active participation by the father. The second study substantiates the father's leadership of interaction but may not establish anything about his role in successful therapy outcome.

**Purpose of Paper**

The purpose of this paper is to survey research and literature on family therapy to assess what is known currently about contributions of fathers in family counseling. At the same time, theory about fathers'
participation in family therapy and his expected contributions to it are summarized here. Because a certain amount of theorizing and speculation are involved, the major question of this paper will be narrowed to avoid moving too far from the known. The main question will be the importance of the father's participation relative to his nonparticipation. Questions of the significance of the father's involvement relative to his family members will be mentioned, especially when the literature makes comments on that question. It will be important to note the limitations of the questions asked. Though the questions "what is missing when father is absent?" and "what does father's participation contribute?" can be attempts to answer the same question, knowledge in these areas combined will not give a complete picture. The other significant limitation of this paper is that it will not consider individually the contributions of mothers, children, therapists, and others. From this paper, further research and review can be done to make a greater picture of what each member contributes to and what takes place in family therapy.

Method

By summarizing research and theory about fathers' participation and this participation's impact on family therapy, this paper will be helpful to both researchers and practitioners. Current research is described, and areas where further research could be done are outlined. As theory becomes more established or confirmed by research, professionals working with families can better use and encourage fathers' participation.
Only a few pieces of research or theory directly ask the question of what fathers add, if anything, to family therapy. Other literature was used to suggest what contributions one might expect a father to make in his family's counseling. First, existing research was described and analyzed in detail. Included here were research about the success of interventions with or without fathers, studies on interaction patterns in family therapy centering on fathers, and approaches for spouses in dealing with partners who choose not to participate. Next, research and theory designed to answer related questions, but which discussed fathers in therapy, were utilized. Writings in this category included commentary on engagement in and termination of family therapy, on low-income and minority populations in family therapy, on some other specific problems seen by family therapists, and literature on attempts to involve fathers in family counseling.

Some literature on the father's familial role, on principles of family therapy, and on different approaches to therapy were described for a picture of the contribution fathers are expected by therapists to make. Some of the description of the father's contribution to family counseling come from the current sociological and psychological views of his role in his family and in individual family members' development.

Systems theory, because of its emphatic emphasis on the whole family's involvement, was next reviewed. An indirect source of information on the importance of father's involvement came from writings on missing family members' impact on therapy. Additionally, inferences were drawn from the current psychological approaches to family therapy, which included communications, psychoanalytic, Gestalt, Adlerian, transactional analysis, and behavioral family interventions.
The final sections seek to draw some general conclusions and give suggestions for research to be done on fathers and family therapy.

Definitions and Explanations

By defining terms and explaining some basic decisions made in focusing this paper, the author will show more clearly what is being addressed. The most basic explanation is that the terms "therapy" and "counseling" are used interchangeably. "Therapists" and "counselors" are also traded.

In order to have some (although limited) basis for comparing such varied methods, an attempt was made to review literature on interventions with all family members present. Sometimes findings from partial family counseling or marital (couple) therapy seem to be related or give some further information. A few of these articles are included.

Various presenting problems were considered, although some theorists, particularly systems therapists, believe that the identified problem is not the real problem but only a manifestation of the entire family's dysfunction. It was helpful to consider writings and studies which looked at various reasons why families sought counseling and what impact, if any different problems had on the father's contribution to therapy. Le Fave (1980) found that families continued in therapy significantly longer if a parent were the identified patient than if a child or an adolescent were seen as being the problem holder. In discussing his study, Le Fave also suggests that the parent who is not the identified patient is also more likely to be resistant to treatment. If the father is not the "problem," then, he may be less willing to continue in counseling. No one as of early 1982 has examined the present-
ing problem in terms of family members' willingness to attend if they are the "identified patient." However, Solomon (1974) suggests once a family is in therapy and the focus is away from one person's symptoms to the whole family's contribution to those symptoms, the presenting problem may have little influence on the outcome of therapy. In this paper only instances where the presenting problem seems to influence the father's involvement will be pointed out.
STUDIES EVALUATING FATHERS' INVOLVEMENT IN FAMILY THERAPY

Studies evaluating the father's importance in family counseling do not demonstrate that the father's involvement is necessary in therapy. Many of these studies use behavior management (social learning) principles for family interventions. As previously mentioned, both Martin (1977) and Firestone et al. (1980) aimed their research at the question of the necessity of the father's involvement in interventions with his family. Martin's (1977) work compared families trained in conflict resolution and contingency management with untrained families. These families were selected for therapy because their problems were "mother-child" problems. Fathers participated in some families and, though willing, were asked not to in others. Training improved these long-term parent-child problems but with the same improvement rate for father-included and father-not-included groups. Firestone et al. trained parents in behavioral management of problem behavior and had a waiting list group for a control. These authors describe "that both treatment groups showed a significant decrease in problematic behavior after therapy." (1980, p. 46) However, in the discussion section they suggest any one parent's participation may be sufficient for behavior change. These authors seem to be suggesting that no difference in results was seen between father-included and father-not-included groups, which the previous comment does not verify. Their comments also seem to suggest a minimum of change is sufficient.
One question which might be raised about the work of Martin (1977) and Firestone et al. (1980) is whether theirs was an accurate comparison of results between a group with and a group without fathers' involvement. In the study by Firestone et al. (1980), fathers received the same training as mothers. These fathers had been screened for their willingness to be involved in therapy, as were fathers in all families who participated in Martin's (1977) work. One might expect that willing and trained fathers should have made a greater difference in their family's progress. However, another interpretation of the study may be that these trained or willing fathers unintentionally contributed to problem resolution results in the no-father groups and thus evened out the effects of the slightly different groups.

Miller and Gottlieb (1974) trained families in behavior management and evaluated the use of their parents' Minnesota Multiphasic Personality Inventory (MMPI) results to predict a lasting response to treatment. Though the mothers' personalities, as reflected by the MMPI, were predictive of success of treatment, the fathers' were not, even in the portion of the cases when mothers' personalities were not predictive of success. Elaboration on what this study means is difficult because it is the beginning of attempts to link personalities and treatment success. It is possible, as Miller and Gottlieb suggest, that there are other portions of a father's personality which contribute to family therapy's success. It is also possible that fathers do not contribute significantly to therapy, or that they do, but not in a way that is measurable by personality inventories. Since other authors (Slipp, Ellis, & Kressel, 1974) suggest a connection between authoritarian attitudes and family therapy improvement, further research may reconcile
these contradictions and illuminate more elements in the family or in individual parents which improve or hamper therapy with their families.

The work of Miller and Gottlieb (1974) suggests that the type of personality of the father is not central to therapy. In contrast, Gottschalk et al. (1973) noted fathers were central in their child's improvement. These authors described their experiences in a counseling center for problem children. They found fathers who were actively involved made a difference in moving family therapy to success.

Though these studies do not represent all theoretical frameworks for family counseling, they show that the generalization that therapy is more successful when the family father attends is not true for all cases. Data from these studies, however, is not strong enough to negate the father's contribution but only to show there is reason to doubt this contribution's importance.

Two studies of family therapy process give an idea of what the father contributes to the ongoing interaction in therapy. Postner, et al. (1971) recorded interaction patterns such as who spoke, how often they spoke, and to whom they spoke in therapy. This data showed that favorable outcome of therapy occurred most frequently when the therapist directed more speech to the father than others and when the father spoke more than other family members. Magargee (1977) described the tone of fathers' communications and noted changes of tone during family therapy. She found that the fathers avoided problem-solving communication with their families, but were more open with the therapist. More importantly, the father's behavior, whether approach or avoidance in nature, was followed by other family members' responses of the same tone. It might be helpful to investigate the kinds of situations in which fathers lead
their families towards approaching problem behavior to learn more of what the father's impact on therapy is and to capitalize on the father's positive effects.

An element apparently missing from Magargee's (1977) study is a comparison of the frequency of the father's leading communication as opposed to the mother's or other family member's doing so. We are not sure if fathers lead interaction more often than others do. This same study does show fathers avoiding family interaction and being more open to therapists. This observation agrees with studies which suggest fathers are the most reluctant to participate in family counseling.

Studies by Postner et al. (1971) and Magargee (1977) suggest two possibilities: Either fathers lead family communication patterns in therapy or fathers are the family members who represent the entire family's feelings in counseling sessions.

A final area of research which is directly helpful in evaluating the father's contribution to family therapy is research exploring training of one spouse by another. These studies, by establishing training of an absent family member by an attending family member as a somewhat effective procedure, both provide an alternative and suggest some doubt of the actual necessity of the father's physical presence in therapy. Brock (1979) tested to see if one spouse could train another in communication skills. He then measured to see if such training improved a couple's marital communication, relationship, of satisfaction. Mixed results were reported. Spouses could be trained by spouses in communication skills but no significant differences were observed in the marital measures. Brock felt a longer study might have shown differences. Adubato et al. (1981) also showed one spouse could train another in
child behavior management skills. Goldstein (1971) trained wives to modify their husbands' behavior and eight of ten were able to increase desired responses from their husbands. These are examples of training part of the family to improve the communication or behavior in the family. These examples were not specifically compared to family therapy, but give the suggestion that changes can take place when the father is not present in training.
RELATED RESEARCH SUGGESTING FATHERS' CONTRIBUTION TO FAMILY THERAPY

Engagement and Termination Literature

Another approach to describing and analyzing fathers' importance in therapy deals with investigations of family engagement and participation in therapy. This literature arose out of observations that fathers participated less often than other family members in family counseling. A series of studies were done which were interested in why and how families initiate, become actually involved in, and terminate counseling.

Shapiro and Budman (1973) were the first to specifically mention fathers. Their study compared individual therapy and family therapy termination and looked for possible reasons for termination of therapy. Father, mothers, and identified patients from families who terminated early were asked to describe who was least enthusiastic about continuing therapy. Fathers were most often mentioned. In families who continued therapy, fathers were shown to be at least equally enthusiastic as mothers about continuing therapy.

Slipp et al. (1974) studied eight factors both in families who continued or who terminated therapy. The father's importance is reflected in two areas. First, if couples together initiated counseling their family was more likely to stay in therapy. Secondly, families were less likely to continue in counseling when one or both spouses had highly authoritarian attitudes. There also seemed to be a relationship between low-income fathers and their family members. Authoritarian attitudes
and low-income status relate to resistance to or early termination of family therapy.

Slipp and Kressel (1978) added to the idea of a relationship between certain factors in families who terminate therapy prematurely. They described spouses in these early-drop out families: Husbands were more likely to be black or Puerto Rican and also to be unemployed than husbands in families which did not terminate early. Terminating husbands may have greater outside pressures. Terminating families themselves saw their problems as more concrete, like financial pressures, and less related to their family interactions. The staff who evaluated these families, on the other hand, felt just the reverse was the case. When a spouse in a prematurely terminating family did not describe concrete problems, he or she was more likely to describe the problem as being his spouse's, not his or the family's. Possibly these husbands and their families do not see any reason for family therapy when they feel the problems which concern them are of a concrete nature (such as financial or occupational) and are not brought on by themselves but by outside sources.

One possible clue about fathers' willingness to participate in therapy, comes from a study by Kressel and Slipp (1975). Husbands and their wives each saw their family conflict and communication differently. Husbands who stayed in counseling reported satisfaction with conflict resolution and communication. Wives who stayed were dissatisfied with these same interactions. If these are honest reports, counseling may be a different experience for husbands and wives. Another suggestion about the father's involvement is made by Rice (1978). His supposition is that males are less accustomed to expression of feelings
than females and that they may feel unequal in ability to deal on this level with their wives and with therapists.

LaBarbera and Lewis (1980) found, in a review of families involved in a children's treatment center, that the father's participation at the initial interview had a positive correlation with his child's participation in therapy. Interestingly, fathers of children not continuing in treatment claimed no responsibility for the decision to terminate the child. Children from fatherless families had an even smaller percentage who were engaged in therapy. It is possible that the fathers who attended initial interviews were more adjusted and able to take advantage of psychological treatment than those not attending. The other possibility is that fathers play a pivotal role in deciding whether or not children receive needed treatment. The latter suggestion is a more likely interpretation in view of the low participation by mothers-only families.

Fathers who did not attend initial interviews also seemed to picture therapy differently from fathers who did attend. Non-attenders saw the goal of counseling as the reduction of symptoms and the elimination of their children's misbehavior. Those fathers who did attend expressed more interest in the emotional experience which their children encountered in therapy.

Le Fave (1980) verified four factors which were predictive of nine out of ten families who terminate therapy early: no previous agency involvement, presence of antisocial acting-out, a child or adolescent problem holder and two children. He also found attendance of the father at the initial intake interview and at early treatment sessions was correlated with engagement in family therapy. This author did not analyze
fathers' attendance along with the other four factors for its ability to predict early termination. It was noted, however, that the father's presence at intake was associated with subsequent attendance but that his absence at intake did not predict his absence during therapy.

These studies generate a list of factors which are related to families' engaging in or not remaining in therapy. Some of these factors which particularly relate to fathers are the father's enthusiasm for therapy, initiation of therapy by father or joint initiation with spouse, low authoritarian attitudes, father's employment, and his initial attendance at therapy. Several sources -- case reports (LaBarbera & Lewis, 1980), reports of other family members (Shapiro & Budman, 1973), and descriptions by practicing family therapists (Berg & Rosenblum, 1977) show the father's willingness and/or attendance at the initial session to be significantly related to the whole family's participation in counseling. As these factors are further verified and their relationship to participation in therapy is being understood, clinicians can better evaluate the need for insisting that a father participate in counseling with his family and the risks involved if that insistence is not made. Several of the factors previously discussed may be related to those shown in other literature describing low-income and minority involvement in family therapy.

Low-Income and Minority Families

Further research may need to be done to determine both the relationship between initiation of participation in therapy and two factors: authoritarian attitudes and socio-economic status. Readings on authori-
tarian persons and low-income families give some indication of the reasons these factors decrease counseling participation and what they tell us about fathers.

Sager, Masters, Ronall, and Normand (1968), in a study in a walk-in clinic at a metropolitan general hospital, found low-income families were less likely than families of other social classes to be involved in therapy. These authors attempted to interview all therapy applicants and then move them into family counseling. As these authors screened the patients who could not be used in family therapy, they found that a high proportion of all patients who applied for counseling were lower-than-average in family income. At the same time, the highest proportion of clients screened from therapy were also low-income, especially from the lowest income group. These authors also found that the higher the family's socio-economic status, the more likely the family was to engage in family treatment. In individual therapy, Lorion (1973) reports low socio-economic status correlated with lower acceptance rate and with shorter duration of treatment, but not with outcome of therapy. Slipp et al. (1974) verified in family therapy that acceptance of treatment was negatively related to social class.

One conjecture made by these authors is that the authoritarian attitudes of lower class husbands may be an important factor here. Slipp et al. (1974) found families were more likely to remain in therapy if the parents of that family did not display highly authoritarian attitudes. There also seemed to be less seeking of counseling and more authoritarian attitudes in low-income families. These authors further noted that low-income wives did not differ significantly from other wives in authoritarian attitudes, and they initiated treatment more than
wives in any of the other socio-economic classifications. At the same
time, low socio-economic class husbands sought treatment less than other
husbands and were more authoritarian.

The Slipp et al. (1974) study found that highly authoritarian par-
ents are not as likely to stay in therapy and that low-income husbands
have a better chance of being authoritarian. Other studies seem to ver-
ify the existence of more authoritarian parent-child interaction in low-
income families. Both Smart (1964) as well as Walters, Connor, and
Zunich (1964) observed that low-income parents dealt with their children
in a more authoritarian, commanding manner than parents of other income
groups.

People with authoritarian personalities have certain characteris-
tics which may prevent them from seeing a need for family counseling.
Barry (1970) points out one of these characteristics. He cites Newcomb
(1965) who found that people with authoritarian personalities were not
accurate judges of who agreed or disagreed with them in terms of inter-
personal attraction. He also cites Dymond (1954) who found that spouses
who were not happy assumed there was more similarity between themselves
and their spouses than actually existed. While these studies do not di-
rectly speak of fathers or family therapy, they may give some idea of
what it is about authoritarian personalities that makes participation in
and continuation of therapy less likely. Perhaps this inability to
judge agreement or disagreement with loved ones decreases an authoritar-
ian person's commitment to or perception of the need for therapy. If
perceived disagreement is part of the motivation for seeking therapy and
authoritarian persons are less able to discern disharmony, authoritarian
persons could be less motivated for and less aware of a need to partici-
pate in family counseling. Therefore, low-income fathers may be missing important cues about family unrest. This mistake would make more understandable these fathers' lower participation in family therapy.

There seem to be some unique features of many low-income families which some authors say affirms the need for these families' participation in counseling. Other authors are more convinced of the difficulty or near impossibility of producing the needed changes if attempted in the family counseling setting.

Orcutt (1977) describes two problems in many low-income families which suggest the need for these families, and especially the parents, to participate in counseling. First, he suggests that many low-income families have generationally-perpetuated dysfunctional interactions, passed on to or learned by children from parents. Another generational problem he describes is that some parents, because their own emotional needs are unmet, give parental responsibility to their oldest child while they, the parents, function in the family more as siblings to their children. It is possible that the best way of approaching such multigenerational problems is by having all family members present together.

One counterindication of family therapy was pointed out by Master (1978). He suggests that there are problems in training all family members at one time in low-education families. Members of these families often are unsophisticated in communication, in awareness of intrapsychic conflicts, and in knowledge about interpersonal relationships. For these reasons, it may be very difficult to train a family of such individuals in these skills, which are so much a part of therapy.
Slipp (1973-74) mentions another characteristic of poor, disorganized families which, again, makes it important for all family members to be involved in therapy. Language patterns are broad and family members do not attend carefully to the nuances but just the general messages expressed. The therapist needs to win the family's trust and begin to verbalize messages which family members are not able to express fully. Other family members can use these messages to understand one another and the family can begin to evaluate their own interactions. Foley (1975) describes the same phenomenon when he talks about needing to teach the family to make specific statements rather than using lingo with many meanings. He also suggests noticing nonverbal communication in order to observe and to make verbal and nonverbal communication congruent.

The resistance of both authoritarian and low-income parents to therapy seems in some cases to originate with the family fathers (Slipp et al. 1974). LaBarbera and Lewis (1980) found that any family was less likely to continue in therapy if the father did not begin counseling with them. Low-income fathers were especially resistant to initiation, attendance or continuation of therapy.

A note here: because much counseling is oriented to expression of feelings, willingness to scrutinize weaknesses, and ability to admit problems, counselors should be sensitive to keeping the family's abilities and biases in mind and should help the father find success in gradually assuming more democratic interactions and communications with his family.

Some families have problems associated with a limited family income and the interaction patterns which characterize this group. Some of
these same families and others have dysfunctional or stressed male roles.

Foley (1975) asserts that we know little about the husband-father role in black, disadvantaged families. Staples (1970), however, suggests this is a weak and negatively-viewed role among many black males. Both authors suggest the father's involvement when counseling with families from this particular ethnic group. Foley (1975) points out that the male role is strengthened by working on the marital relationship. He also recommends, with black families, starting with the marital relationship rather than with parent-child relationships, because these parents are defensive about their children and may be hard to engage at first in discussion of their children's misbehavior. Staples (1970) suggests going back to traditional roles in the case of black males, because these roles were ones of strong males and family men. These role problems need to be considered in therapy with minority families, and these problems require the father's participation to fully resolve them.

Change in traditional roles is a common theme in the discussion of ethnic minority families. Szapocznik, Scopetta and King (1978) describe Cuban immigrant families coming to the United States. In many of these families, the father is used to a very dominant role, maintained largely because he has traditionally provided for his family financially. Because these fathers are unskilled or unable to work when required to speak English, they are often employed. A particular crisis arises for these fathers. The father seems to have no role but an ineffective one, thus losing his influence and respect in his family (Slipp, 1973-74). Szapocznik et al. (1978) suggests Cuban males are acculturated faster than the rest of their families. This process of acculturation is
another way traditional roles are undermined. Wives and children and the older family members in the closely-knit extended family then must find new patterns or cling to no-longer effective ones.

Special Cases of Fathers in Families

Slipp (1973-74) cites studies which show poor disorganized homes with displaced fathers have increased delinquency, schizophrenia, homosexuality, and drug addiction. One can hardly put all these burdens on family fathers, but the relationship can be explored. Fathers are described as having particular influence in disorders such as schizophrenia and drug addiction.

In describing the schizophrenic father, Lidz, Cornelison, Fleck, and Terry (1957) describe a boy's need for an adequate paternal role model which the schizophrenic's father is not. Girls are also affected by the inadequate role model. These authors suggest it is especially important for a boy to develop his "maleness" beyond his initial primary identification with his major caregiver, mother. Lidz and his colleagues suggest the schizophrenic's father is often passive, inadequate and insensitive to others' needs. These writers summarized the father's influence by suggesting that though there has been much emphasis on mothers in schizophrenic families, the effects of a mother's behavior could have been mollified by an active, adequate father.

Jackson and Weakland (1961) put more responsibility on fathers. In working with schizophrenics, they describe their shift from focusing on and feeling sorry for the schizophrenic to realizing the client and his parents were both involved, each in a different way. Fathers withdrew while mothers became more aggressive or were frightened away from ther-
apy. These family members were described as bound together in a mutually destructive pattern, which needs to be worked out by treating all three together.

In the literature on drug abusers also, a picture of the importance of fathers emerges. Stanton (1979) describes drug users as highly dependent on and unable to clearly separate from their families. Users are generally intensely involved with one parent and may actually be the channel for their parents' communication. Seldin (1972) describes the father in addict families as a poor model — morally vague, pessimistic, and having a poor job history. A certain statement should not be made, however, about the passivity of addicts' fathers in light of Alexander and Dibb's (1975) finding opiate addicts' fathers dominating over their wives.

Both these areas of literature give a feeling of a child initially being "sucked into" a poor parental interaction but later learning how to use it. These descriptions add to the belief that fathers are important in their families, in problems which once were seen as the property of just one family member. The picture of a passive, morally vague and pessimistic father, insensitive to others' needs may not be as important in determining a "cause" for schizophrenia or addiction, as in structuring a family-oriented solution in those families which will accept change. One of the reasons these problems have been especially difficult to change could be that these are glaring problems which lend themselves easily to the family's assumption that the other family members are not responsible for the affected member's problems.
Literature on Ways of Involving Fathers

Several authors have written about ways to involve fathers in family therapy. These writings summarize why many writers feel fathers are important to therapy and what fathers' participation adds.

Research has pointed out there is a better opportunity for families to continue in therapy if the family father begins counseling sessions with his family (LaBarbera & Lewis, 1980; Berg & Rosenblum, 1977). Teismann (1980) centers several of his comments on the father's contribution by resisting therapy if he is not present. Non-attending fathers can be an unseen and mostly untouchable source of therapy resistance. Initial involvement of all family members is the first test of a therapist's ability to handle and of the strength of the family's resistance to movement in therapy.

Several suggestions for involving the whole family do not focus on certain individuals' contributions, but remind therapists to make an effort to reduce the chances of a family's forgetting an appointment or misunderstanding the purpose of their convening in therapy.

Berg and Rosenblum (1977) feel it is important enough to involve fathers to alter standard procedure and schedule some evening counseling so that family fathers can attend. These authors and Napier (1976) feel the fathers' attendance is important enough either to make the original contact with him or to call the father specially before the first counseling session.

None of these writings add new knowledge to the contribution of fathers but again emphasize that his presence in therapy may contribute to the total family effort.
THEORY DESCRIBING FATHERS' ROLE IN FAMILY COUNSELING

The Father's Role in Family, Children's Identity

Fathers seem to play a unique role in the family. Lamb and Stevenson (1978) suggest this role is not minimal, as is often thought of fathers in the family. Rubenstein and Levitt (1957) assert that a father can influence his family's decision to participate in therapy. They also suggest fathers are influential in determining their sons' self images. Robbins (1966) suggests fathers play a strong role in their children's deviance. Both the literature on schizophrenia, as previously described (Lidz, Cornelison, Fleck & Terry, 1957; Jackson & Weakland, 1961) and on addicts (Seldin, 1972) maintain that the father through positive behavior has a particular influence on these disorders. Barry (1970) describes the father's impact on the family in terms of his impact on the marital relationship. He suggests the husband's personal adjustment is more important than his wife's in their having a happy, low-conflict marriage. Finally, L'Abate (1975) observed fathers' inability to switch from professional to parental, nurturing roles was related to some families' pathogenic relationships.

This area of the literature stresses the father's role in shaping his children's personalities in strong and lasting ways. Some of these articles also describe the father's influence in his marital or familial relationships. These writers suggest fathers can influence their children's feelings about themselves and behavior. They also suggest that healthy fathers and husbands seem to be found in happy couples or fami-
ilies. Fathers seem to be influential persons in the lives of their family members and should be included in family problem resolution.

Systems Concepts

Systems theory is one of the early bases for family therapy. Practitioners who use systems theory see the family as the only treatment unit (Haley, 1971). The rationale for this emphasis comes from the view that an individual's behavior occurs as part of a larger system, the family. Systems theory suggests that a person's actions are more logical when seen in the context of the larger system and that change of even self-defeating behavior will be resisted by the family (Framo, 1972; Haley, 1971). Examining several principles behind systems family therapy helps in formulating a hypothesis about the results of fathers' participation in therapy.

Systems family therapy stresses that all family members should be present in family therapy. Prior to the beginning of family therapy, counselors observed the influence of families on individuals who had made changes in individual therapy. As an example, a patient in an institutional setting would improve in therapy enough to return home, only to quickly return to former actions when he was again in his family environment. A few therapists decided to involve other family members in treatment with the patient. Even with other family members involved in counseling, therapists dealt with the family members' resistance to change in their system. Glick and Kessler (1974) describe how families shift to maintain equilibrium. When one member changes, all others are effected. The reaction by the family is to avoid changes in established patterns by pressing a family member to return to past symptoms, or by
replacing that member with another who develops symptoms so the rest of the family interaction goes unchanged. This tendency to keep equilibrium in the family is called homeostasis (Jackson, 1957; Jackson, 1965).

A related belief of systems family therapy is that there is no one family member who has "the problem." The person who appears to have a problem is manifesting the entire family's problem.

Nonsummativity, another principle relating to fathers' participation in therapy, suggests that a family does not consist of so many individual personalities added together. Individual personalities plus the effect of their interacting with one another equals the family with which therapists need to deal. These three principles, for different reasons, support the suggestion that the father is part of an interrelated system which should be seen as a complete unit. If the family and its interactions are more than the total of individual members, an important element and catalyst is missing when any family member is not present in therapy. By not seeing the entire family, a therapist would have an inaccurate picture of what that family is like. Finally, the belief that the whole family is the problem means that all members may support symptoms and change could best be effected if each member is supportive of that change.

**Communication and Interaction Approaches**

Another way of approaching family counseling is by dealing with families' communication and interaction patterns. Satir (1964) asserts that the purpose of this approach is to understand the relationship between communication and symptomatic behavior. Most approaches depend on
the whole family's involvement so that counselors may observe and manipulate these interactions.

Zuk (1971) manipulates opposition on issues by aligning with a family member or by remaining neutral as others are opposed to that member's stand. Minuchin and other structural family therapists, as described by Camp (1973) actively direct family communication channels to alter splits and coalitions among family members.

In another instance, when working with disorganized low-income families, Minuchin and Montalvo (1967) met with subgroups of families. By meeting with some family members, these therapists felt they could alter patterns of groups which were enmeshed or too involved in each others' lives.

This concept of enmeshment includes the observation that families' generational boundaries often are vague and do not operate well. Whether the enmeshing involved a family father's parents or not, the father who is often seen as an authoritarian figure can be a valuable model as well as a force to strengthen generational boundaries.

**Psychological Family Counseling Approaches**

Some approaches use family therapy as a technique, but their philosophical basis comes from other, individual therapies. By reviewing the bases of these kinds of family counseling, it is possible to estimate the father's impact in these different therapies.

Family therapies which began as individual psychotherapy approaches, psychoanalytic, Gestalt, Adlerian, and TA (transactional analysis) include family members in therapy but keep the same basic theory and methods as each used in individual therapy. Behavioral family therapy
also comes from an individual disorder framework, but differs from these humanistic approaches in several ways which relate to fathers' participation.

The four humanistic therapies are insight-oriented. Insight can be used broadly to describe an approach of helping clients to understand their actions (through various therapeutic means). This understanding then leads clients to change their own actions to solve their problems. The actual insights differ between the four approaches but are seen by these approaches as sponsoring family change.

In any insight-oriented family therapy, the father's lack of participation would leave the therapy situation without his insights which only he could realize, describe, and use for change. Camp (1973) discusses the problem of some family members' changing faster than other family members. This might easily happen when one member is not participating in therapy. Slow-to-change members may feel increasing pressure and may resist change. Members who have already changed may become discouraged and slip into old patterns of behavior. Ziegler-Driscoll (1977) describes the view of insight-oriented therapists that progress in therapy will continue only after family members have all reached the same stage of insight.

The father's absence from counseling might affect feelings of family unity or the father's position of control or leadership in the family. Ziegler-Driscoll (1977) asserts that family members feel suspicious about what is taking place in therapy when they are not involved. She suggests missing family members possibly feel some jealousy about the interaction of their spouse or other family members with the therapist. Solomon (1974) describes other family members as feeling that the
identified patient gets all the attention while no one notices their pain or their problems. Insight therapies, then, suggest the father's involvement is important to the family's changing together, feeling united and feeling as though each person's pain is important.

Psychoanalytic family therapy. Psychoanalysts were opposed to the inclusion of family members in therapy. It was initially felt that introduction of actual family members would damage the vital therapeutic relationship. More recently, some psychoanalytic therapists have used the family setting to learn more about an individual patient, as part of the diagnostic process. Some have begun to use family counseling to deal with situations where an individual's intrapsychic difficulties impact on his family. Goldstein (1977) suggests it may be necessary to de-emphasize some intrapsychic conflict resolution, which would employ the therapeutic relationship, in favor of involving family members. He suggests passing up some personal intrapsychic work with parents because their children could otherwise be well grown before long-term intrapsychic work would bring change which would have impact on children.

Psychoanalytic family counseling is heavily involved in discussing the past of family members and of the family itself. A major part of therapy is helping parents see how their experiences as children influence their actions as parents and as spouses. Family patterns which have been passed on by previous generations are also discussed.

If the family's father did not participate, his early experiences, which only he could recall, would not be included. Also, the father's actions or interactions with his family would be difficult to discuss. Because parents are seen as being so significant in their children's development, both parents' participation would be critical. In addition
to the father's importance as one of the parents, he would also have insights as a member of his family growing up. Without the family father, he would lack the opportunities for insights to enable him to work out past and present intrapsychic conflicts for the benefit of himself and his family.

Psychoanalytic theory has the most to suggest of any theory about the impact on his family of a father's not being involved in therapy. The father is pivotal as a role model for both his sons and daughters (Thornburg, 1979; Rubenstein & Levitt, 1957). His children's psychosexual development is strongly influenced by how adequately a man functions.

Gestalt family therapy. The focus of Gestalt counseling, which is sometimes described as experiential therapy, is intrapersonal processes and an individual's experiencing in the present. As Hatcher (1978) points out, this makes Gestalt family therapy more feeling- and less cognition-oriented than psychoanalysis. The experiences that are important in family counseling are feelings which were unresolved with past friends, loved ones, and family members. These feelings, because they are unresolved and have not been fully experienced, influence present relationships.

Writers about Gestalt therapy do not directly address the question of the role in therapy which fathers play. Kempler (1965) makes several comments about who should be in therapy. He describes not having both partners in couples therapy as similar to sending two diseased lungs each to a separate hospital. He cites the need for all family members to participate if a child is the identified patient, but not if the problem is in the couple's relationship. By the process of elimination,
these comments emphasize the father's need in most counseling situations, since he is a partner and a parent who should be involved in the case of his child's problems.

Gestalt family therapy involves experiencing feelings and coming to understand them. Some of the feelings and understanding which would enrich other family members' therapeutic experience are missing if the father does not participate. With the father absent from therapy, he misses understanding of himself and the opportunity for working through experiences which would enable him to change. It is possible that some of the completeness or resolution of others' experiences is limited when the father does not participate.

Interestingly, Gestalt techniques are designed to assist in experiencing past, unfinished feelings. These techniques are used in individual and group work, without having the person present for whom the feelings are felt. For example, a two-chair technique can be used for dialogue with self or with the person for whom he has unresolved feelings. The Gestalt approach, though supportive of a fathers' presence, may be one of the best structured for resolving problems without all family members being present.

Adlerian family intervention. The Adlerian approach to family counseling is one of the more supportive of the idea that all family members need to be present in counseling. Adlerian therapists describe man as a social being who reaches his potential and gains a sense of belonging among others (Dreikurs & Sanstegard, 1968). In order to change lifestyles, which is the goal of Adlerian therapy, one needs all members of the influential family unit together. Each person has a role he plays in the family and his sense of belonging is achieved by playing
this role. Even though a child may be the "good" child his behavior is no less purposeful or important to the family than the "bad" child's. Adlerian family counseling is structured so therapists work with a family in front of a group of other parents or professionals who add their comments. Sometimes parents and children are seen separately by therapists and by play therapists respectively (Dreikurs, Corsini, Lowe, & Sonstegard, 1959).

Adlerian counseling seems to put no greater stress on the father's participation than on other family members, but definitely emphasizes participation of each family member. The Adlerian philosophy that all family members are equal encourages all family members' participation in family plans; and the concept that each person should be responsible for his behavior actually puts special emphasis on parents. It is the parents who structure the home environment so that children may learn to be responsible for their behavior.

The father's contribution in Adlerian therapy would be initiation of democratic principles in his family. A father would act as a model for his children and would structure with his wife situations where democratic relationships could develop.

This approach stresses to some degree both parents' involvement, but there is little from theoretical writings to evaluate what the father contributes by being trained in parenting along with the mother. It seems logical that parenting would be more effective with parents acting similarly and that one parent's participation or lack of participation could seriously undermine or greatly enhance the family's adoption of democratic, egalitarian interactions. If, as in many families in the past, the mother spends the most time working with the children
and the father maintains a "final say" role, his lack of knowledge or support of democratic parenting may seriously undermine his wife's attempts at training.

**Transactional analysis with families.** Transactional analysis (often called simply TA) describes an individual as having three basic ego states or parts of his or her personality: the Parent, the Adult, and the Child (Berne, 1964). Communications originate in these personality portions, and messages affect the level of interpersonal interaction, depending on what their nature and origin are (James & Jongeward, 1977).

The founder of TA, Eric Berne (1967) states that children are profoundly influenced by the family and the transactions ("games") they learned there. He also maintains that people are affected by transactions from generations of their families as far back as 50 to 100 years. Much of the way a person interacts with others and many of his important decisions about life and his goals are influenced by his family.

Family therapy, using this approach, allows a family to look at the subtle injunctions given to each family member by his parents. Each person can come to understand decisions made early in life which determined his way of living. These early decisions may be remade when an individual comes to understand their impact in his life (Goulding, 1972). Family members also may learn to recognize and change the messages and response patterns in their communication by becoming aware of their own verbal and body messages and their impact on other family members. At the same time members see how others affect them.

In two ways the father would be important in TA family therapy. First, his understanding of his family of origin and some of its influ-
ences on his and others' life scripts would be invaluable. Secondly, his own input into family interactions or into his children's life decisions might be clearer if the father participated in counseling with his family.

Behavioral family interventions. Behavioral counseling aims at changing observable behavior which can be objectively described and measured. Based on principles of social learning theory, the events which precede misbehavior and the responses which follow and reinforce it are altered, and behavior changes. Behavioral family therapists recognize the influence of family members on one another's behavior. Behavioral interventions mostly deal with some, but not necessarily all, family members. An example of a behavioral intervention would be training a mother to identify, to get a baseline of, and to supply necessary principles to bring about change in the child's behavior. These interventions are sometimes labelled family therapy, even when they aim at a specific person's problem or two people in the family's interaction. It is enlightening to examine the success of a form of counseling which does not insist the whole family participate.

Several authors have combined behavior management techniques and family methods. Behavioral literature generally does not assume that one person's problem is really a family problem, or that all family members need to work on a problem. Keller and Elliot (1980) expanded the use of behavioral techniques to working with the whole family. Each person in the family had a weekly assignment which would help the family's dysfunctional interactions. Concurrent with these assignments, the parents learned behavioral techniques for modifying the identified patient's behavior.
Friedman (1972) uses an amalgamation of family and behavior therapies. He includes in therapy all of the family members and uses redirection, cognitive restructuring of maladaptive behavior patterns, modelling, and role play to change the interaction patterns within the family. At the same time, Friedman is encouraging empathy and other "intangibles" to improve family communication.

Alexander and Parsons (1973) combined behavioral techniques with a systems framework in dealing with families of delinquents. This approach showed significantly lower recidivism and more functional family communication patterns than either client-centered or eclectic-dynamic approaches on families from the same population.

The structure of many behavioral interventions does not always include fathers, yet targeted behaviors are changed. Because change takes place in specific behaviors using just the mother or possibly siblings in reinforcing change, the father's participation is not necessary for change to take place. These results must be considered as strong findings that fathers are not necessary in all family counseling.

Elements of Family Counseling Theory Relating to Fathers

Early family theorists began the definition of father's role in therapy. Some emphasized the need for fathers' participation. Others explained principles which involved fathers less specifically.

Father's participation stressed. A few of the early family theorists talked directly about the father's role in family counseling. Satir, Zuk, and Haley describe either the importance of the father's role in therapy or in problems which must, of necessity, include the father in order to remedy them.
Satir (1964) emphasizes the father's importance in family counseling. He is important to therapy as a member of the family and especially as one of the two "architects" of the family. Satir suggests families come to therapy because one member has been labelled by an outsider as disturbed. She assumes the main contribution to the family member's symptoms is marital dysfunction and that therapy needs to begin with exploration of the individual "architects," their families of origin, attitudes behind their choice to marry one another and their present disappointments with each other.

Zuk (1971) describes his triadic-based family therapy. This is a triangular communication system, in which feelings of stress and conflict fluctuate with harmony or comfort within the family. The father, mother and a child are typically the three persons who make up the triad. Bowen (1976) describes his work on a similar concept of triangles, and Haley (1967) talks about "perverse triangles" which need the father for resolution because he is either the family member in an unusually close relationship with a child or needs to be involved for strengthening of the marital relationship.

All of these authors state the importance for the father to be in counseling. Their comments center on the belief that the marital relationship is at least a partial cause of family difficulties.

Whole family's involvement stressed. Other family workers stressed the whole family's participation for reasons which suggest the father's importance. Some theorists seem to take for granted that the father is important for therapy. In discussing the pros and cons of having small children in therapy, Zilbach, Bergel and Gass (1972) and Satir (1964) assume the father will be part of therapy. In these instances, the
children are the only family members whose participation in counseling is in doubt.

Whitaker (1976) meets with three generations in solving problems. He describes his temptation to tell people when they first call him to bring three generations or not to start therapy at all. Framo (1976) talks about his use of three generations who are directly present in therapy. He also describes Bowen's use of other generations when he sent his clients to see their families to settle feelings about themselves generated by their families of origin. In these therapy approaches the father and the way he was raised become an important part of children's dealing with their upbringing and with ingrained family attitudes. Haley (1971) describes how a family therapist, after seeing about 200 families, is not able to conceptualize anything but the family as the unit of therapy. Bell (1972) refuses to meet with a family unless all members participate in therapy. Napier (1976) similarly suggests attempting to involve whole families, then defining the need to wait, even at a time of crisis, until the whole family agrees to participate together.

Interestingly, not all family therapists have continued stressing whole family involvement. Don D. Jackson, as described by Greenberg (1977) initially firmly supported the idea of all family members as vital to family therapy, but softened his stance in later practice.

Ackerman (1966) describes another reason for involving all family members:

"In the family interview, what one parent conceals, the other reveals. What the parents together hide, the child blurts out. What one member expresses in a twisted, prejudiced way is corrected by another. When certain anxiety
filled material is touched upon, the family may engage in a silent pact to avoid such areas. Sooner or later, such denials are broken through. Family life, by its very nature, is inimical to the guarding of secrets." (pp. 408-409)

This author, then is suggesting that keeping information from the therapist is more difficult when all attend therapy.

The missing family member's impact. Writings about the contribution to therapy of a missing family member gives an additional perspective on the part fathers' play. Several authors have described the absent member, the reasons for his absence, and the impact of his or her absence from the family change process. Sonne, Speck and Jungreis (1965) describe in general the reasons they found for absent family members in their work with schizophrenic families. These authors suggest that a family member's absence signalled to them a dyadic relationship which was not mature and was delusional in nature. Often this relationship was close in a way one would not expect a two-generation relationship to be. With a certain family member absent, specific interactions could not be resolved. The whole family supported avoidance of issues by acting nonchalant about the absence of a certain family member, yet betrayed its interest by asking questions about the missing person's actions and opinions. Friedman (1963) concurs with Sonne et al. (1965) in their description that a missing member has motives which he does not want revealed and will actively try to break up therapy.

Absence of a family member jeopardizes family therapy and changes the interactions in counseling. At the same time, therapists may have difficulty fulfilling their functions because of limited or hidden information or bias built by previous meetings with a partial family (Napier, 1976). Sonne et al. (1965) suggest the therapist might not
even become aware of family interactions kept secret without the absent
member's participation in therapy.

Zeigler-Driscoll (1977) describes two reasons why having a missing
member may make therapy more difficult. She notes that family members
may feel left out while they are still at home trying to work out their
problems and the identified client (in this case an addict) is receiving
help without them. She also suggests that meeting without the family
reinforces the family's feeling that the problem does not involve them.
This is a frequently described feeling, that any member who does not
participate in therapy seems to feel he or she is not involved in the
family's problem.

Jackson and Weakland (1961) make two suggestions about absent mem-
bers. In a general statement, they feel a missing member is using his
absence as a power move to resist therapy and to influence therapists.
These authors also describe fathers' absenting themselves physically or
emotionally, especially in schizophrenic families, in order to avoid the
problems and power struggles within the marriage.

This section has briefly covered a description of the role played
by a missing family member. In general terms, a family member missing
from therapy is in a position of power. This power comes by that per-
son's ability to suppress information, including information about de-
trimental family relationships. A missing member also gained power from
avoiding change, making successful therapy less likely and disclaiming
responsibility for problems. Most comments about missing members did
not emphasize the father's importance specifically but pointed out po-
tential problems of a family member's absence.
SUGGESTIONS FOR FURTHER RESEARCH

There are many interesting areas of research which will add to what is known about fathers in counseling and eventually will improve the practice of family therapy. Some areas, previously alluded to, would fill in gaps in studies already done which directly relate to fathers and therapy. A few other suggestions will increase the effectiveness of our ability to evaluate.

A beginning has been made to compare therapy effectiveness in family therapy when fathers do or do not participate. Studies to date have described families where fathers were trained to or expressed their willingness to participate and then were not invited to participate. Research with families where the father chooses not to be involved will be important to learning more about fathers who choose not to participate in therapy, their impact, and why they do not come.

One important type of research deals with alternate method of working with families when not all family members will participate in counseling. This actually deals with both practical or remedial issues of what to do if all members do not attend counseling. Brock (1979) and Goldstein (1971) looked at an area which may be useful, that of training some family members to train those not participating physically in counseling. Dealing with family members who are unwilling to be involved may still be difficult, since at-home training may be no more attractive to them than being in counseling. Since it is a reality that all family members will not always participate in therapy, research to improve fami-
ily interactions when dealing with part of the family may improve effectiveness with families who have in the past been less likely to benefit from or be included in family counseling. As theory and measurement become more sophisticated, partial family therapy could also be matched with whole family counseling in studies, especially in cases where fathers are the family members not attending.

Research on the effects of inconsistent or contradictory discipline could suggest much about the need for fathers to be involved in therapy in order to learn to implement new parenting skills. Therapists could begin to evaluate when this inconsistency in discipline is most problematic and how it affects children.

Communication patterns in families can tell much about what actually takes place in counseling and how fathers influence happenings there. Magargee (1977) described fathers as leading family communication. Our knowledge would be expanded if later studies compared fathers to other family members in initiating certain communications. Similarly, it would also be instructive to know if fathers approach resolution of some types of problems and avoid others.

Further research on groups which are highly resistant to therapy such as low-income fathers and authoritarian fathers will help in understanding how these factors influence families, and fathers specifically, to resist therapy. Research will also help in better determining if these variables are related. Further research may demonstrate the need to alter some approaches to therapy to fit certain highly resistant families. Similarly, investigating what the relationship is between fathers' initiating therapy and families' continuing may help therapists increase family therapy participation.
DISCUSSION

Some trends are seen and questions raised by the writings about fathers in family counseling. There are some situations where fathers have added to the outcome of their families' therapy. Gottschalk et al. (1973) found children were favorably affected by their fathers' caring and participating in family counseling. Other studies suggest fathers have an impact on what takes place in therapy, on the interaction in counseling and on the attendance and completion of counseling.

The father's willingness to be involved in family therapy seems to contribute to his family's successful participation. This is seen when the father is part of initiating therapy, when he attends early sessions or when he has an enthusiastic attitude towards counseling. In each of these situations, families are more likely to complete therapy. In the studies by Firestone's group and by Martin, all fathers, whether they participated in the treatment or not, were willing to do so. Little difference was seen between father-involved and father-not-involved groups. The fathers' attitudes of cooperation may have contributed to the similarity of results. In all cases, the father's willingness to cooperate coincided with improvement in target behavior for one person or for the whole family.

Literature on schizophrenia, delinquency, and drug addiction pinpoint the father's passivity as being an important factor in these problems. Passivity, rather than being closely related to an attitude of cooperation previously discussed, is more a description of a day to day level of
participation in family matters. This is really the area where a father's actions could make a lasting difference in family living. When the father's level of participation is quite low, increasing his daily involvement and concern for family living may be the actual goal of therapy. Though alternate means of effecting change through other family members have been proposed, this complete a change in the father's behavior probably requires the father's actual involvement in the therapy process.

It is possible fathers are important in some areas of family living and interaction and not in others. Because the several therapies have different means of evaluating growth and aim for change in sometimes dissimilar areas, making an assessment of the father's contribution to the whole of family counseling is difficult.

Most of the psychological approaches described leave one with the expectation that involvement of all family members would be preferable. In the case of therapies which stress insight, there is certain understanding which only the father can contribute about himself and his family. It can be said that the more a therapist sees the family's problem as belonging to more than one member, the more the father (and other family members) are encouraged to participate.

Some therapists include the extended family and others who are particularly close to the family. In this situation, the father's influence is "diluted" by the inclusion of others. There might still be the situation where the father is the point where family functioning breaks down. At this point, the father would be more important to seeing the problem as it exists.

Other therapies need fathers for the logistics of carrying out their techniques. Approaches which manipulate communication patterns or
alliances of power rely upon having all family members in order to orchestrate a complete communication situation.

Finally, writers on family therapy in general describe missing members as having a negative impact on counseling. The therapist may seem less effective by not being able to engage all family members, and other family members may be less willing to put the energy into the sometimes painful process of change. In general, the expectation is given that fathers are important to optimal family counseling.
CONCLUSIONS

The most certain statements about the father's contribution to family therapy can be made from research on fathers involvement. It can be stated that at least in a certain kind of family intervention, using behavior management, fathers probably are not necessary to reach satisfactory behavior change. However, studies concentrating more on the actual happenings in therapy describe the father in a prominent role in family communications. Father can lead the tone for the family of either approach to communication or avoidance of it. Therapy is more likely to be successful when the father talks the most. Literature on the engagement and maintenance of families in therapy also finds the father leading his family. Therapy is more likely to continue when the father is part of initiating and beginning therapy sessions. His employment and income status, his level of authoritarianism, and his family's perception of his enthusiasm for counseling, all contribute to his family's continuation in therapy.

Conclusions drawn from therapeutic experience and theory about the father's importance to therapy are not fact, but give a place to begin research. These writings also give some idea of what to expect the father will contribute to counseling. Writings on the father's role in the family describe fathers as strongly influencing their children's personalities and family relationships. Descriptions of various psychological approaches leave a strong expectation that counseling with the whole family is the best way of dealing with many problems. Fathers can lend their support to
solutions and their insights to the family's understanding. Until more is known of the father's part in many kinds of families and problems, his presence generally may expedite therapy and can help increase knowledge of his role in families and counseling.

Some family therapy writers suggest fathers are necessary because they are part of the root problem -- marital dysfunction. Most of these authors feel working with the whole family is the best way to solve family problems. Initially involving all of the family may prevent a power struggle with a missing family member, which may affect the whole family's cooperation and the therapist's influence. Fathers are not necessary in all family therapy and to meet all goals of counseling, but much theory and some research assert that fathers' presence and cooperation will tend to make the family a more effective working unit.
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