American Association for Marriage & Family Therapy

Relationships, Health, and Marriage:

Final Report of the Task Force

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Introduction

In the spring of 2004 the Board of Directors of the American Association for Marriage and Family Therapy (AAMFT) created a task force to look at the state of research in the following areas: marriage and marital interventions, marital disruption (specifically divorce), same-sex partnerships and parenting, the societal context surrounding these issues, and potential consequences of actions by society or AAMFT. Public controversy on these topics had caused media organizations and others, including AAMFT members, to ask what, if any, official positions the Association took on them. Thus the Board thought it best to request a review of the scholarly literature and the social discourse before considering any possible action.

The report was originally planned to be finished in time for the fall 2004 Annual Conference in Atlanta, Georgia, but given our various schedules and two members’ serious illnesses, coupled with the breadth of the subjects to be covered, this proved infeasible. While we completed the bulk of the research by the end of last summer, the sections on marriage and marital interventions had not been finished, nor had we had time to pull together all sections in one paper. Thus, in September 2004, after meeting in Alexandria, Virginia, to draft the text, we submitted a preliminary report to the Board based on our findings to that point, which was presented in a plenary session at the conference in Atlanta.

The plenary session and preliminary report received extensive feedback both at the conference itself and on AAMFT’s Web site where the preliminary report was
posted. Nearly 1,000 comments spanning 800 pages were collected during the fall and winter of 2004-2005. These were extensively reviewed by the Task Force Editor and Chair.

While many of these comments concurred with the summaries of research in these areas, others understandably raised questions, in particular about the review of research on same-sex couples and parenting. A number also made clear that many members thought the report represented an official Association policy on same-sex relationships—a step the AAMFT Board has never taken.

Because of these concerns and our desire to be thorough, we expanded several parts of our study, particularly the final section on the societal context of relational issues and the consequences of any social policies about them.

In any field, a report like this faces many challenges. One of the first is that it can never really be a fully comprehensive review, but only a sampling of the better known and better available studies in the areas of interest. It also cannot avoid some subjectivity or escape omissions some feel are central to a given issue, even if others regard them as tangential.

In preparing this final report, we’ve tried mainly to reflect the general tenor of the better known research in the areas under question. Given that the areas are very large, and our time limited, we have not tried to rigorously scrutinize each single work we have
encountered — though many have received very close attention — but have aimed at presenting a sense of the scholarly consensus on various relational matters. We’ve also tried to explore major points of controversy as best we can in the limited space available. And while we’ve reviewed hundreds of books, studies, and articles, and considered many more, we acknowledge from the first that our efforts are suggestive rather than definitive and should be treated as such.

Nonetheless, our findings are, we believe, similar to other surveys by professional bodies and governmental agencies readers may find elsewhere on these topics, including reviews by the American Academy of Child & Adolescent Psychiatry, the American Academy of Pediatrics, the American Psychological Association, the National Association of School Psychologists, the Canadian Ministry of Justice, and similar organizations. We encourage readers to examine these and other works along with our own to gain a more complete picture of the current status of professional understanding in these areas. We have also included a brief list of suggested readings at the end of each topic section, immediately before the full reference list.

We must acknowledge that our report is very long and apologize that we could not be more succinct. There are several reasons for this.

One reason is simply that the topics are complex and the literature is vast; nearly half of our report is reference lists. These areas cannot be fairly summarized in a handful of pages. For example, we could not even attempt to include all types of marital
disruption in our survey, though this was the language of our charge, but limited ourselves solely to the problem of divorce. The same was true for same-sex families, where we focused mostly on parenting rather than family dynamics in general.

Another reason for our report's length has been our desire to be, as much as possible, more presenters of the research and less interpreters. We have thus tried to describe what we found rather than simply summarize it. This unavoidably lengthens our work, but it lets readers be more their own judges about what the literature says. In the same vein, because our work's primary purpose still is to serve as a report to the AAMFT Board of Directors, we've wanted Board members to have as much primary information as possible and as little interference as necessary between them and the works we have reviewed. Nonetheless, to help readers find their way, each section begins with a brief summary paragraph of our findings.

While all research aspires to be impartial, research involving relationships is nearly always controversial. We suspect this is true in part because many of us assume that agencies or governments can and should intervene in some way to improve relationships, even if there is little consensus about what those interventions should be. This tendency, of course, makes both research itself and any attempts to discuss it open to intense scrutiny from parties hopeful that data will bolster their particular arguments for some form of social action.

Relationship research is also controversial because relationships themselves are
woven with social and religious meaning. Relational studies are thus commonly examined for social and spiritual implications, even when none are especially evident.

These tendencies often mean views of relational research change radically with time and society. The 1965 study of "fatherless" urban black families headed by the late U.S. Senator, Daniel Patrick Moynihan (Office of Policy Planning and Research, United States Department of Labor, 1965), was widely criticized at the time by civil rights leaders as wrongheaded and stigmatizing (Gartner, 1965; Jackson, 2003), though it came from an administration that had been a major champion of civil rights. Decades later, however, Moynihan’s report is regarded as both prescient and supportive of minority families (Antle, 2003; Norton, 2003).

The changing fate of Moynihan's study and other works suggests, we think, the importance of resisting snap judgments about researcher bias or motive. Moynihan’s work originally was praised by conservatives and condemned by liberals; 40 years later, there is a shared consensus on its value.

At a time of social ferment, moreover, all views are subject to revision. We have endeavored to keep this point before us in our work and encourage our readers to explore our effort with a similar attitude.

We are grateful to the hundreds of readers who commented on our preliminary study. Their comments were always helpful, and the Editor and Chair read all of them.
with care. Many suggestions or points found their way into our final document.

Finally, we thank the AAMFT Board of Directors for giving us this opportunity to serve our field. We hope our effort is helpful.

References


A Note on Language

The most basic terms about relationships often carry multiple meanings for various audiences. No term fits everyone’s values or perspectives perfectly. While we have tried to be sensitive to a variety of views, we know we won’t please everyone. This seems especially true for terms like “marriage,” which have both civil and religious meaning, or terms about sexual orientation, which are commonly used to express a wide range of attitudes and behaviors.

We have used the term “marriage” here largely in its civil and legal sense rather than its religious sense. We are not theologians and have not consciously attempted to address religious questions. Our charge from the Board also at times constrains us to the words "marriage" or "marital" where others might prefer the term "couples." We have tried to be mindful of this problem while attending to our charge, but we cannot claim to have found a perfect balance.

We have used terms about sexual orientation, such as “same sex” and “opposite sex,” “homosexual” and “heterosexual,” and “gay” and “lesbian” in their commonly accepted meanings of attraction to people of one’s own gender or of a different gender. Because they are less germane to our reviews, though not in any sense unimportant, we have not tried to examine issues of bisexuality or transgendering; and, while these issues may sometimes overlap, we do not mean this when we say same sex or gay or lesbian. This is a failing of our work that we acknowledge from the start and that we trust readers will forgive.
I. Research about Marriage, Marital Interventions, and Disruptions

**Board Charge:**

The research about marriage and marital interventions. We want to establish a baseline of research findings that state what we know as well as what we do not know about the benefits of marriage, marital interventions, and the impact of marital disruption on individuals, families, and communities.

**Marriage, Cohabitation, and Health**

Satisfying marriages seem to enhance both men’s and women’s health, but stressful marriages may have detrimental effects. Stressful marriages also may be less healthy for some people than being single. While cohabitation may hold fewer health benefits than marriage, it still appears to hold some health rewards. The generalizability and magnitude of all these effects, however, is still unclear.

**Marriage and health**

Marriage and health have long interested family researchers, and research suggests that marriage protects against many chronic health conditions (Coyne, Rohrbaugh, Shoham, Sonnega, Nicklas, & Cranford, 2001; Gordon & Rosenthal, 1995; Kiecolt-Glaser & Newton, 2001; Saarijaervi, Alanen, Rytoekoski, & Rytoekoski, 1992; Wickrama, Ames, Lorenz, et al., 1997). Similarly, studies of humans and animals argue that social isolation is a major risk factor for mortality from widely varying causes (House, Landis, & Umberson, 1988; Kiecolt-Glaser & Newton, 2001). More specifically, research consistently indicates that marital status, marital conflict, and marital
satisfaction have important implications for both mental and physical health. The data are not always straightforward, however, and need to be considered with care.

On average, for example, married people appear to enjoy better mental and physical health than those who are not married, at least in marriages where partners seem relatively satisfied. Some researchers have found, for example, that daily spousal contact in satisfied marriages was associated with lower blood pressure and more positive health outcomes (Baker, Paquette, Szalai, Driver, Perger, Helmers, et al., 2000).

Prigerson, Maciejewski, and Rosenheck (1999), in a study of 927 women who were married when contacted initially and surveyed again three years later, reported that marital dissolution in this group was associated with worsened mental and physical health as well as increased mental health services use, while marital continuity was found to reduce physician visits.

In another three-year study, widows and married women were followed to see the effects of being alone versus being in a relationship. At initial contact, the married women reported better physical and mental health and, in general, better health behaviors than the widowed women. Throughout the study, married women showed stable mental health, while recently widowed women showed marked impairment, and longer-term widows showed either stability or a slight mental health improvement. Both groups of widows showed unintentional weight loss (Evenson, Aragaki, Wassertheil-

British census data from 1921 to 1991 consistently confirm that married people make less use of residential health and social care facilities than do non-married people. (Prior & Hayes, 2003). In addition, an inverse relationship between obesity, frequency of forgetting blood pressure medication and cessation of taking blood pressure medication, and marital adjustment scores has been established (Trevion, Young, Groff, & Jono, 1990).

Research has also sought to specifically examine the role of mental health and marriage. In a sample of 535 older couples, marital distress was significantly related to levels of depression for both partners, and wives’ distress was significantly related to husbands’ depression. Additionally, results showed that levels of stress or health in either partner were directly and indirectly associated with depression for both spouses (Sandberg & Harper, 2000).

Relationship quality, however, seems to be a mitigating factor in determining the connection between marital status and health. In some studies, for example, single people report slightly better health than married couples who are in low-quality relationships (McCabe, Cummins, & Romeo, 1996). Levenson, Carstensen, & Gottman (1994) suggest that among couples in satisfying long-term marriages, the health of wives and husbands was equivalent (based on a health symptom checklist); in
dissatisfying marriages, husbands reported fewer mental and physical health problems than their wives did. This imbalance suggests that relationship quality does impact physical and mental wellbeing.

Physiological measures have also linked troubled marriages to negative health consequences, while stress-induced immune changes have been shown to impact infectious diseases and wound healing (Kiecolt-Glaser, 1999). Kiecolt-Glaser and colleagues for example, report that couples who displayed more negativity and hostility during conflict showed poorer immunological responses, increased cardiovascular reactivity, and pronounced diastolic blood pressure reactivity (Kiecolt-Glaser, et al., 1993, 1997; Newton & Sanford, 2003). In particular, hostile and negative behaviors appeared to be more significantly related to physiological changes than avoidant, positive, or problem-solving behaviors.

Linkages between self-rated health and marital functioning were reported in a number of cross-sectional studies. In two studies that included women only, married women who described their marital relationships as more rewarding reported fewer medical symptoms and rated their health as better than those less satisfied (Barnett, Davidson, & Marshall, 1991; Thomas, 1995). In addition, one longitudinal study of married women reported that marital harmony was associated with better sleep and fewer physician visits (Prigerson, Maciejewski, & Rosenheck, 1999). In two studies that included men and women, higher marital satisfaction was associated with higher self-rated health for both men and women (Ganong & Coleman, 1991; Ren, 1997).
As Levenson, et al. (1994) found, the protective function of marriage in some research seems stronger for men than women (Berkman & Breslow, 1983; Gordon & Rosenthal, 1995; Litwak & Messeri, 1989). In contrast to their married counterparts, for example, non-married women appear to have 50% greater mortality, compared with 250% increased mortality for non-married men (Ross, Mirowsky, & Goldstein, 1990). This mortality differential has been attributed by Umberson (1992) to the gender differences in men’s and women’s health-related behavior, because women are more likely than men to attempt to influence their partners’ health. In simple terms, it seems more likely that wives encourage better health habits in husbands than husbands encourage in wives. Thus the effects of marriage on health are relatively greater for men than women.

Conversely, following this hypothesis, though both bereavement and divorce contribute to poorer health and increased mortality for both men and women, marital disruption appears to be less detrimental for women than for men (House, et al., 1988). Other studies also indicate that problematic aspects of the marital relationship have a greater impact on men than women (Levenson, Carstensen, & Gottman, 1994).

On the other hand, some research implies that marital functioning can have a stronger impact on females than on males, depending on the nature of the marriage. One such study used a 15-year follow-up period rather than a cross-sectional design in order to establish a stronger and less ambiguous basis for links between marital dynamics and the development of illnesses such as cancer or heart disease (Hibbard &
Pope, 1993). This study found that for women, companionship in marriage and equality in decision making were associated with a lower risk of death. Men's morbidity and mortality were unrelated to these or other marital characteristics.

Data from another large longitudinal study suggest a similar disparity in how women and men experience marriage (Appelberg, Romanov, Heikkila, Honkasalo, & Koskenvuo, 1996). Women who reported that they had "considerable conflicts" with their husbands and who also reported work conflicts had a two and one half times greater risk of physician-certified work disability across a variety of health problems in the ensuing 6 years. Again, as in the previous study, neither work stress nor marital conflict was a similar risk factor for men.

Finally, in this same vein, Carels and colleagues (1998) found that simply remembering marital conflict can heighten cardiovascular responses in women in marital distress. These and similar findings suggest it is not always easy to generalize about whether marriage correlates more with improved health for men than it does for women, since marital quality and other unknown variables may play an equal or greater role.

While many studies have looked at the overall impact of stress in marriage, one area of specific concern to researchers is how marriage affects mortality. Specifically, researchers believe that being married decreases the risk of death for both men and women (Hu & Goldman, 1990; Ross, Mirowsky, & Goldstein, 1990) compared with
being single but, as with health outcomes, this effect may be greater for men than women (Umberson, 1992). Again, however, it is probably best to be cautious about concluding whether one sex benefits more than another. Gender aside, some researchers hypothesize that this lower risk of death for married people comes from the benefits of cohabitation, companionship, economic wellbeing, and social support (Ross, Morowsky, & Goldstein, 1990).

Not all research, of course, suggests that marriage is invariably life prolonging. Marital quality again seems to play a role. Kimmel, Peterson, Weihs, and their colleagues (2000) found, for example, that while greater marital satisfaction was associated with decreased risk of mortality, increased relational stress correlated with a greater risk of death, just as it seems to with illness. This relationship was even significant after controlling for demographics and disease-related variables.

Studies of couples dealing with chronic life-threatening illness have also helped our understanding of the interplay of marriage and mortality. Coyne, Rohrbaugh, Shoham, and colleagues’ (2001) exploration of marital quality in 189 congestive heart failure patients, for example, seemed to predict 4-year survival rates, with those who had more severe diseases and poorer marriages experiencing the highest risk for mortality. In all cases, the quality of the relationship had a greater effect on mortality than did the severity of the disease.

Research that looks at the impact of health on marital quality, rather than the
impact of marital quality on health, has yielded mixed results. Some studies suggest that couples in which one or both partners experience chronic illness may report either a decrease in marital satisfaction, an increase, or no change (Burman & Margolin, 1992; Schmaling & Sher, 2000). Some scholars hypothesize that whether or not couples with chronic illnesses experience any change has to do with the type of disease with which they are coping (Burman & Margolin, 1992; Lewis, Woods, Hough, & Bensley, 1989). Others, however, suggest that chronic illness, regardless of type, may provide some couples with an opportunity for growth and enhanced relationship quality, though it may have the opposite effect on others (Rolland, 1994).

**Cohabitation**

Research comparing cohabitation to marriage suggests cohabiting adults are more likely to report poorer health than married adults and are as likely to report distress as are adults living alone (Ren, 1997). Nonetheless, there are similarities compared with living alone.

A two-year study of 9,775 Canadians indicated, for example, that for cohabiting participants, the termination of the relationship generally decreased physical health, as was true for those experiencing marital dissolution. In this study, divorce specifically resulted in decreased physical and mental health, compared to participants who were single (Wu & Hart, 2002).

A longitudinal study of 1,265 adults ages 50 to 70 years found that those who
lived alone experienced a significantly increased mortality rate compared to those who lived with another individual. Interestingly, cohabitation was an even stronger predictor of lower mortality risk than was marriage (Lund, Due, Modvig, et al., 2002).

The inherent instability of cohabitation, however, does appear to have different effects on the mental health of couples as compared to their married counterparts. Brown (2000), using data from both waves of the National Survey of Families and Households, reported that participants who cohabited identified higher levels of depression compared with their married counterparts. These levels were exacerbated by the presence of biological and step-children, whereas married individuals’ scores were impervious to the presence or absence of children.

What is not known

Despite the wealth of information that this field has uncovered about how health and marriage are related, there is still much left for speculation. While we can measure endocrine and immune functioning parameters, research has not uncovered how much health affects relationships or relationships affect health. Most researchers look at endocrine, cardiovascular, and immune systems alone in relation to marital functioning, rather than looking at how each system affects the other. There is also some dissension as to whether the variables we are measuring are truly representative of the systems we are investigating. Most of the research has focused on global marital dimensions (e.g., marital quality), making it hard to know whether other aspects of the marital relationship are uniquely important contributors to health outcomes or whether
they reflect larger underlying processes.

Most studies related to general health and marriage are conducted with relatively healthy couples, or couples in which one or both partners is coping with a specific chronic health concern at one point in time. While this information is helpful, this limits the generalizability of the results. More research is needed to differentiate the interaction between marriage and chronic illness, acute illness, and overall health. Longitudinal studies also are needed to further explore the relationships between health and couplehood over time.

Finally, a lack of variety in sampling brings additional concerns. Most samples in studies of health and marriage are based on primarily Caucasian heterosexual couples, and many studies do not adequately report their demographics in the first place. Little data exist on how other ethnicities may or may not differ in results. Research also needs to address how cultural and contextual factors influence the relationship between marriage and health. Future research should focus on reducing generalizability concerns by focusing on groups previously ignored, such as non-Caucasian and same sex couples, and should increase the variety and rigor of methodologies employed.

**Suggested Readings**


**References**


between marital adjustment and compliance with hypertension regimens. *Journal of the American Board of Family Practice, 3*, 17-25.


Premarital Interventions

Premarital intervention programs seem to be helpful in several ways. Premarital interventions seem to increase participants' communication skills, conflict management, and general relationship quality, as well as notably increase the likelihood that couples who take part in them will seek out therapy services if they subsequently encounter marital difficulties. On the other hand, though premarital programs are often promoted as a way to decrease rates of divorce, there is no clear indication that they do.

Premarital interventions

The existence of formal premarital prevention programs has been documented as early as the 1930s (Mudd, Freeman, & Rose, 1941). Despite these early beginnings, premarital education was relatively absent from the literature until the 1970s. This surge of interest by educators and researchers in the development and study of premarital programs primarily came about from the desire to stem rising U.S. divorce rates. Historically, clergy have had an essential role in premarital education with young couples; however, their focus has shifted in the last three decades from the preparation for the religious marriage rite itself to educating and training couples for the challenges of marriage (Stahmann & Hiebert, 1997).

Scholars have used many labels to identify the types of premarital programs, including marital preparation, premarital education, premarital counseling, premarital intervention, and premarital enrichment. Generally, these terms are used interchangeably. Premarital interventions are most often developed to enhance
relationships as well as provide skills to help anticipate and address the risk factors for marital distress. Many programs have built in a premarital inventory, such as FOCCUS, PREPARE, (Olson, Fournier, & Druckman, 1996), RELATE (Holman, Busby, Doxey, Klein, & Loyer-Carson, 1997), and PREP-M (Holman, Larson, & Harmer, 1994) that explores a variety of relationship areas such as communication, conflict resolution, finances, parenting, personal issues, religion, roles, sexuality, and values.

Comprehensive reviews of the literature on premarital intervention have examined the effectiveness and outcomes of these programs (Bagarozzi & Rauen, 1981; Carroll & Doherty, 2003; Gurman & Kniskern, 1977; Schumm & Denton, 1979; Silliman & Schumm, 2000). This research has helped premarital programs become a focus of both national and international public policy, as several states and countries have proposed or enacted legislation that requires or offers incentives for couples to participate in premarital education (Ooms, 1998; Stahmann, 2000).

Empirically, we know that people who historically have been less likely to participate in relationship education still express interest in participating in some marital preparation. For example, in the statewide baseline survey conducted in Oklahoma (Johnson, Stanley, Amato, Nock, Markman, & Dion, 2002), data showed that recipients of government services for economically disadvantaged people were less likely to be married, yet, slightly more likely to say they were interested in marriage preparation services (71%) than those who had never received such government supports (64%).
Consistently, research has also demonstrated that participants have benefited from premarital education. One example is from a nationwide random phone survey in which 35% of the interviewed couples who had married in the past 5 years had had premarital counseling in a religious context. Seventy-five percent of this group reported that this preparation was helpful (Markman & Stanley, 1996). Similarly, the Creighton University report on premarital preparation in the Catholic Church found that, within the first 4 years of marriage, 80% of the individuals surveyed reported their premarital training as valuable (Center for Marriage and Family, 1995). Sullivan and Bradbury (1997) also found that approximately 90% of couples who had taken premarital training reported that they would choose to do so again — though there were no perceptible differences between those who did and did not have some premarital training in terms of marital outcomes.

While most research finds the premarital intervention experience helpful on their posttest evaluations, however, few researchers have looked at participants' long-term. Some studies examining long-term effectiveness (Markman, Renick, Floyd, Stanley, & Clements, 1993; Russell & Lyster, 1992) have generally concluded some lasting benefits, including higher levels of positive communication and lower levels of negative communication as well as lower rates of marital violence. Such findings should be viewed cautiously, however, as those who participate in premarital education are a self-selected group and not necessarily representative of the general population.

Research has also focused on what aspects of marriage preparation programs
individuals perceive as most beneficial. This research has suggested that individuals view a broad range of topics as helpful to marriage preparation. These include communication, conflict resolution, commitment, church, and children (Carroll & Doherty, 2003; Markman, et al., 1993; Stanley, Markman, St. Peters, & Leber, 1995; Pino, 1982; Williams, Riley, Risch, & Van Dyke, 2000). On the other hand, research has identified the discussion of secrets or past relationship issues that may threaten the current bond as the most harmful in premarital programming (Valiente, Belanger, & Estrada, 2002). Topics such as drugs and alcohol, dual-career marriages, balancing home and career, and sex and intimacy also receive lower “helpful” ratings (Williams, 1992; Williams, Riley, Risch, & Van Dyke, 2000). Russell and Lyster (1992), later joined by Hiebert (Lyster, Russell, & Hiebert, 1995) found that program components that focused on family of origin, finances, and communication received the highest ratings, while Nickols and colleagues (1986) suggested that using a sex knowledge inventory, developing self-disclosing skills, and expressing feelings were likewise well received. In addition to not always being consistent, the extent to which these findings can be generalized is unclear, because some of the research is based on the unique design of each program and its providers.

Though contemporary premarital intervention and divorce prevention programs are mainly designed to reduce the current rates of marital distress and divorce (Markman, Floyd, Stanley, & Storaasli, 1988; Stahmann & Salts, 1993; Sullivan & Bradbury, 1997), programs vary in conceptual orientation, format, provider characteristics, number of sessions, and educational content (Carroll & Doherty, 2003).
Numerous empirical studies have demonstrated that premarital programs are generally effective in producing immediate gains in communication processes, conflict management skills, and overall relationship quality (Bader, Microys, Sinclair, Willett, & Conway, 1980; Behrens, Sanders, & Halford, 1990; Carroll & Doherty, 2003; Markman, et al., 1993; Schumm, Resnick, Silliman, & Bell, 1998). On the other hand, data from a large sample of recently married army soldiers found premarital counseling by itself to have little effect on subsequent marital satisfaction; participants were, however, more likely to seek out and use martial and family services at the first signs of distress than those who had not had premarital training. Other studies have produced similar results (Bader & Sinclair, 1983; Schumm & Denton, 1979). A meta-analytic review of outcome research (Carroll & Doherty, 2003) revealed that most individuals who participated in a premarital prevention program showed significant improvement in marital satisfaction compared with those who did not. This review suggested that the average premarital education participant experienced a 30% increase in measures of outcome success.

The perceived value of marriage preparation has the highest evaluation ratings from participants during the first few years of marriage and declines with the length of marriage (Russell & Lyster, 1992; Stucky, Eggeman, Eggeman, Moxley, & Schumm, 1986; Williams, Riley, Risch, & Van Dyke, 2000). A variety of programs have shown at least limited positive marital quality outcomes relative to non-participants (Bader, Microys, Sinclair, Willett, & Conway, 1980; Behrens, Sanders, & Halford, 1990; Markman & Halweg, 1993; Markman, et al., 1993), though other effects are uncertain.
Research continues to suggest that programs led by a team of providers (Silliman, Schumm, & Jurich, 1992; Fournier & Olson, 1986; Williams, et al., 2000) and weekend programs with meetings with married couples are most preferred (Williams, 1992; Williams, et al., 2000). Several studies indicate that individuals value having time to discuss their relationship with each other (Stanley 2000; Williams, et al., 2000).

What is not known

Despite this widespread support for marriage preparation programs, valid questions remain regarding their effectiveness in strengthening marriages and preventing divorce (Stanley, 2000; Sullivan & Bradbury, 1997). One question raised has to do with sampling bias. A review of the literature shows that much of the research on premarital education looks at couples in relatively committed relationships (Carroll & Doherty, 2003; Silliman & Schumm, 2000). We know less about such efforts with non-married partners with ambiguous or low levels of commitment. Sullivan and Bradbury (1997) found, for instance, that couples participating in premarital intervention programs were more likely in the first place to be at low risk for relational dissolution in the first place. Thus, we do not know if programs are effective with couples at relatively high risk for breakup. These researchers note that, in part, higher risk couples may simply be uninformed about the availability of programs that may help them lower their jeopardy. Regardless, the limitation caused by studying largely low-risk couples is heightened by the fact that premarital effectiveness research has generally examined religious, middle-class, Caucasian couples rather than the economically disadvantaged, the less-religious, or other racial or cultural groups (Carroll & Doherty, 2003; Silliman &
Further, although the research and practice of premarital counseling have been documented, little attention has been given to the effectiveness and specificity of conceptual and theoretical frameworks guiding premarital programs (Silliman & Schumm, 2000). Given the diversity in premarital interventions, aggregate findings may not apply to specific programs, even though several general concepts seem to be useful in fostering gains in communication, conflict resolution, and overall relationship quality.

More research also needs to be focused on the long-term impact of premarital interventions and on more comprehensive evaluation of findings. Until premarital prevention research uses multi-method assessment and multiple types of standardized outcome measures to attain more comprehensive evaluations — as well as larger, randomized, diverse samples — interpretation of outcomes will be limited. Finally, researchers have yet to fully compare premarital education programs to each other (Carroll & Doherty, 2003; Silliman & Schumm, 2000) or examine which specific formats and theoretical orientations are most effective for specific groups.

**Suggested Readings**


References


Premarital Interventions - 34 -

Church: *Getting it right*. Omaha, NE: Creighton University.


Marital and Couple Interventions

In contrast to premarital interventions, marital and couple interventions typically aim at a much wider spectrum of problems, including domestic violence; emotional or physical illness; substance abuse; sexual dysfunctions; help with parenting, step-parenting, career change or other decisions; or the possibility of divorce. Couples therapy often appears effective at relieving generalized marital distress, but fewer than half of all couples in conjoint work show clear gains, and relatively few approaches have been empirically validated. The impact of couples work on divorce rates also is unclear. Better training, standards, and research may be warranted. Nonetheless, couples therapy typically is better than no treatment and may be the preferred approach for depression when marital stress is also present.

Relationship preparation and premarital interventions have relatively clear goals: preparing participants for marriage or cohabitation, or at times dissuading couples at high risk for divorce or breakup from establishing a committed relationship in the first place. The purposes and goals of interventions once a couple is married or in a committed relationship are much more variable, ranging from simple relationship improvement to the cessation of physical or sexual abuse; the treatment of emotional or physical illness in one or both partners; the amelioration of sexual dysfunctions; help with parenting, step-parenting, career changes, or other decisions; or assisting couples struggling with the possibility of divorce.

This complicates discussions of the benefits and effectiveness of marital and
couple interventions. Sexton, Alexander, and Mease (2004) note that couples therapy research has often simplified the list of problems that partners bring to therapy by saying the goals for a given treatment are simply to improve catchall concepts like “relationship satisfaction” or to lower levels of “marital distress,” without identifying what has made couples unsatisfied or distressed in the first place. Such concepts, they point out, “might not capture the complexity of clinical problems couples present with” which makes it difficult to say “where [couples therapy] works, who it works with, and what problems it helps with” (p. 597).

Goals for couples therapy can further be problematic since, as scholars like Crowe and Ridley (2000) observe, the definitions and purposes of marriage itself have varied significantly across cultures and over time. The concept of marrying for love or self-fulfillment, they point out, is relatively recent, and may coexist with economic, social, religious, and other ends. Further, as Papp (2000) notes, in an age when 40% of all marriages are remarriages, it may be more difficult to define success in couples work merely as the absence of divorce. Some thinkers (Doherty, 2002), however, see this as the crucial definition. But perhaps because causes of divorce can be complex, and because it can be, as Papp argues, a debatable standard for success, researchers rarely use it. By and large, when researchers ask if couples therapy “works,” they are not asking if it reduces divorce, but if partners simply feel or function better in their relationships after they leave therapy than before they entered it.

Such caveats aside, scholars generally agree couples therapy is effective for
relieving “marital distress” (Johnson, 2003; Mead, 2002; Sexton, et al., 2004; Shadish & Baldwin, 2003). Shadish and Baldwin (2003) suggest that studies show couples therapy is effective both for partners experiencing marital strain and also for basic relationship enhancement. Sexton and colleagues (2004) similarly report that couples therapy has been found to be helpful in “fostering changes in various areas of couple relationships,” and that “these results were apparent for a variety of outcomes ... and measures of general attitudes [of clients] toward relationship quality” (p. 598).

For clinicians and their clients, however, the critical question may be “how helpful?” Despite being generally regarded as better than no treatment, “the clinical significance of couple therapy,” Sexton, et al. state, “remains in question.” “...Even among the most efficacious” conjoint approaches, “fewer than half of couples treated have clinically significant positive outcomes” (p. 598). Christensen and Heavey (1999) likewise argue “‘we can say with confidence that fewer than half of couples treated in therapy will move from distressed to nondistressed status’” (quoted in Sexton, et al., 2004, p. 598). Finally, with some exceptions (Cloutier, Manion, Walker, & Johnson, 2002; Johnson, 2003), how long the benefits last for couples who do become less distressed is also uncertain (Sexton, et al., 2004).

Why couples therapy isn’t effective more often remains unclear. Anecdotally, some scholars point to the need for better training of therapists engaged in working with couples, many of whom who may not be licensed as marital therapists or are really only trained to work with individuals (Gilbert, 2005). Others suggest therapists’ values may
play a role (Doherty, 2002), though there is little empirical evidence to support this idea. Papp (2000) argues — to some degree echoing Crowe and Ridley — that

Even such old and familiar situations such as the challenges of dual careers, divorce, remarriage, stepparenting, infidelity, and retirement are taking place in a rapidly changing social context that requires a whole new set of assumptions regarding coupling, reproducing, love, marriage, commitment, and intimacy (p. 2).

This view implicitly seems also to call for better standards and training for couples therapy.

Regardless, couples therapy still can be beneficial to many people and remains better than no treatment in many cases. It at times may even be the preferred approach to some marital and couple problems (Mead, 2002; Sexton, et al., 2004).

By a common standard for defining an empirically supported clinical approach, for example — two independent studies which show a therapy better than no treatment (Chambless & Hollon, 1998) — both Behavioral Marital Therapy (Jacobson & Margolin, 1979), and Emotion Focused Therapy (Johnson, 2004), have been shown to be effective at relieving marital distress (Baucom, Shoham, Mueser, Daiuto, & Stickle, 1998; Johnson, 2003, 2004; Johnson, Hunsley, Greenberg, & Schindler, 1999; Mead, 2002; Sexton, et al., 2004). Insight-oriented Couples Therapy (Snyder & Wills, 1989), Integrative Behavioral Couples Therapy (Jacobson & Christensen, 1996; Jacobsen, Christensen, Prince, Cordova, & Eldridge, 2000), and Cognitive Behavioral Marital
Therapy (Baucom & Epstein, 1990) also seem to be effective for reducing marital problems (Johnson, 2003; Mead, 2002; Sexton, et al., 2004; Shadish & Baldwin, 2003).

Several couples therapy approaches have likewise been found useful in the treatment of specific marital issues. Gordon, Baucom, and Snyder (2004), for example, argue that a three-stage treatment model for helping couples dealing with the effects of an extramarital affair has shown empirically that it can reduce distress and increase the injured partner's willingness to forgive. Stith, Rosen, and McCollum (2003), who, despite arguments that it usually is contraindicated (Johnson, 2003), have long advocated the careful use of couples therapy to reduce the threat of spousal abuse more recently have suggested that multi-couple group therapy can lessen recurrences of abuse by male partners, and increase marital satisfaction, more effectively than single couple work (Stith, Rosen, McCollum, & Thomsen, 2004).

Finally, several scholars have claimed that couples therapy works well as either a primary or adjunctive treatment for important individual physical and emotional conditions, including substance abuse (Fals-Stewart, O'Farrell, & Birchler, 2001; Winters, Fals-Stewart, O'Farrell, Birchler, & Kelley, 2002), cancer and heart disease, anxiety disorders, and depression (Johnson, 2003; Leff, Vearnals, Brewin, Wolff, Alexander, Asen, et al., 2000; Mead, 2002; O'Leary & Beach, 1990; Snyder & Whisman, 2004). Couples therapy in fact may be the preferred treatment for depression when marital stress is also present (Johnson, 2003; Mead, 2002; Sexton, et al., 2004).
One area in which couples therapy has shown more mixed results is in the conjoint treatment of sexual disorders. While Masters and Johnson (1970) and other scholars (Schnarch, 1991) have reported good results from such approaches, the effectiveness of most generic couples therapy for sexual disorders seems unproven (Sexton, et al., 2004). One exception, however, appears to be the combination of Behavioral Marital Therapy with specific treatment for secondary sexual dysfunction in women who are in distressed marriages.

What is not known

At least two groups (Shadish & Baldwin, 2003; Sexton, et al., 2004) note that there is little understanding to date of how to best match couples treatments to specific couples. This may partly suggest why couples therapy appears to have lower rates for successful outcomes than not. Best practice studies of the training of clinicians who do couples work may also increase understanding in this area.

Moreover, meta-analyses of family therapy (including couples therapy), one of the most popular forms of research, and the somewhat artificial nature of many clinical investigations themselves frequently don't tell us if their findings can be translated to the real world. Thus approaches that seem effective viewed through the lens of a meta-analysis or clinical trial may not necessarily work well in real-life clinical settings (Sexton, et al., 2004; Shadish & Baldwin, 2003).

We also do not know whether what have come to be called empirically supported
treatments are the only treatments that are valid. At least some scholars have raised questions about the validity of this label, arguing that empirical validity is much more complex than general usage implies (Shadish & Baldwin, 2003; Sprenkle, 2003).

As in other areas, there also is a need for more research specific to diverse populations as well as to individual family types, including same-sex and minority relationships (Allen & Olsen, 2001; Crane, 1996; Johnson, 2003; Sprenkle, 2003). Watson (2000) specifically argues for more attention to within-group differences when looking at minority populations. And sample sizes in couples studies frequently are small (Sexton, et al., 2004).

Finally, specific empirical research into possible interactions between therapist and client values and the outcomes of therapy might shed more light on how we can better help couples who entrust themselves to us.

**Suggested Readings**


*Journal of Marital and Family Therapy, 29*, 547-570.

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Divorce clearly can be stressful, but the long-term effects on children and adults are uncertain. While many studies find negative effects, some also find positive outcomes for both adults and children. A consensus seems to be emerging that the hazards of divorce should not be overstated, and that the quality of parent–child relationships may have more bearing on children’s long-term development than whether they live in intact or divorced families.

Scholars continue to estimate that about 40% to 50% of all first marriages in the United States will terminate in divorce and that about one of six adults will live through two or more divorces (Amato, 2001; Cherlin, 1992). Divorce is a relatively common experience for children as well. More than half of divorces include minor children and more than 1 million children experience divorce each year (U. S. Bureau of the Census, 1998). Around 40% of children will pass through divorce sometime during childhood (Bumpass, 1990). The commonality of divorce has resulted in a vast amount of literature examining various aspects and consequences of the divorce experience and its aftermath. Amato (2000) identified more than 9,000 scientific works published on divorce during the 1990s alone.

Divorce and adults

The impact of divorce on the health and wellbeing of children and adults varies between individuals. Research, however, is consistent in demonstrating that, on average, divorce may have deleterious effects over a wide variety of domains. In

Divorced and married individuals also differ on a number of factors that can be considered undesirable outcomes but also can lead to a cascade of further negative events. Divorced individuals report higher levels of social isolation (Joung, et al., 1997; Marks, 1996; Mastekaasa, 1997; Umberson, Chen, House, Hopkins, & Slaten, 1996), decreased satisfaction with their sexual lives (Laumann, Gagnon, Michael, & Michaels, 1994), and an increased number of negative life events (Kitson, 1992; Lorenz, et al., 1997; Simons, 1996). Divorced individuals experience a lower standard of living and greater economic hardship than their married counterparts, especially if they are female (Hao, 1996; Marks, 1996; Ross, 1995; Teachman & Paasch, 1994). In a review, Amato (2000) notes that “the general conclusion that emerges from studies published in the 1990s — that the divorced are worse off than the married in multiple ways — is consistent with research conducted in the 1980s (Kitson & Morgan, 1990) and in earlier decades (Bloom, Asher, & White, 1978)” (p. 1274).
Amato (2000) notes that a smaller number of studies have found positive benefits resulting from divorce such as greater levels of autonomy and personal growth compared to married individuals (Kitson, 1992; Marks, 1996). Women have been found to have improvements in career and social opportunities and greater happiness following divorce (Acock & Demo, 1994). Riessmann (1990) was able to identify certain positive benefits of divorce in both men and women. Amato (2000) concludes

In summary, although the majority of studies document the negative consequences of divorce, a small number of studies indicate that divorce also has positive consequences for many individuals. If more studies explicitly searched for positive outcomes, then the number of studies documenting beneficial effects of divorce would almost certainly be larger (p. 1274).

A question in this type of research is whether divorce is the cause of the problems the people are experiencing (the causation hypothesis) or whether people who already have various difficulties are more likely to divorce (the selection hypothesis). There is some data to advance each view. Amato (2000) concludes that “In general, studies support the notion of divorce causation, but a degree of selection also might be operating” (p. 1275). Another question is whether divorce is a one-time crisis that people recover from (the crisis hypothesis) or whether it is a chronic strain with long-term or permanent effects (the chronic strain hypothesis). There is data to support both hypotheses. For example, Kitson (1992) found that about half of respondents in a study of divorce improved over time while one quarter worsened. Amato (2000) concludes that “These results suggest that a crisis model (implying
gradual adjustment) might be appropriate for some individuals, and a chronic strain model (implying persistent long-term problems) might be appropriate for others” (p. 1275).

Where recovery occurs it appears to take two to three years after separation (Booth & Amato, 1991; Goldberg, Greenberger, Hamill, & O'Neil, 1992; Kitson, 1992; Lorenz, et al., 1997). Some studies found no improvement over time in people’s level of functioning unless they remarried (Aseltine & Kessler, 1993; DeGarmo & Kitson, 1996; Gray & Silver, 1990; Mastekaasa, 1995; Neff & Schluter, 1993; Wang & Amato, 2000).

A large number of mediators have been identified between divorce and poor adjustment. Amato (2000) has summarized this body of literature by stating, “Although some exceptions appear in the literature, research in the 1990s generally demonstrated that difficulties associated with solo parenting, continuing discord with the former spouse, declines in emotional support, economic hardship, and other stressful life events account for much of the gap in wellbeing between divorced and married adults” (p. 1276).

Likewise, a number of factors have been found to moderate individuals’ reaction to divorce. Moderators include education (Booth & Amato, 1991; Demo & Acock, 1996; Goldberg, et al., 1992), employment (Bisagni & Eckenrode, 1995; Booth & Amato, 1991; Demo & Acock, 1996; Kitson, 1992; Wang & Amato, 2000), and large support networks (Aseltine & Kessler, 1993; Cotton, 1999; DeGarmo & Kitson, 1996; Garvin, Kalter, &
Hansell, 1993; Goldberg, et al., 1992; Lawson & Thompson, 1996; Thabes, 1997). The most beneficial moderator appears to be entering into a new relationship or remarrying (Demo & Acock, 1996; Funder, Harrison, & Weston, 1993; Garvin, et al., 1993; Hemstrom, 1996; Marks & Lambert, 1998; Mastekaasa, 1995; Shapiro, 1996; Thabes, 1997; Wang & Amato, 2000).

Another set of protective factors are the cognitive ways people appraise their divorce. For example, a belief that marriage is a life-long commitment (Booth & Amato, 1991; Simon & Marcussen, 1999), or a strong investment in the identity of being a married person (DeGarmo & Kitson, 1996), are associated with a poorer outcome. Also, people who experienced many problems during the marriage tend to do better after divorce (Aseltine & Kessler, 1993; Booth & Amato, 1991; Wheaton, 1990).

There is conflicting evidence on whether men or women fare better or worse after divorce. Amato (2000) concludes, “These studies do not provide evidence that one gender is more vulnerable than the other, overall, following divorce” (p. 1277). Amato (2000) also notes that “relatively little is known about racial and ethnic differences in divorce adjustment” (p. 1277). However, scholars have found that divorced and separated individuals in many other countries have lower levels of psychological wellbeing (Amato, 1994; Mastekaasa, 1995; Stack & Eshleman, 1998).

Divorce and children

A meta-analysis of 92 studies (Amato & Keith, 1991) found that children from
families of divorce did significantly worse on outcomes including academic achievement, conduct, psychological adjustment, self-concept, and social competence. Studies conducted since that time have partially confirmed the earlier results. As with the literature on adults, however, a few studies found some positive benefits to children such as daughters developing close relationships with custodial mothers (Amato & Booth, 1997; Arditti, 1999). Also, children from highly conflictual homes were better on some measures if the parents divorced rather than stayed together (Amato & Booth, 1997; Amato, Loomis, & Booth, 1995; Hanson, 1999; Jekielek, 1998). Still, in 2000, Amato concluded that “Only a minority of divorces appear to be preceded by a high level of chronic marital conflict (Amato & Booth, 1997). For this reason, divorce probably helps fewer children than it hurts” (p. 1278).

More recent research by Amato and others, however, suggests that the actual injury to children caused by divorce may be less severe than has been previously assumed. Reifman, Villa, Amans, Rethinam, and Telesca (2001) did a meta-analysis of divorce studies from the 1990 which showed that any differences in outcomes for children from divorced homes compared with children from nondivorced families were in fact quite small, and that overall outcomes were similar on several measures. Amato himself has updated his earlier work and seems to have reached similar conclusions (2001).

As with the literature on adults, the question arises of whether the outcomes with children are due to causation or selection and, again, there are mixed findings. In his
earlier work, Amato (2000) argued, “These studies suggest that even if predivorce family factors (including genetic factors) predispose children to certain emotional and behavioral problems, divorce itself brings about new conditions that exacerbate these differences” (p. 1279). By contrast, Sun (2001) suggests that predivorce conflict may account for many of the negative effects reputedly associated with divorce, reinforcing the selection hypothesis, at least as concerns children. Sun studied National Education Longitudinal Study data for children pre and postdivorce, and concluded that many of the negative findings associated with divorce, such as poorer school performance, were clearly evident prior to divorce, and therefore could not be caused by it.

The question also arises as to whether divorce represents a one-time crisis from which children recover or if it is a chronic strain. As with adults, there is conflicting evidence. One difficulty in studying this question in children is that some problems do not appear until the children reach adulthood (Amato, 1999). Amato’s 2000 work maintained “…even if some children show improvements in functioning a year or two after marital disruption, delayed effects of divorce might appear only when offspring have reached young adulthood” (p. 1279).

The most famous proponent of this theory is Wallerstein, whose 2004, 25-year follow-up study of children whose parents had divorced in the 1970s, done with Lewis, concluded that children from divorced families had difficulties as adults in achieving love, sexual intimacy, and commitment to marriage and parenthood. Wallerstein’s research, however, has been generally regarded by scholars as based on a biased
sample, causing it to overemphasize divorce’s negative impact (Amato, 2003). By contrast, Ahrons (2004), and Ahrons and Tanner (2003), in longitudinal research with adult children 20 years after their parents divorced, conclude that over time, children can adapt well to its problems.

Perhaps the most solid of the longitudinal studies is Hetherington’s (1999, 2003a) work with over 1,100 families that found that, as with Reifman’s explorations, the differences between children from divorced and intact families may be less significant than the differences within those groups themselves. That is, one can find as many or more significant differences in the performance of children from intact families as one can between such children and those from divorced families.

Several mediators have been identified in children’s adjustment to divorce. A conflictual relationship with the custodial parent, or poor parenting practices by the custodial parent, have been linked with a variety of outcomes such as poor academic achievement, internalizing problems, externalizing problems, poor self-esteem, and poor social competence (Aseltine, 1996; Buchanan, Maccoby, & Dornbush, 1996; DeGarmo & Kitson, 1996; Demo & Acock, 1996; Ellwood & Stolberg, 1993; Hetherington & Clingempeel, 1992; McLanahan & Sandefur, 1994; Simons, 1996; Tschann, Johnston, Kline, & Wallerstein, 1990). Depression in the custodial mother is another mediator related to poor adjustment among children (Demo & Acock, 1996; Mednick, Baker, Reznick, & Hocevar, 1990; Silitsky, 1996; Simons & Associates, 1996). While the role of non-custodial fathers has been unclear in the past, a meta-analysis of
63 studies found that authoritative parenting by non-custodial fathers was associated with several positive outcomes (Amato & Gilbreth, 1993).

Other predictors of outcome include hostility and lack of cooperation between parents (Bolgar, Zweig-Frank, & Parish, 1995; Buchanan, et al., 1996; Ellwood & Stolberg, 1993; Healy, Malley, & Stewart, 1990; Pearson & Thoennes, 1990; Silitsky, 1996; Tschann, et al., 1990; Vandewater & Lansford, 1998). Economic hardship is another reliable predictor of poor outcomes in children (Aseltine, 1996; Bronstein, Stoll, Clauson, Abrams, & Briones, 1994; Mauldon, 1990; Morrison & Cherlin, 1995; Pearson & Thoennes, 1990), while fathers’ payment of child support helps children’s school achievement and behavior (King, 1994; McLanahan, Seltzer, Hanson, & Thompson, 1994). Lastly, the number of negative events experienced (e.g., moving, changing schools) also may augur difficulties (Aseltine, 1996; Buchanan, et al., 1996; Ellwood & Stolberg, 1993; Pearson & Thoennes, 1990). Amato (2000) concludes that “the majority of studies conducted in the 1990s document the importance of … mediators … and are consistent with research trends from the 1970s and 1980s” (pp. 1280-1281).

The use of active coping skills (e.g., problem solving and the ability to gather social support vs. relying on avoidance or distraction) tends to produce better results (Sandler, Tein, & West, 1994). The availability of social support, predictably, also is valuable (Samera & Stolberg, 1993; Sandler, et al., 1994; Teja & Stolberg, 1993).

Many of these mediators — financial and social support, parental conflict —
obviously may apply equally well to intact as to divorced families. This tends to reinforce the idea that family conflict in these areas is harmful, whether families divorce or remain together. Grych and Fincham (1992) argue that divorce research should therefore focus less on comparing children from divorced with intact families and more on postdivorce adaptation itself.

While there is relatively little research on interventions in the divorce process, some good studies do exist. Access to school-based support programs for children appears to be beneficial (Emery, Kitzmann, & Waldron, 1999; Kalter & Schreier, 1993; Lee, Picard, & Blain, 1994). More recently, Wolchik and several colleagues (Wolchik, Sandler, Millsap, Plummer, Greene, Anderson, Dawson-McClure, Hipke, & Haine, 2002), suggested that postdivorce programs focused on improving mother-child relationship quality, discipline, and father's access to the child, and reducing interparental conflict and negative thoughts about divorce can be notably helpful. Finally, programs for adults going through divorce appear to be highly rated by participants, though it is not clear if these interventions also benefit their children (Beuhler, Betz, Ryan, Legg, & Trotter, 1992; Braver, Salem, Pearson, & DeLuse, 1996).

With regard to custody, it appears that children do best with joint physical custody (Buchanan, et al., 1996; Bauserman, 2002) although Amato (2000) notes that it is difficult to determine if this is due to the joint physical custody itself or because divorced couples who agree to it are generally more cooperative with each other. More recently, Bauserman (2002) has argued, in a meta-review of joint and sole custody
studies, that it is in fact the nature of joint custody itself that usually produces better outcomes, outcomes apparently equal to outcomes for children in intact families. Why this is so, however, remains unclear.

Limitations

Among the several limitations of research in this field beyond the problems of sampling bias and need for better long-term data mentioned above are the limited study of racial and ethnic minorities and insufficient attention to interventions for adults and children (Amato, 2000).

In general, current researchers seem to be advising caution regarding the possibility of overstating the hazards of divorce and encouraging attention to the complexities of the divorce process (Clarke-Stewart, Vandell, McCartney, & Owen, 2000; Reifman, Villa, Amans, Rethinam, & Telesca, 2001; Sun, 2001). Hetherington (2003a) notes, for example, based on three longitudinal studies that she was involved in, that on average, both children and adults who have lived through divorce experience more difficulties in relationships and personal adjustment than those from non-divorced families. But she believes that the more striking findings of these studies is their variability. That is, this research suggests many divorced people have the resiliency to cope well with their situations or even to benefit from them (Hetherington, 2003a, 2003b). Although, as marriage and family therapists, we often hope to prevent divorce in the couples and families we treat, it is inevitable that divorce will continue to be part of the human and family experience. We should continue to identify and develop methods
that will help our clients move from those who suffer from the effects of divorce to those who not only survive but perhaps even thrive.

**Suggested Readings**


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II. Research about Same-Sex Partners and Families

Board Charge:

The research about same-sex partners and families who presently cannot be studied as married persons, because marriage is not legally available to that population. What is known about these families — the family life cycle, strengths, specific challenges, etc.?

Same-Sex Partners

Same-sex couples seem largely similar to opposite-sex couples in terms of psychological adjustment, caring and commitment, and satisfaction derived from relationships. They may experience greater difficulties from social stigma, but otherwise seem comparable. Researchers have thus far been unable to compare married same sex and opposite-sex couples, though recent changes in marriage laws in some states and foreign countries may alter this situation. The issue of whether homosexuality itself is a normal sexual expression is still contentious for some, but researchers generally regard it as such. Likewise, therapy to change sexual orientation is seen by most researchers as contraindicated and potentially harmful, though a legitimate debate exists about the rights of clients to ask for help in this area. This debate remains hampered, however, by the problem of participant, researcher, and general social bias, which clouds progress on this question.

Similarities between heterosexual marriage and homosexual love relationships

Almost 30 years ago, a landmark survey by the Kinsey Institute found that
homosexuals who have come to terms with their homosexuality and who function effectively sexually and socially are no more emotionally distressed than heterosexuals (Bell & Weinberg, 1978). Numerous investigations and meta-studies on gay and lesbian couples have been conducted throughout the last three decades (James & Murphy 1998; Klinger 1996; Kurdek 1995; McWhirter & Mattison 1996; Murphy 1994, Peplau 1991; Peplau, Veniegas, & Campbell 1996). Scientific research continues to find few if any significant differences in psychological adjustment between coupled homosexuals and coupled heterosexuals (Kurdek, 2001).

It is important to note that our task force was not asked to consider the issue of individual homosexuality and mental health per se. While there is widespread (though not unanimous) agreement throughout the scientific community that homosexuality is, like heterosexuality, a normal expression of sexuality and attachment, research suggesting that individual homosexuals may have higher levels of mental health problems, including depression, suicidal tendencies, and substance abuse, than heterosexuals (Cochran, Keenan, Schober, & Mays, 2000; Cochran & Mays, 2000a; Cochran & Mays, 2000b) is sometimes cited as evidence of inherent problems with a same-sex orientation (Yarhouse, 1998b). More often, scholars view these same studies as obvious examples of the impact of social discrimination and stigma against gays and lesbians (Cochran, 2001; Warner, McKeown, Griffin, Johnson, Ramsay, Cort, & King, 2004). The question about whether problems in a particular group are innate to the group itself or are caused by stigmatization has been raised frequently over the years in studies of ethnic minorities and women (Gould, 1996; Maracle, 1993; McGrath, Keita,
Generally speaking, lesbians and gays appear to seek out long-term relationships for the same love, commitment, and companionship that motivate heterosexual couples. Numerous studies indicate heterosexual marriage and gay and lesbian love relationships are similar with regard to love between partners, relationship satisfaction, and mental health (Kurdek, 1988, 1995; Kurdek & Schmidt, 1986b; Peplau & Cochran, 1990). Heterosexual couples and homosexual couples appear to use similar strategies to maintain their relationships, they equally value love within their relationships (Haas, 2003), and report comparable levels of love and satisfaction (Duffy, & Rusbult, 1986; Jones & Bates, 1978; Kurdek & Schmidt, 1986a, 1986b; Peplau, Padesky, & Hamilton, 1982).

Like legally married heterosexual couples, gays and lesbians invest considerable energy in their relationships, become committed to their survival, and experience loneliness if and when their relationships end (Beals, Impett & Peplau, 2002). The variables that create satisfaction and stability in gay and lesbian relationships appear to be the same as for heterosexual relationships (Gottman, Levenson, Gross, Frederickson, McCoy, Rosenthal, Ruef, & Yoshimoto, 2003). Further, gay, lesbian, and heterosexual couples do not seem to differ in terms of levels of conflict or supportive behaviors in their unions, or the impact these factors have on perceived relationship quality (Julien, Chartrand, Simard, Bouthillier, & Bégin, 2003).
In the specific area of domestic abuse, scholars report that same-sex couples and heterosexual couples have similar rates of relationship violence (Pepalu & Spalding, 2000). However, an investigation by Poorman, Seelau, & Seelau (2003) asserts that domestic violence may not be deemed as serious when it occurs in same-sex couples. According to these researchers, gay and lesbian couples may receive biased treatment from the police and the criminal justice system because their unions don’t carry the same public perception of legitimacy as heterosexual marriages.

Comparisons of women in heterosexual and lesbian relationships show similar relationship experiences, including the importance of being in a committed relationship and having shared values with their partners regarding their connection. Further, both groups hold similar ideas about equal divisions of labor with their mates (Matthews, Tartaro, & Hughes, 2003). Divorced lesbian mothers score at least as high as divorced heterosexual mothers on psychological health assessments, and divorced lesbian mothers are more likely to be living with a romantic partner than divorced heterosexual mothers (Patterson, 2000).

Because few jurisdictions offer legal recognition of same-sex relationships, it is impossible to find statistics for same-sex relationships that might be directly compared with public records of heterosexual divorce and marriage. Nonetheless, Peplau and Cochran (1990) estimate that 40% to 60% of gay men and 45% to 85% of lesbian women maintain steady relationships. While these numbers are obviously imprecise, they appear to have suggestive value. Additionally, Ossana (2000) points out that gay
and lesbian couples often must face the obstacles of conventional gender role
socialization and discrimination in order to maintain these bonds. For some scholars,
this persistence in itself suggests the depth and power of lesbian and gay attachments
(Patterson, 2000).

_Differences between heterosexual marriage and homosexual love relationships_

Heterosexual and homosexual couples are more similar than different, but
researchers believe some differences do exist. In the studies we have found, however,
these differences do not appear to be based in any innate dysfunction unique to gays or
lesbians or their relationships. Where differences occur, scholars hypothesize they
center on the nature of roles within the same-sex relationship or on the experience of
discrimination faced by most gay and lesbian couples. Such differences also are
frequently, though not always, positive.

For instance, Baumrind (1995) suggests lesbian couples have more egalitarian
views about their attachments and roles than do heterosexual couples. Kurdek (1993)
found gay and lesbian couples more likely to split tasks than opposite-sex married
couples, so that each partner performs an equal number of household duties. Lesbian
and gay male couples also seem to be more relationally flexible regarding gender roles
than are heterosexual couples, lesbians being the most flexible of all (Green, Bettinger,
& Zacks, 1993). These findings would appear to be significant, as egalitarianism is
positively correlated with relationship satisfaction in both heterosexual marriages and
homosexual couples (Huston & Schwartz, 2002).
Another difference that has been investigated is the duration of heterosexual versus homosexual relationships. Some scholars have found that gay and lesbian relationships tend not to last as long as heterosexual unions, and one theory advanced is that this difference is largely due to the effects of bias against same sex couples. The difficulty with such research, however, is that it typically compares same sex couples, who in most states can only cohabit, with married opposite sex couples who have access to legal marriage. Thus it seems impossible to know whether gay and lesbian relationships are inherently less stable than marital relationships, or are simply, like cohabiting heterosexual couples, less stable because of the absence of legal constraints on dissolution. With the advent of legal same sex marriage in at least one state, better research can possibly be conducted in this area.

A final area in which scholars report differences between same-sex and opposite-sex couples is in the area of mental health. Studies have found higher rates of depression among gay and lesbian couples than in opposite-sex couples (Cochran & Mays, 2000a; Jorm, Korten, Rodgers, Jacomb, & Christensen, 2002; McDaniel, Purcell, & D’Augelli, 2001; Oetgen & Rothblum, 2000). While it is possible there are other explanations, research with large national samples appears to conclude that this phenomenon is related more to social stigma than intrinsic deficits in gay or lesbian attachments (Lewis, Derlega, Berndt, Morris, & Rose, 2001; Lewis, Derlega, Griffin, & Krowinski, 2003).

Research comparing single gays and lesbians with those in same-sex couples is
similar to such comparisons between single and coupled heterosexuals. Specifically, gays and lesbians living with domestic partners, like heterosexuals, report being less lonely and rate their physical and mental health more positively than those who live alone (Grossman, D'Augelli, & O'Connell, 2001). Again similar to heterosexual couples, lesbian couples with children report more relationship satisfaction than childless lesbian couples. This difference is not attributable to other factors such as longevity of the relationship or public disclosure of its existence (Koepke, Hare, & Moran, 1992).

Specific challenges of same sex couples

One area in which researchers note challenges to same-sex couples concerns barriers to leaving the relationship. Specifically, research on relationships generally holds that all relationships tend to be more stable when there are greater disincentives to leaving them. Thus, marriage, with its significantly higher threshold for termination than cohabitation, including the necessity of legal divorce and its financial and other penalties, is generally thought to increase relationship duration (Kurdek, 1995, 2000).

By extension, some researchers believe that the absence of these barriers may decrease motivation to salvage troubled same-sex relationships (Kurdek, 1991; Peplau & Spalding, 2000). A 1998 longitudinal study by Kurdek, for example, found that lack of barriers to leaving was a good predictor of the breakup of gay male and lesbian relationships. Further, regardless of sexual orientation, people are more likely to report feeling love for their partner if significant barriers to leaving the relationship exist (Kurdek & Schmidt, 1986b).
Another challenge for same sex couples surfaces in the area of outside support. Married heterosexual couples, for example, perceive more emotional support from their families than do gays and lesbians (Kurdek & Schmidt, 1987). As for heterosexuals, perceived social support is associated with good psychological adjustment and satisfying relationships for both gays and lesbians (Kurdek, 1988). Researchers have noted that, in their quest to secure such support and the acceptance of family status by outsiders, some lesbians in same-sex partnerships change their last names to that of their mate (Suter & Oswald, 2003).

Further, LaSala (2000) has stressed the importance of public acknowledgment of sexual orientation — what is often called “coming out” — for personal adjustment and relationship satisfaction for gay men and lesbians. Rand, Graham, and Rawlings (1982), for example, suggest the psychological health of lesbian mothers is frequently associated with their openness regarding their sexual orientation with their employers, ex-husbands and children (when present), and friends. Thus social stigma regarding the legal recognition of same sex unions may be a disincentive to such disclosure, though this particular topic is as yet unstudied. This question, however, would seem important because, as suggested above, gays and lesbians who widely disclose their sexual orientation report greater relationship satisfaction (Rand, Graham, & Rawlings, 1982) while same-sex couples in which one partner is less open about her or his orientation than another often report reduced levels of relationship satisfaction (Jordan & Deluty, 2000).


Reparative therapy

Though it was not discussed in our charge or our preliminary report, a significant part of the feedback we have received since last fall cited the literature on reparative therapy as germane to our review and urged us to examine it, noting in particular the work of Nicolosi (1991) and Spitzer (2003). And it is arguably important in comparing same-sex and opposite-sex couples to recognize that same-sex relationships are sometimes seen as inherently abnormal, undesirable, or unacceptable on religious grounds (Beckstead, 2001; Haldeman, 2004). Some scholars occasionally suggest that while many or even most gays and lesbians are comfortable in their orientation, “non-gay homosexuals” (those who don’t want to be homosexual) may be open to “reparative therapies” (Nicolosi, 1991). Reparative therapy, also known as sexual orientation conversion therapy, aims at changing a person from a homosexual or bisexual orientation to a heterosexual orientation. Definitions of “orientation” vary extensively and include sexual thoughts, fantasies, desires, or behaviors. These adaptations are primarily motivated because of, and through, religious beliefs against homosexuality.

Detailed accounts of reparative therapies exist (Nicolosi, 1991; Throckmorton, 1998, 2002; Yarhouse, 1998a) as do clinical and ethical cautions against it (Drescher, 2001; Forstein, 2001; Haldeman, 1994; Isay, 1996; Murphy, 1992; Stein, 1996; Tozer & McClanahan, 1999). Many clinicians believe reparative therapies can be harmful by lowering clients’ self-esteem and increasing self-loathing, hopelessness, and depression (American Psychiatric Association, 2000a; Friedman & Downey, 2002). Some think ethical violations may be inherent in its practice (Haldeman, 2003;
Schroeder & Shidlo, 2001; Shidlo & Schroeder, 2002; Tozer & McClanahan, 1999). The practice of reparative therapy has been called into question by many professional organizations, such as the American Psychiatric Association (1998, 2000b) and the American Psychological Association (1998). However, other clinicians perceive ethical problems in efforts to ban reparative therapy (Yarhouse & Throckmorton, 2002).

Overall, there is limited empirical evidence supporting the efficacy of sexual orientation conversion therapy. Studies of small groups of postconversion therapy patients exist (Ponticelli, 1996, 1999), though most studies have utilized highly selective samples, and details of participants’ self-reported change are sparse (Drescher, 1998, 2002). Subjects were generally obtained through religious organizations and ministries that advocate reparative therapy.

Surveys of people who report changing their homosexual behavior or orientation through reparative therapy do appear in the literature (Nicolosi, Byrd, & Potts, 2000; Schaeffer, Hyde, Kroencke, McCormick, & Nottebaum, 2000; Schaffer, Nottebaum, Smith, Dech, & Krawczyk, 1999). According to this research, positive outcomes are generally associated with strong religious motivation for change. Some researchers, such as Spitzer (2003), Nicolosi (1991), and others (Yarhouse & Burkett, 2000) have proposed that people seek reparative therapy out of their self-directed goals and religious beliefs rather than from internalized homophobia. Tozer and Hayes (2004), however, recently, examined 206 homosexual men’s and women’s desire to seek conversion therapy in terms of religiosity, sexual identity development, and internalized
homophobia. Results indicated the tendency to seek reparative therapy was in fact related to internalized homophobia rather than religiosity. Religiously-oriented individuals who did not have negative beliefs about homosexuality were less likely to seek conversion therapy.

The topic of reparative therapy, quiescent for some time, is again receiving intense scrutiny in the scientific community. In 2003, the Archives of Sexual Behavior devoted an entire issue to a study by Spitzer (2003) of reparative therapy participants who reported changing their sexual orientation. Of 200 men and women in Spitzer’s study who self-identified as having undergone therapy to change their homosexual orientation, 66% of the men and 44% of the women reported changing to a predominantly heterosexual orientation. Noting that the accuracy of subjects’ self-reports was unproven but consistent across measures, Spitzer concluded it may be possible for some people to change their sexual orientation. Moreover, finding “considerable benefit and no obvious harm,” he proposed that professional bans on reparative therapy should be lifted. Other articles in the journal included more than 20 commentaries from other professionals, most of whom cited methodological, theoretical, and clinical shortcomings of the research (Bancroft, 2003; Carlson, 20003; Cohen & Savin-Williams, 2003; Spitzer, 2003b).

Other current studies of reparative therapy give a very different picture, more in keeping with the majority of peer-reviewed research on conversion therapy for the past 30 years. Shidlo and Schroeder (2002) reported that of 202 randomly recruited subjects
who had tried sexual orientation conversion therapy, 87% failed to achieve any success. Of the 13% who considered themselves successful, most still struggled with same-sex desire. Seven of the eight subjects reporting the most positive results turned out to be employed to provide conversion therapy and thus may have been sensitized to the treatment they in turn received.

Shidlo and Schroeder also noted that many subjects who failed to change their sexual orientation reported significant harm from the process. This included depression, suicidal ideation and attempts, reduced self-esteem, and increased internalized homophobia, intrusive imagery and sexual dysfunctions, damaged relationships with family and friends, and increased problems with social relationships. Although 66% of subjects were religious, those whose treatment failed reported spiritual harm such as loss of spiritual faith, the experience of punitive and shaming concepts of God, and excommunication.

Beyond the question of how many people benefit from or are harmed by conversion therapy, some suggest that the fact some people report changing their sexual orientation challenges conventional wisdom regarding its immutability. However, no randomized clinical trials have been conducted of reparative therapy. Likewise, there is a difference between modifying homosexual behavior through cognitive behavior therapy and changing sexual orientation per se.

At present, existing scientific data does not warrant the conclusion that sexual
orientation can be changed. Likewise, sexual orientation’s rigidity or mutability does not
address the question of the inherent normality or abnormality of same-sex relationships
in the first place. While we encourage readers to examine the literature in this area for
themselves, the scientific consensus to date seems fairly clear. A preponderance of
major mental health professional associations that have attempted to review the
literature on these questions, including the American Psychiatric Association, the
American Academy of Child and Adolescent Psychiatry, the American Academy of
Pediatrics, the American Counseling Association, the American Psychological
Association, the National Association of School Psychologists, and the National
Association of Social Workers, perceive a same-sex orientation as a non-deviant “part
of the range of sexual expression” (American Academy of Child and Adolescent
Psychiatry, 2002).

Further, at least five major health care organizations, including the American
Academy of Pediatrics, the American Counseling Association, the American
Psychological Association, the National Association of School Psychologists, and the
National Association of Social Workers, joined by the American Association of School
Administrators, the American Federation of Teachers, the National Education
Association, the American School Health Association, and the Interfaith Alliance
Foundation, have all specifically rejected the practice of reparative therapies because
“homosexuality is not a mental disorder and thus there is no need for a ‘cure’”
(American Academy of Pediatrics, et al., 1999) While the history of science shows that
merely being in the majority does not guarantee possession of the truth, the
preponderance of professional opinion and scientific data indicates that same-sex relationships are not inherently dysfunctional and that sexual orientation per se is unlikely to be changed by reparative therapy.

What is not known

Although, as noted above, experts estimate as many as 60% of gay men and 80% of lesbians are in committed relationships, there is a lack of hard data about such basic facts (Bell & Weinberg, 1978; Peplau & Cochran, 1990; Peplau, Cochran, Rook, & Padensky 1978; Raphael & Robinson, 1980). Between 1980 and 1993 only 3 articles out of 312 in the *Journal of Social and Personal Relationships* focused on sexual orientation; only 2 of 1,209 articles in the *Journal of Marriage and the Family* focused on the topic (Peplau & Spalding, 2000). And while the characteristics of gay and lesbian relationships cited above appear to hold true for some same-sex couples who are ethnic minorities (Zea, Reisen, & Poppen, 1999), ethnic groups such as African Americans are under-represented in research to date.

The value of reparative therapy also requires further investigation. It is unclear how many gays and lesbians would want to change their orientation if they could, or how many would obtain the same results as subjects highly motivated to establish reparative therapy as credible. Even the most ardent supporters do not claim the resulting heterosexual arousal is as intense as experienced by a predominantly heterosexual individual (Spitzer, 2003). Research is badly needed in which the vested interests of investigators and participants in the outcome are controlled. Most studies
are qualitative self-reports; rigorous quantitative investigations still remain to be done.

Finally, there is still no clear sense of what causes some people to have attractions to the same or to opposite genders. While there are nature versus nurture debates, there is little definitive understanding of the role of either. Likewise, confusion still remains about the difference between sexual orientation and sexual behavior for both same- and opposite-sex attractions.

**Suggested Readings**


References


Huston, M., & Schwartz, P. (2002). Gendered dynamics in the romantic


Psychological Association, Washington, DC.


Same-Sex Parenting

Studies suggest gay and lesbian parents are largely similar to opposite-sex parents, and that children raised in same-sex families are little different from children raised in opposite-sex families. Where differences occur, most scholars do not see them as deficits and sometimes see them as advantages. While findings have generally been consistent, until recently sample sizes have been small and samples themselves non-random. However, more current work appears to have addressed some of these problems.

Studies of gay and lesbian parenting were being conducted and began appearing in the literature in the late 1970s (Patterson, 1982). Since that time hundreds of studies, including dissertations and unpublished professional presentations, have been conducted examining issues such as parenting styles (e.g., Bigner & Jacobsen, 1989), step-family formation and co-parenting (e.g., Crosbie-Burnett & Heimbrecht, 1993), childbearing decision making (e.g., Touroni & Coyle, 2002), coping (e.g., Bos, van Balen, & van den Boom, 2004), and parenting experiences (e.g., Turner, Scadden, & Harris, 1990). In general, this research suggests that despite stressors in the form of gay identity development and homophobia (Armesto, 2002), gay fathers and lesbian mothers are more similar than dissimilar to their heterosexual counterparts in their parenting styles, skills, and experiences (Bigner & Jacobsen, 1989; Bos, et al., 2004; Siegenthaler & Bigner, 2000).

The one topic appearing to garner the most attention, however, has been the
effects on children of growing up in a gay or lesbian family. To date, there appears to be strong evidence that children raised by lesbians and gay men do not experience adverse outcomes (Andersen, Amlie, & Ytteroy, 2002; Patterson, 1982; Wainright, Russell, & Patterson, 2004). More specifically, studies suggest that children raised in gay and lesbian families are no different from other children in terms of short-term and long-term emotional wellbeing (Allen & Burrell, 1996; Chan, Raboy, & Patterson, 1998; Flaks, Ficher, Masterpasqua, & Joseph, 1995; Gershon, Tschann, & Jemerin, 1999; Golombok, Tasker, & Murray, 1997; Green, Mandel, Hotvedt, Gray, & Smith, 1986; Huggins, 1989; Kirkpatrick, 1994; Smith, & Roy, 1981; Steckel, 1987; Tasker & Golombok, 1995, 1997), occurrence of psychiatric illness (Golombok, Perry, Burston, Murray, Mooney-Sommers, Stevens, & Golding, 2003), intelligence (Flaks, et al., 1995; Green, et al., 1986; Golombok, et al., 2003; Kirkpatrick, et al., 1981) and pro-social behavior (Brewaeys, Ponjaert, Hall, & Golombok, 1997; Chan, et al., 1998; Flaks, et al., 1995; Golombok, Spencer, & Rutter, 1983; Golombok, et al., 1997; Golombok, et al., 2004; Patterson, 1994; Wainright, et al., 2004).

Scholars also have found that, compared to children of heterosexuals, children of lesbians do not differ in terms of their gender role behavior (Golombok, et al., 1983; Gottman, 1990; Green, 1978; Green, et al., 1986; Hoeffer, 1981; Javaid, 1993; Patterson, 1984) and gender identity (Golombok, et al., 1983; Gottman, 1990; Green, 1978; Green, et al., 1986; Kirkpatrick, et al., 1981; McCandlish, 1987; Wainright, et al., 2004). In addition, in several studies, children raised by gay men appear no different from other children in terms of sexual orientation (Bailey, Bobrow, Wolfe, & Mikach,
One area in which there appears to be mixed results is the area of social stigma experienced by children of same-sex parents. While children of gay men and lesbians seem to develop strong peer relationships (Golombok, et al., 1983; Golombok, et al., 1997; Green, et al., 1986), there is some evidence that they may experience mild societal stigmatization in the form of peer teasing (Green, 1978; Tasker & Golombok, 1997).

While most scholars appear to agree about the lack of effects of same-sex parenting on children compared with opposite-sex parenting, there are occasionally divergent views. Nock (2001) has testified in court proceedings that extant studies have been so methodologically flawed as to prohibit drawing any conclusions from them. This view, however, does not appear to enjoy wide support, and Nock himself has since stated that "my sense is that there is better work emerging now than was true when I reviewed the existing landscape" (personal communication, March 2005).

In a different vein, Stacey and Biblarz (2001), in a review of 21 articles on lesbian and gay parenting, have argued that there are in fact differences between children of heterosexual and homosexual parents; these findings have occasionally been cited by groups opposed to same-sex parenting and marriage as justification to limit or restrict the rights of same-sex couples in these areas (Stanton & Keeton, 2004) as has
Golombok and Tasker’s 1997 work.

Stacey and Biblarz, however, have stated that drawing such conclusions from their study constitutes “serious misrepresentation and misuse of our research” (Stacey, personal communication [letter to the AAMFT Board of Directors], March 2005).

“Although,” Stacey writes, “we found good reason to question the widespread claim that there are no differences whatsoever between children reared by same sex and different-sex parents, we underscored the fact that the likely differences were not deficits, and in some cases, might be advantages. Our conclusion about the comparable efficacy of lesbigay parenting was unequivocal:

Thus, while we disagree with those who claim that there are no differences between the children of heterosexual and lesbigay parents, we unequivocally endorse their conclusion that social science research provides no grounds for taking sexual orientation into account in the political distribution of family rights and responsibilities (2001).

Since our article was published in April 2001, additional studies have appeared which support this conclusion.”

While fewer professional health organizations seem to have conducted organized reviews of the literature on same sex parenting than the literature on same-sex relationships or same-sex individuals, those that have seem to be in general agreement on what the research suggests. The statement of the American Academy of Pediatrics is typical:
A growing body of scientific literature demonstrates that children who grow up with 1 or 2 gay and/or lesbian parents fare as well in emotional, cognitive, social, and sexual functioning as do children whose parents are heterosexual. Children’s optimal development seems to be influenced more by the nature of the relationships and interactions within the family unit than by the particular structural form it takes (Perrin, et al., 2002, p. 341).

The American Psychological Association (2004), the American Psychiatric Association (2002), the American Academy of Child and Adolescent Psychiatry (1999), and the National Association of Social Workers (2005) have reached similar conclusions.

What is not known

The literature on gay and lesbian parenting has acknowledged limitations (see Nock, 2001). A preponderance of the data come from lesbian rather than gay male families. Men and women experience the social pressures of society differently, and this would appear to translate into different parenting experiences. For example, Turner, et al., (1990) found that lesbian parents were more financially disadvantaged, experienced more role strain, and had poorer relationships with ex-spouses than gay fathers. Given recent increases of men choosing families via adoption and surrogacy, researchers should soon have a significant population from which to sample. Larger, more diverse, and inclusive samples of both gay and lesbian parents and their children —such as in Wainright, et al., (2004), which draws from a national core sample of 12,015 adolescents — will allow for greater generalizations of the data. Some scholars have noted that sampling bias also may be a concern (Stacey & Biblarz, 2001), since
few studies have had randomized samples.

In addition, the relative dearth of longitudinal studies of these families (Golombok & Tasker, 1996; Tasker & Golombok, 1997) makes it difficult to determine if the lack of differences between heterosexual and homosexual families will be maintained over time. No studies were identified that investigated experiences of children from different racial, ethnic, religious, socioeconomic, or cultural backgrounds.

Finally, it is unclear how the lack of marriage or legal unions in the United States may impact children growing up in gay and lesbian families. New research may clarify this.

**Suggested Readings**


Wainright, J. L., Russell, S. T., & Patterson, C. J. (2004). Psychosocial adjustment, school outcomes, and romantic relationships of adolescents with same sex

**References**


Stanton, G. T., & Keeton, G. F. (2004). Staying “true to the research” on same sex marriage and parenting: Evaluating and responding to proposals communicated by leaders of the American Association for Marriage and Family Therapy


III. Societal Context

**Board charge:**

Societal context and issues surrounding these topics. What is the nature of the social and cultural debate on these issues? How do they play out in the political and economic context, and what are potential intended and unintended consequences of various courses of action that might be taken on these topics, either by AAMFT or by society.

**The Societal Context and Debate Surrounding These Topics**

Attitudes on marriage, divorce, and same-sex relationships are varied, often controversial, and to some degree fluid. Polls show conflictual and contradictory attitudes on several dimensions of these topics, as well as generational differences. While the judicial and legal spheres are also in flux, especially regarding legal recognition for same-sex relationships. There are, moreover, few hard and fast ideological positions. Traditional liberals and conservatives disagree among themselves and with each other on these subjects, and religious organizations reflect a wide range of opinions within and across denominations. What seems missing from public and professional discourses are clear efforts at education and achieving consensus, which may be the largest contribution we or other organizations can make.

The current societal context surrounding marriage and health, divorce, and same-sex relationships is complex and has been shaped by several factors in recent years. Reports and commentary on abortion, marital breakup, cohabitation, teenage
pregnancy, and the spread of sexually transmitted diseases have often raised questions about the meaning and status of marriage and monogamy in contemporary life (Associated Press, 2005, April 4; Centers for Disease Control, 2002; Kristof, 2005; Zimmerman & Fisher, 2003). The relationships of public figures and celebrities, from Britney Spears’ 48-hour marriage (CNN, 2004a) to the wedding of Prince Charles and Camilla Parker Bowles after three decades as paramours (Gardiner, 2005; Roberts, 2005), also color public opinion (Will, 1998; Zimmerman & Fisher, 2003). Further, events like the 1998 murder of Matthew Shepard, an openly gay student at the University of Wyoming (Brooke, 1998), and the ordination of Eugene Robinson, an openly gay man, as an Episcopal bishop (Goodstein, 2003), have caused many people to think more deeply about sexual orientation and the place of gays and lesbians in society (Boot, 2004).

National polls show varying, often discrepant attitudes on relational issues. Divorce itself, and sex between unmarried adults, for example, are generally regarded as morally acceptable by at least 60% of respondents to recent Gallup surveys, while extramarital sex, and sex between same-sex partners are viewed by most respondents as morally wrong (Gallup, 2005b). On the other hand, Gallup reports that public acceptance of a gay “lifestyle” increased from 34% in 1982 to 54% in 2004, while support for gay and lesbian equality in employment grew from 59% to 89%--trends mirrored in other surveys (Gallup, 2005a; Mehren, 2004). Clear majorities also favor repealing the ban on “out” gay men and lesbians in the military (Gallup, 2005a; Mehren, 2004). Some commentators think favorable media presentations of gay and lesbian
characters and more visible gays and lesbians in society partly explain these developments (Mehren, 2004; Rosenberg, 2004).

Marriage and divorce

Both private organizations and government programs have attempted to promote marriage and reduce divorce in recent years. Groups such as Smart Marriages®, Marriage Savers®, Focus on the Family, and the Institute for American Values have undertaken a variety of activities toward these ends (Eisner, 2004), while several states have instituted “covenant” marriages (Sanchez, Nock, Wright, & Gager, 2002), which are harder to establish and dissolve than traditional forms. Meanwhile, the White House proposed a $1.5 billion “healthy marriage initiative” intended to encourage and support marriage among poor Americans (Administration for Children and Families, 2005; CNN 2004b).

The value of these recent efforts is uncertain, however, especially since divorce has been stable or in decline for two decades (Centers for Disease Control, 2005). Scholars suggest, for example, that covenant marriages have had limited impact on divorce rates (Sanchez, et al., 2002) and have questioned the efficacy of marriage promotion (Huston & Melz, 2004).

Moreover, the federal healthy marriage proposal has been stalled in Congress and faces significant controversy (CNN, 2004b; Kurtz, 2005; Reich, 2004). Grants have been offered or planned through the Children and Families Administration in the
Department of Health and Human Services to help child-support collection, families involved with child welfare agencies, and refugee families, and to promote marriage improvement skills, but how effective this grant program will be is unknown. Further, the federal Defense of Marriage Act, which defines marriage as solely heterosexual, means these funds may not be used to help same sex couples and families (Administration for Children and Families, 2005).

Public attitudes about divorce also seem somewhat conflicted. As we have noted, while clear majorities accept it, 46% believe divorce laws in their own states should be stricter (Gallup, 2005b), nearly identical with the percentage who felt this way 60 years ago. In addition, differences we might expect in divorce rates among religious sects based on their varying doctrines do not show up in surveys. Polling by the Barna Group, which tracks information about Christian ministries, suggests evangelicals, mainline Protestants, and atheists have similar rates of marital dissolution (2004). A 2001 United Jewish Communities Survey indicates divorce among Jews may also be similar (2002).

Same-sex relationships

Arguably, few aspects of relationships have been more debated in the past few years than same-sex partnerships. Two court rulings, Baker v. Vermont (1999) and Goodridge, et al. v. Department of Public Health (2003) have led, respectively, to the establishment of same-sex civil unions in Vermont and to same sex marriages in Massachusetts. Simultaneously, the U.S. Supreme Court held in Lawrence v. Texas
(2003) that sexual acts between consenting adults, whether same or opposite sex, cannot be regulated by state governments.

On the heels of these and other decisions, several municipalities in Oregon, California, New York, and New Mexico issued marriage licenses to same-sex couples, sometimes in defiance of state officials, contending state laws were either ambiguous or blatantly discriminatory. Virtually all these actions, however, along with numerous same-sex marriages performed under their sanction, were later invalidated, and even some advocates of same-sex marriage even questioned their wisdom (Cooperman, 2004; Egelko, 2004; Kershaw, 2005; Reid, 2004).

Legislatively, a host of states and the federal government have responded to the possibility of nationwide same-sex marriage with Defense of Marriage laws defining marriage as exclusively heterosexual or with constitutional amendments that are similar. Thirty-eight states now have such laws, and amendments have passed in all 17 states where they have been on the ballot. Federal constitutional changes, however, have had little success (Liptak, 2004; Lochhead, 2004, July 12; Nieves, 2005; Will, 2003).

While state antipathy to legal recognition for same-sex couples has been widespread, there are exceptions. In addition to Massachusetts, where same-sex couples can marry, and Vermont, where they may enter civil unions, Hawaii, California, and New Jersey allow same-sex domestic partners to register for and receive varying degrees of marriage-like benefits (Findlaw, 2005; Fisher, 2004). A court ruled that New
York’s law against same sex marriage violates its constitution (Tavernise, 2005), while Oregon’s governor has sponsored a civil unions bill in the wake of a state Supreme Court ruling voiding numerous same sex marriages performed there last year (Kershaw, 2005). Further, in April 2005, Connecticut enacted same sex civil unions with clear legislative and popular support (Haigh, 2005; Pazniokas, 2005). Most recently, California’s legislature passed a bill recognizing same-sex marriages, though the governor is expected to veto it (Finnegan & Dolan, 2005).

The question of the legal status of same-sex relationships is not confined to the United States. Belgium, the Netherlands, Canada, and Spain — the latter overwhelmingly Catholic — all do or shortly will permit same-sex couples to marry (BBC News, 2004; Krauss, 2004; McLean, 2005), and polls suggest as many as 57% of all Europeans favor this, though attitudes vary widely by country (Ford, 2004). France, Denmark, Germany, Portugal, and several other nations permit civil unions for same-(and sometimes opposite) sex couples, while Britain’s Civil Partnership law takes effect this year (Ford, 2004; Wray, 2005).

**Ideological questions**

As Catholic Spain’s endorsement of same-sex marriage indicates, traditional political labels can be misleading in same-sex marriage discussions. African Americans, especially clergy, though often socially liberal, have frequently voiced fierce opposition to legally recognizing same-sex relationships, and even to accepting gays and lesbians in general (Banerjee, 2005; Lattin, 2004; Ly & Harris, 2004). The
Reverend Walter Fauntroy, a distinguished civil rights figure, for example, has called same sex marriage an “abomination.”

For most black Americans who know our history, we do not want any further confusion about what a marriage and a family happen to be. We have not yet recovered from the cruelties of slavery, which were based on the destruction of the family. (Ly & Harris, 2004, p. B1)

Fauntroy’s view is challenged, however, by equally renowned civil rights figures such as National Association for the Advancement of Colored People Chairman Julian Bond, Congressman John Lewis, Coretta Scott King, and others, all of whom openly support same sex marriage as a matter of justice (Price, 2004).

Traditional conservatives are divided also. While religious figures like the Reverend Jerry Falwell (Staver, 2005), columnists like Jeff Jacoby (2003), and organizations such as the American Family Association (Bennett, 2004) strongly oppose same-sex marriage, several noted conservatives have been neutral or openly supportive. Marriage Savers® and some similar groups reportedly feel opposing same-sex marriage is a distraction from marriage preservation (Eisner, 2004). Others, like former Wall Street Journal staffers Max Boot (2004) and David Brooks (2003), and former Republican Senators Alan Simpson (2003) and John Danforth (2005) — also an Episcopal minister — either explicitly or implicitly endorse some form of governmental acceptance of same-sex relationships. Brooks has gone so far as to state,

The conservative course is not to banish gay people from making such commitments. It is to expect that they make such commitments. We shouldn't
just allow gay marriage. We should insist on gay marriage. We should regard it as scandalous that two people could claim to love each other and not want to sanctify their love with marriage and fidelity. (2003, p. A15)

Boot adds that substituting same-sex civil unions for same-sex marriage may undermine marriage generally if opposite-sex couples choose such partnerships over matrimony. Britain’s *The Economist* has twice made this point in pro-same sex marriage editorials (*The Economist*, 1996, 2004).

Attitudes are more predictable among religious sects, with people who identify themselves as evangelical or highly religious strongly opposed to same-sex marriage (Pew Research Center for the People and the Press, 2003). But even here there are exceptions. The United Church of Christ, for example, which proclaims it “seeks to respond to the Gospel of Jesus Christ in word and deed” (2005) is openly supportive of same-sex couples and has recently announced its support for same-sex marriage (Dewan, 2005). The Lutheran Church specifically states that, while it still prohibits ceremonies for same sex unions, it will not punish dissenters (Coffee, 2005). Further, the National Council of Churches withdrew its endorsement of what had been called a pro-marriage statement, concerned that many of the 36 denominations it represents would see it “more as a condemnation of same sex unions than as an affirmation of marriage” (National Council of Churches, 2000).

The role of openly gay and lesbian clergy, while less clearly a relational matter, nonetheless continues to be contentious for many denominations. The Anglican Church
remains internationally divided by the question of gay bishops (Associated Press, 2005, April 20; Banerjee & Lavery, 2005), while the Methodist Church has recently gone in both directions on openly gay clergy, finding the Reverend Karen Dammann not guilty of violating church principles for living with a same-sex partner, but convicting the Reverend Elizabeth Stroud for doing the same thing, though her conviction has since been overturned (Goodstein, 2005; Montgomery, 2005; Preusch & Goodstein, 2004). Other churches report similar conflicts (Banerjee & Lavery, 2005).

Splits among civic groups, churches, and governments of course reflect more general uncertainties. Fluctuating attitudes in recent polls have grown even more volatile in some areas, with no sign of stabilizing. Gallup (2005a) notes that in 1996, for example, 27% of respondents said same sex marriages should be seen as valid, rising to 35% in 1999, and 42% in 2004. In less than a year, however, this support has fallen abruptly to its current level of 28% — barely above the level in 1996.

Despite majority opposition to same sex marriage, however, 54% of the public views same-sex couples as equally good parents as opposite-sex partners (Pew Research Center for the People and the Press, 2003). Polls also suggest notable differences between perceptions of same-sex marriage and civil unions. While most people seem opposed to same-sex marriage by itself, Gallup and the Los Angeles Times report varying majorities favor either same-sex marriage or civil unions when both options are presented to them (Gallup, 2005a; Mehren, 2004).
The *Los Angeles Times* poll further indicates that 59% of respondents believe same sex marriage is inevitable, whether or not they support it. This poll also found what it called “a profound gulf in attitudes between older and younger Americans” with 18- to 29-year-olds significantly more likely to have positive views of gay men and lesbians on a variety of questions than those over age 65 (Mehren, 2004, p. A1).

Scholars note, of course, that questions about families and couples, whether focused on marriage or divorce or same sex partners, are not new. Many ancient commentators addressed the question of same-sex relationships (e.g., Aristophanes, Sappho; Paul; Petronius; see also Brooten, 1998), while the nature and purpose of marriage and divorce have occupied theologians and scholars for at least two millennia (Cantor, 2002; Gies & Gies, 1987, 1990; Haeberle, 1978; Lacey & Danziger, 1999; Manchester, 1993). Research suggests views about divorce, same-sex partnerships, and even marriage itself have swung between more and less permissive perspectives for centuries (Gies & Gies, 1987; Haeberle, 1978; Lacey & Danziger, 1999; Manchester, 1993). Scholars also observe that concepts such as “lifelong” marriage to one partner have, for most eras, often referred more to women than men, since maternal mortality frequently meant men had two or three wives in their own comparatively short life spans (Gies & Gies, 1987, 1990; Lacey & Danziger, 1999; Manchester, 1993). What is currently different, perhaps, may be the degree of uncertainty around relational issues as a whole, whether divorce, or the nature of marriage, or same-sex couples.

No discussion of societal context, of course, no matter how exhaustive, can
cover all its aspects, and much may already have changed in the world before this review is published. Readers thus should consult a wide variety of current sources in addition to our work here. Finally, though it is explicit in our charge, we have not examined the economic context of family relational questions in any depth. While obviously important, it requires more expertise than we reasonably can claim, and more patience from our readers than we reasonably can expect. We thus again urge them to go beyond this review to gain a fuller picture of the issues at stake.

Possible Consequences of Action by AAMFT or Society

Perspectives on families and couples, whether focused on marriage, divorce, or same-sex relationships, clearly are freighted with great cultural, political, and moral weight for large segments of society and AAMFT members. Interest groups and individuals — all nominally supportive of families and relationships — have argued about any number of agendas and disagreed on strategies for advancing them (Banerjee, 2005; Boot, 2004; Coffee, 2005; Cooperman, 2004; Eisner, 2004; Lochhead, 2004, July 12; Ly & Harris, 2004; National Council of Churches, 2000; Nieves, 2004; Reich, 2004). Conflicting national polls and more than 800 pages of often impassioned but widely varying feedback from AAMFT members in response to our preliminary report and the 2004 AAMFT Conference plenary where it was read, reinforce this view.

Feedback on the preliminary report

The preliminary report and plenary feedback is clearly not a scientific poll, scattered as it was over several months and occasionally marked by duplicate
responses. Much of it doesn’t address what stand, if any, the Board might take on relational matters, but simply reacts to the report and presentation themselves. Some commentators also appear to have believed that the Board adopted an official position on same sex relationships, when in fact it has not taken any posture. Thus it is difficult to summarize the respondents’ comments in a few sentences.

What does come through quite strongly, however, among those comments that address the issue of political stances, is a clear lack of consensus about the best course of action for the Association to take, and what the ramifications of any particular course of action might be.

Some respondents, for example, citing their personal beliefs, urge emulating such groups as the American Psychological Association, which have supported governmental recognition for same-sex marriages; others, equally impassioned, take the position that marriage should be exclusively heterosexual. Some argue that energies expended on questions about same-sex relationships would be better focused on problems like divorce — a position, as we’ve noted, that has been made in the larger society. Significantly, however, many respondents strongly argue against the Association’s taking any public stances, even stances they favor as individual citizens, since doing so, they believe, would divide us as an organization, and label us partisans in the eyes of clients, regulators, legislators, and the public.

Affecting social policy
Unspoken in this discussion is whether and how any position the Association might take would actually affect the larger society. There is no final answer to this question, but our review of hundreds of discussions of marriage, divorce, and same-sex relationships in the United States, Canada, and Britain over several years suggests taking official stands on major social questions does not always turn out as advocates expect.

There is little evidence, for example, that the positions in support of same-sex marriage taken by mental health organizations older and larger than our own, such as the American Psychological Association (2004) and the National Association of Social Workers (2004), have won new adherents. Policy makers and the public seldom mention such stands except to oppose them, and public attitudes have in fact moved away from them since they were announced (Gallup, 2005a). Their most obvious impact ironically seems to have been to rally internal and external dissent, including charges of politicizing science (Cooperman, 2004; Halpern, 2004; Murray, 2001; Throckmorton, 2004). Thus it seems critical to weigh carefully the potential good of any formal stand on social issues against the risk of unintended backlash, of harm to other interests, or of irrelevance.

The Task Force on Social Policy

Faced with an earlier social policy challenge on the question of abortion, the Board of Directors in 1991 created a Task Force on Social Policy to help guide the Association on that and future social controversies. Composed of members of differing
ideologies and backgrounds, the task force nevertheless created several principles we believe still are critical.

First, the task force members explicitly rejected the idea of taking positions which only intensify controversy. “As family therapists,” they wrote, we have experience working with serious, polarized conflict between people with entrenched perceptions and beliefs. We don’t just take sides; we introduce new meanings and options, or help [those involved] do so for themselves....We rarely proceed without challenging the terms on which the conflict is based (1992)

(Italics added)

In the eyes of the social policies task force, it is fundamental to our integrity as people who try to consider all members in a system not to simply ally with one side or the other in a dispute, but to offer perspectives that help reduce rather than escalate misunderstanding and division, and to point out limitations in both sides of conflicting arguments.

In our outline here of the societal context in which marriage, divorce, and same sex relationships are being debated, we have tried to follow this path. We have not found, for example, clear “conservative,” “liberal,” “Christian” or “secular” positions on these issues, but note that people and organizations have taken a wide variety of stances that often cannot be lumped into a single camp.
Further, our review of the scholarship in these areas, though we hope useful, does not offer a MapQuest® route to social action. While it suggests, for example, that marital quality is clearly linked to health, and poor quality marriages reduce the benefits found in satisfying marriages, it does not give unambiguous guidance for social interventions to make bad marriages better, or prove it is always better to be married than single. Likewise, our study of premarital and couple interventions finds evidence for their utility, but also clear and important limits to their effectiveness.

Our review suggests divorce can be a difficult but not necessarily damaging experience for children and adults, and indicates that children weather it best when parents maintain good relationships with them and their former spouses. It does not, on the other hand, point to a clear social agenda for doing that, or imply that divorce laws should be changed in obvious ways. And while it offers no support for covenant marriages, it does not argue for their elimination.

Our review of same-sex relationships likewise suggests they are generally, though not entirely, similar to opposite-sex relationships, and that same-sex parents are as effective at child rearing as opposite-sex parents, a view apparently shared by most Americans (Pew, 2003). It does not, in our view, offer any legitimate clinical reasons for treating same-sex families or couples differently from other families or partners, and warns of the potential damage to same-sex individuals and families from stigma and discrimination. It underscores the dangers of reparative therapy, but notes that scholars still debate the right of clients to seek changes with which therapists disagree. But it
also does not, in itself, speak incontrovertibly to governmental recognition of same-sex unions, since this is less a clinical than legal issue, tinged with religious overtones.

There is a long history of failed social policies nominally based in scholarship — from forced sterilization of the mentally ill to the infamous Tuskegee syphilis “studies” performed on unwitting African Americans. While we trust deeply in the liberating power of information, no research is ever truly comprehensive, and is always open to error and revision. Thus prudence suggests even social initiatives based on the most tested research must be approached with circumspection and humility.

The 1992 Task Force on Social Policy was emphatic about the need for the Association as a whole to think beyond entrenched social positions. The task force stressed repeatedly the importance of helping the public and the membership identify the larger social contexts that lead to polarization. How in essence its members asked, do the ways we discuss social problems and policies make them easier or harder to resolve?

They noted, for example, that framing the abortion debate simply as a choice between the rights of the fetus and the rights of the mother virtually guarantees a stalemate. Many people of conscience will always find themselves on both sides of such an argument.

Similarly, disagreements about such issues as marriage, divorce, and same sex
relationships are often spun largely as matters of civil rights versus moral or religious obligation. Divorce in particular is commonly portrayed as a question either of “individual freedom” or “upholding vows,” with little sense that two or more fallible human beings are at the heart of an emotionally difficult experience.

As thoughtful conservatives and liberals have both noted, such stalemates threaten enormous damage to society. Framing the same sex marriage debate, for example, as “sin” versus “freedom” renders religion interminably open to charges of bias and ignorance, while coloring human rights as beyond morals and faith (Boot, 2004; Danforth, 2005; Rauch, May 2004, June 2004; Simpson, 2003; Sullivan, 1989; Will, 2003). This undermines respect for religion itself and for pluralistic communities (Boot, 2004; Danforth, 2005; Rauch, May 2004, June 2004). AAMFT risks similar damage.

For the 1992 Task Force on Social Policy, the only viable solution to such quandaries was study and discussion. The Association, it urged, must “develop a plan for encouraging education and dialogue among the membership” about questions at the heart of such debates. We hope this report is one part of such a process.

The social policies task force also specifically explored the subject of communicating with society and our clients on controversial matters by stating that AAMFT should “affirm publicly that free exchange of ideas and information ... needs to take place [both] publicly and in the privacy of professional consultation.”
The vision of our Association offered by the Task Force on Social Policy was thus not of an organization trying to become a *party* to social conflicts, but a *resource for resolving them*; less concerned with the *content* of disputes — which are ever-changing and unpredictable — than with the *process* of settling them.

This sense that battles of social policy are not ended by *defeating* the other side but by arriving at a general consensus has been given no clearer expression than by Mary Bonauto, the attorney who successfully argued the case for same sex marriage in Massachusetts: "I really think people need time to wrestle this issue down and struggle through the fairness issues," she has stated, explaining why she thinks it is not time to push court challenges to the federal Defense of Marriage Act, even though she believes it is discriminatory. Before a case can be made that it is biased, the people “need to see [the unfair nature of] it first” (Lochhead, 2004, May 24). This view underscores the point that advocacy of any social policy only makes sense when all parties are minimally prepared to listen.

**Recommendations**

In attempting to faithfully execute our charge to review the literature on marriage and health, couple interventions, divorce, same sex partners and families, the societal context in which these topics are discussed, the possible consequences of actions by society or AAMFT, and to make recommendations to the Board, we have found ourselves pulled increasingly away from what we have felt has been our first goal: a careful review of the scholarly literature which will be useful to the Board and our
membership. While this is inevitable given the specifics of our charge, it also leaves us concerned that the scholarship we have examined will be largely obscured by the questions of social policy we have been asked to address.

We find this possibility even more unsettling, as the culture of family therapy has not, in the eyes of many commentators, always been especially open to research. "The researcher-practitioner gap, which plagues all clinical fields," notes Douglas Sprenkle, a former editor of the *Journal of Marital and Family Therapy* "may be particularly prevalent in MFT" (2003, p. 87). Sprenkle goes on to quote five of his colleagues who flatly stated barely three years ago, "'The culture [of MFT] does not support research'" (2003, p. 87).

The tendency among us to back away from studying and supporting research, we fear, may be even more tempting when examining the often controversial topics we have reviewed in these pages, in favor of quick and perhaps oversimplified synopses supporting one or another social position. But if the members of our task force are in agreement on anything — and we of course have had occasional disagreements — it is that "wrestling down" the research itself rather than simply looking for pat answers — something research rarely gives — is critical.

We therefore urge our readers not to simply accept our summaries as the "lo-carb" version of our work but to dig into the discussions themselves, struggling with the complexities and nuances our reviews have revealed, and to explore at least some of the suggested readings we have listed and, we hope, many others.
As for the specific recommendations we have been asked in our charge from the Board to offer, we would likewise aim these largely at the need to foster a culture that produces and values useful research over other goals. Primary among these suggestions would be the nurturing of a community of openness and trust, without which good research cannot survive. We refer again to the Task Force on Social Policy, which urged AAMFT 13 years ago to

Affirm that there is a place in the organization for people with widely different views on ... social problems, and that the organization actively values and respects dialogue among members with opposing views on these issues.

We would also urge us as a body to use, as the social policies task force suggested, "education and persuasion" to advance any social ends. “In sum,” the task force concluded:

“we call upon the AAMFT to bring the expertise of the organization and the community of marriage and family therapists to bear in a pro-active, educational mode that challenges and transcends the limitations of the current polarized debate, and that offers a different paradigm for considering [some] of the most vexing moral and social dilemmas of our time.” (Italics added)

Like our predecessors on the Task Force on Social Policy, we trust deeply in the value of shared expertise and education as the threads which bind the common fabric of our society. At a time when this fabric is so deeply rent in so many places, efforts to
repair and strengthen it, based on knowledge and understanding, are, we believe, one of the most meaningful contributions our organization can make to our members, our clients, and the larger world.

The research that we have gathered can guide us only if it is read, debated, and reflected upon. It is in that spirit and with that aim that we respectfully offer our report.

**Suggested Readings**


Boot, M. (2004, May 20). The right can't win this fight; with gay marriage on a roll, it's time to move on to another battle. *Los Angeles Times*, B15.


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A15.


but a slim majority of Americans still oppose adoptions by same sex couples and favor a constitutional ban on homosexual marriage. *Los Angeles Times*, A1.


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