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FATHERS IN FAMILY THERAPY: A RESEARCH BASED PERSPECTIVE

Alan Carr

INTRODUCTION

Our current western industrial culture, unfortunately, has created a context which undermines the development of such relationships. The idea of the peripheral father was introduced into the family therapy tradition by pioneers such as Salvador Minuchin (Broderick & Schrader, 1991) and it is with to this issue that the present paper is addressed.

Treatment outcome research has shown that for 2/3 to 3/4 of cases family therapy is an effective intervention for child focused problems (Shadish et al, 1993; Pinosof & Wynne, 1995; Carr, 1997). One factor that has consistently been shown to enhance the effectiveness of family therapy is father involvement. Where fathers do not attend at least some therapy sessions, it is more likely that the family will drop out of treatment or that therapy will not lead to problem resolution (Gurman & Kniskern, 1978; Frielander et al, 1994; Bischoff & Sprenkle, 1993). An important question arising from this finding is how best to engage fathers in family therapy and how to create opportunities within therapy for fathers to contribute to resolving presenting problems (Berg & Rosenblum, 1977; Hecker, 1991). In this paper the implications for clinical practice of

research on the role of fathers in families and family therapy will be explored under the following headings:

- Preparation for fatherhood
- Father-involvement in family life as a protective factor
- Fathers' deviant behaviour as a risk factor
- Fathers' communication and coping styles
- Fathers in different types of marriages
- The effects of work on fathers behaviour within the family
- Fathers in behavioural parent training
- Fathers in family therapy

PREPARATION FOR FATHERHOOD

Research on fatherhood as a unique family role has been guided by the idea that fathers have particular tasks to do and relationships to maintain to satisfactorily fulfil this role and that the role evolves over the family lifecycle (Lamb, 1986). There is also an acceptance that there are wide cross cultural variations in the role (McGoldrick, 1993). In contemporary western culture, the role of fatherhood is evolving and changing. A number of useful generalizations may be drawn from the largely North American research on fatherhood in contemporary western society.

From a lifecycle perspective, fatherhood is a role which begins prior to the birth or adoption of a child (McGoldrick, Heiman & Carter, 1992). There is considerable variability in the degree to which fathers are prepared for their role. Fathers differ in their child care and parenting skills; their knowledge of child development, and their sensitivity to children's needs (Lamb, 1986). Poor

preparation for fatherhood occurs where men have had limited opportunities to learn about the role, for example, in instances where men have grown up in institutions rather than families. Where fathers have been poorly prepared for their role, child care skills such as how to feed and change an infant or how to use non-coercive practices to help children learn to control aggression may be acquired through formal or informal training. Similarly, through formal or informal training, fathers can acquire accurate information about child development so that they can have realistic expectations about their children's competencies, such as when they should be able to walk or become toilet trained. Developing sensitivity to children's needs, however is less easily learned than other parenting skills and child development information. In order to be able to decode the signals given by infants, and decide whether they need to be fed, carried or left to rest is not easily learned. Fathers' involvement in this aspect of infant care is determined by their appraisal of their own competence as parents and this in turn is determined by the quality of the marital relationship and the amount of social support available to fathers. Where fathers have satisfying marriages and a high level of social support, they tend to feel more competent as parents and are more apt to become involved in parenting.

From a clinical viewpoint, the results of this research has implications for work with young fathers or fathers to be. It underlines the importance of inquiring about fathers' parenting skills, child development knowledge and sensitivity to children's signals. Interventions which empower fathers to develop parenting skills and child development knowledge may be appropriate where these are lacking. Where fathers sensitivity to their children's need is a problem area, interventions which increase support available to them, enhance their confidence in their ability to care for their children, and increase their curiosity about their children's signals and cues may be required.

FATHER INVOLVEMENT IN FAMILY LIFE AS A PROTECTIVE FACTOR

In childhood and adolescence, there is an expanding role for fathers in meeting their children's needs for care, control and intellectual stimulation. Research on risk and protective factors in child development shows that fathers may play a significant role in helping their children to develop resilience in the face of stress, but they may also contribute to the development of children's problems (Fonagy, Steele, Steele, Higgitt, & Target, 1994). Children from families in which the father is present and has a positive relationship with the child and the mother have been shown to tolerate life stress better than those from families in which the father is absent. The greater the quantity and quality of time the father spends with children, the better the overall adjustment of children is in the long term. Children from families with high levels of father-involvement show greater instrumental and interpersonal competence and higher self-esteem. Where fathers have a high level of positive involvement in family life, they have positive effects on children's adjustment in three important ways. First, through their attachment to their children they offer support, security, safety, and a basis for forming an internal working model for a secure relationship with an older authoritative male, and a role model for boys. Second, they are able to support mothers in caring for children. Third, they offer their children a model of how to organize positive family relationships. However, father-involvement is not always a positive factor for children's adjustment. Where mothers view father-involvement in child care as inappropriate, then it may have a negative impact on child development (Lamb, 1986).

Where parents are separated or divorced, children from families where fathers have regular contact show better adjustment than those who do not have such contact, provided these contacts occur within the context of low inter-parental conflict (Carr, 1995). Where extreme and persistent parental acrimony occurs, the benefits of regular contact with fathers is offset by the exposure to parental conflict. Optimal functioning in separated families occurs where separated parents are able to offer a unified and co-operatively developed approach to child care, and prevent post-separation negative emotions (adult-issues) from compromising their capacity to co-parent their children. Many separated families manage a relatively conflict-free parallel parenting process, where parents each have different rules and routines for the children rather than a co-operatively developed child-care plan. This is preferable to striving for such a plan if its development would entail exposing the children to ongoing acrimony.

From a clinical perspective, the results of research on father involvement highlights the importance of all interventions that aim to engage fathers in family therapy and to affirm their greater involvement in the parenting process.

FATHERS' DEVIANT BEHAVIOUR AS A RISK FACTOR

The behaviour of fathers may be a risk factor for a variety of problems. Paternal criminality, alcohol and substance abuse and violence are risk factors for the development of conduct disorders (Busby, 1991; Kazdin, 1995, 1997). Fathers who engage in these antisocial behaviour patterns offer their children, particularly their sons, a deviant role model to emulate. Through, their violence to children they allow their children to internalize violent and abusive internal working models for relationships. Through their violence to their partners and

other family members and their failure to work co-operatively with their spouses in maintaining consistent family rules, roles and routines they offer an inconsistent, abusive and violent model for family organization which may later be replicated in the child's adult life. Exposure to paternal violence is the single greatest risk factor for becoming a male adolescent sex offender.

Both anxiety and depression run in families and the contribution of genetic factors, in rendering children vulnerable to developing these disorders provided certain environmental circumstances prevail, is now well established (Simonoff, McGuffin & Gottesman, 1994). Fathers' behaviour with respect to their children may be one important environmental factor in the development of depression and anxiety. There is some evidence that the way in which fathers treat their children may contribute to the development of anxiety and depression in vulnerable children. Where fathers are highly critical of their children, or where fathers are depressed and self-critical, youngsters are more likely to develop depression or to relapse into depression following successful treatment. In such instances, the child internalizes the negative critical narrative of the father and this leads to low mood (Kaslow, Deering & Racusin, 1994; Kaslow & Racusin 1994). Where fathers are anxious and construe the world as a threatening place and convey to their children that the world is a place fraught with risks or harm, children are placed at risk of developing anxiety disorders (Dadds, Heard, & Rapee, 1992; Silverman, Cerny, Nelles, 1988).

The results of this research on risk factors has a number of clinical implications. First, it is important to determine if fathers are engaged in violence, criminality or substance abuse and if they have personal problems with anxiety or depression. Second, the implications of such risk factors for the safety of children and other family members needs to be established. Third, interventions which empower fathers to responsibly manage aggression, substance abuse, and

negative emotional states may be offered where appropriate. Fourth, either statutory or clinical interventions which protect children and spouses may be offered where fathers are unable or unwilling to take steps to manage aggression, substance abuse, and negative emotional states (Reder & Lucey, 1995).

FATHERS' COMMUNICATION AND COPING STYLES

Two findings concerning gender differences in problem-solving and communication are of particular relevance to working with fathers in clinical practice. First, there are significant differences between men and women in the way that they communicate (Pruett, 1989). Men tend to use conversations more frequently to focus on tasks and solve problems whereas women tend to use conversations to build relationships and express feelings. Second, there are significant differences in the way in which men and women cope with stress (Huang, 1991). Men tend to use instrumental coping strategies, which aim primarily to directly modify or remove the source of stress. Women, in contrast, tend to use coping strategies which increase available social support.

These findings have two main implications for clinical practice. First, interventions which create opportunities for fathers to use instrumental coping strategies and task focused communication styles may be used to increase fathers' involvement in therapy and in family life. For example, in a multiproblem family where a child's enuresis is one of the complaints, the father's involvement in family life may be increased by inviting him to take charge of pad, buzzer and star chart programme. The second implication of the research on coping and communication, is to recognize that often families come to therapy because of the failure of solutions based on instrumental coping strategies and task focused

communication. In such instances it is useful to clarify if this is the case and then to acknowledge that for fathers, future therapeutic conversations may be difficult because they may involve invitations to cope and communicate in non-instrumental, non-task focused ways. That is they may involve developing listening and empathy skills; understanding of other family members viewpoints; and exploring ways to help other family members feel supported; and so forth.

Figure 5.1. Five type of marital relationships

STABILITY	TYPE	CHARACTERISTICS
Stable	Traditional couples	<ul style="list-style-type: none"> • They adopt traditional sex roles • They privilege family goals over individual goals • They have regular daily schedules • They share the living space in the family home • They express moderate levels of both positive and negative emotions • They tend to avoid conflict about all but major issues • They engage in conflict and try to resolve it • At the outset of an episode of conflict resolution, each partner listens to the other and empathizes with their position • In the later part there is considerable persuasion
	Androgynous couples	<ul style="list-style-type: none"> • They adopt androgynous egalitarian roles • They privilege individual goals over family goals • They have chaotic daily schedules • They have separate living spaces in their homes • They express high levels of positive and negative emotions. • They tend to engage in continual negotiation about many issues • Partners disagree and try to persuade one another from the very beginning of episodes of conflict resolution
	Avoidant couples	<ul style="list-style-type: none"> • They adopt traditional sex roles • They have separate living space in their homes • They avoid all conflict • They have few conflict resolution skills • Partners state their case when a conflict occurs but there is no attempt at persuasion or compromise • They accept differences about specific conflicts as unimportant compared with their shared common ground and values. • Conflict related discussions are unemotional
Unstable	Conflictual couples	<ul style="list-style-type: none"> • They engage in conflict without any constructive attempt to resolve it • Continual blaming, mind-reading, and defensiveness characterize their interactions • High levels of negative emotion and little positive emotion are expressed
	Disengaged couples	<ul style="list-style-type: none"> • They avoid conflict and have few conflict resolution skills • Brief episodes of blaming, mind-reading, and defensiveness characterize their interactions • Low levels of negative emotion and almost no positive emotion is expressed.

Note: Based on Gottman (1993) and Fitzpatrick (1988)

FATHERS IN DIFFERENT TYPES OF MARRIAGES

An important social support system for many fathers from intact families is the marital relationship. In recent research, three types of stable marriage have consistently been identified (Fitzpatrick, 1988; Gottman, 1993). These are the traditional, androgynous and avoidant marital relationships. The characteristics of each of these are summarized in Figure 5.1. Within each of these types of relationships, men adopt quite different roles. Within traditional couples, men adopt traditional sex roles and lifestyles and take a low key approach to conflict management. Within androgynous couples, men strive to adopt an egalitarian role and take a fiery approach to conflict resolution. Within avoidant couples men adopt traditional sex-roles but avoid conflict by living lives parallel to those of their wives. Two types of unstable couples have been identified: conflictual and disengaged. Men in conflictual relationships engage in conflict but are unable to resolve differences with their wives. Men in disengaged relationships avoid conflict and experience little marital satisfaction. Gottman (1993) found that for all three stable types of couples the ratio of positive to negative verbal exchanges during conflict resolution was 5:1. For both unstable types of couples the ratio of positive to negative exchanges was approximately 1:1.

These research findings have two important implications for marital and family therapy. First, they highlight that, within our culture, there are a variety of models for a stable marriage. Thus there are a variety of ways of defining roles, using space and managing personal and family values that may legitimately be explored in marital and family therapy. Second, they highlight the importance of couples engaging in conflict with a view to resolving it. Negativity is only

destructive if it is not balanced out by five times as much positivity. Indeed, negativity may have a prosocial role in balancing the needs for intimacy and autonomy and in keeping attraction alive over long periods.

THE EFFECT OF WORK ON FATHERS' BEHAVIOUR WITHIN THE FAMILY

Fathers' employment status, working conditions and recreational commitments have an impact on the way in which they fulfil their roles as parents (Menaghan, 1994; Marshall, Chadwick & Marshall, 1992). Fathers who are employed experience greater social support and have fewer adjustment problems than those who are unemployed. Fathers whose work is substantively complex and offers opportunities for self-direction place greater value on self-direction and are less concerned with their children's conformity. They are warmer to their children, more involved and less physically punitive in their disciplining of children. Fathers who are employed in monotonous work with little autonomy experience lower self-esteem and an external locus of control. To the extent that such working environments deplete fathers' personal resources, they may be less emotionally available and responsive to their children. Inadequate remuneration, shiftwork, long working hours, extensive work-related travel, poor work relationships, role ambiguity and high workload have all been identified as work related stresses and these may deplete fathers' personal resources for meeting the demands of parenting within the family. Fathers involved in recreational leisure activities on a regular basis experience this as a source of social support.

Where fathers spend excessive amounts of time at work, their partners may develop a mediational role vis-a-vis the father and the children (Menaghan, 1994). That is, mothers may interpret the fathers behaviour to the children, instruct the children in how to behave with the father, and schedule periods for the father to spend time with the children. For example mother's may say 'He's had a hard day. Let him have peace and quiet. I've arranged for him to take you to soccer tomorrow.' On the positive side, this mediational role may reduce family

conflict. On the negative side it may reduce the directness and intimacy possible within father-child relationships.

From a clinical perspective, inquiries about work and recreation may throw light on issues of central importance to effective therapy. First, work commitments may prevent fathers from attending therapy within office hours, and so to facilitate engagement it may be appropriate to offer a number of sessions outside of office hours. Second, where the balance of supports and stresses associated with work leave fathers personally depleted, therapy sessions may be used to explore ways to reduce and/or manage work related stresses more effectively. Third, where father-child relationships have become distant and mothers have adopted an intermediary role mediating between fathers and children, therapeutic conversations and inter-session tasks may be used to increase father-child intimacy.

FATHERS IN BEHAVIOURAL PARENT TRAINING

Coplin & Houts (1991) reviewed 13 empirical studies published between 1981-1988 on the effects of father involvement on the effectiveness of behavioural parent training for helping families with children's behaviour problems and concluded that in most instances, father involvement improves the effectiveness of this type of family intervention. For example, Webster-Stratton (1985) examined the effects of including fathers in parent training for managing preschoolers with conduct problems by comparing 18 families in which the father was involved in therapy with 12 families in which the father was absent. Results show that immediately after treatment, both groups reported significant improvements in their children's behaviours and increases in the use of non-

coercive parenting practices. One year later, the majority of children continued to show sustained improvement, but significantly more of those from families in which fathers had been involved in therapy maintained the initial improvement shown immediately after therapy.

FATHERS IN FAMILY THERAPY

The results of five studies of fathers in family therapy deserve particular mention. In a study of strategic engagement of the families of adolescent drug abusers found that fathers engagement in family therapy may be improved by phoning them personally; by outlining the rationale for including them in therapy; and by highlighting what's in it for them to attend therapy (Szapocznik et al, 1988; Santisteban et al, 1996).

Prinz & Miller (1994) found that when extra sessions were offered to focus on parental concerns such as job stress, personal worries and family conflict, in addition to family sessions focusing on youngsters behaviour problems, a lower level of treatment drop-out occurred.

Postner, Guttman, Sigal, Epstein and Rakoff (1971) compared families which showed significant improvement in therapy with those that did not and found that improvement was more common in cases where fathers were addressed more often in therapy. In the group with poor outcome mothers were the target of most therapists interventions. In the good outcome group there was also a decrease in the proportion of time devoted to stimulating interaction, obtaining information and giving support as therapy progressed and an increase in the amount of time devoted to interpretation, clarification reframing and suggesting alternative behaviours.

Newberry et al (1991) in a study of first family interviews, found that father's responded more positively to structuring and directive interactions and both mothers and fathers responded more positively to non-structuring, supportive interventions from female therapists but not male therapists.

Bennun (1989) found that fathers' perceptions of the therapist assessed in early therapy sessions had a much stronger association with therapeutic outcome than those of the mother, except when the mother was the identified patient. If fathers perceived the therapist as competent and active in providing direct guidance then therapy was more likely to be successful. The more divergent the views of the mother and the father concerning the therapist, the more likely therapy was to be unsuccessful.

From a clinical perspective the findings of these five studies suggest that fathers may be engaged in therapy by offering personal phone invitations which highlight the benefits of therapy for them; by offering additional sessions to address fathers personal concerns; by actively involving fathers in conversation during family therapy sessions; and by adopting an active structuring and directive style in the early stages of the consultation process.

CONCLUSION

In this paper it has been argued that father-involvement in family life and family therapy in many instances is desirable since it facilitates child development and therapeutic effectiveness. Unfortunately our western industrialized society and the culture and values entailed by it are organized in ways that undermine father involvement in family life. As family therapists and systemic practitioners it is probably essential for us to go the extra mile to engage fathers in family therapy.

We need to help fathers find the experience that Finn MacCumhall had, which led to the birth of Oisín.

SUMMARY

This chapter summarizes the results of research on the role of fathers in families and family therapy with particular reference to preparation for fatherhood, father involvement in family life as a protective factor; fathers' deviant behaviour as a risk factor; fathers' communication and coping styles; fatherhood and different types of marriages; and the effects of the workplace on fathers' behaviour within the family. Available research suggests that, with respect to problem formation, the behaviour of fathers may serve as either a risk factor or as a protective factor. With respect to problem resolution, fathers may be a powerful therapeutic resource or seriously compromise effectiveness of family therapy. The implications of research for clinical practice are discussed.

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