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Marital Therapy Caught Between Person and Public: Christian Traditions on Marriage¹

John Wall² and Bonnie Miller-McLemore^{3,4}

This article addresses a crisis in marital therapy caught between concern for individual well-being and marriage as a social institution. Marital therapy would be enriched by conversation with three models of marriage: Roman Catholic subsidiarity theory, Protestant covenant view, and liberation theology and corresponding languages of social goods, covenant, and mutual responsibility. The authors urge therapists to see marriage as private and social at the same time and to help couples explore the meaning of marital commitment, the connection between personal well-being and marriage's wider social goods, and the dynamics of shared power and radical mutuality in marriage.

KEY WORDS: therapy; marriage; Christianity; covenant; justice.

Social critics frequently charge therapists with undermining marriage. While in the 1950s and 1960s many people saw marital therapy as liberating deeply unhappy couples, many now suggest that this movement has gone too far (Davis, 2001; Doherty & Carroll, 2001; and Wall, et al., 2002). Marital therapy often seems to encourage a reckless pursuit of individual desires whatever the outcome. Moreover, some people now question the therapeutic maxim that meeting a parent's needs automatically promotes what is best for children.

These accusations, regardless of their accuracy or distortion, reflect a profound crisis in the core professional identity of marital therapy. This crisis arises

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directly from its conflicted origins in a psychotherapeutic movement that has been concerned chiefly with the health, not of institutionalized relationships like marriages and families, but of individuals. Marital therapy is in the difficult position of promoting *individual* well-being while at the same time somehow dealing with the fact that these individuals, at one point at least, chose to commit themselves to marriage and family as *social institutions*. Now that individuals can exit marriages with less stigma, the crisis of identity in this profession has surfaced with particular clarity.

Can this crisis be addressed and alleviated in any way? We suggest that the language, attitudes, and practices of marital therapy would be greatly enriched by a serious conversation with a diversity of Christian traditions' approaches to marriage. This conversation becomes all the more important with the advent of a new marriage movement that endorses marital education or the learning of communication skills as more effective in dealing with marital dissatisfaction and dissolution than therapy. Heightening the visibility of this movement, the Coalition for Marriage, Families and Couples Education, directed by Diane Solle, former director of the Association of Marriage and Family Counselors, has served as a clearinghouse for a wide range of marital education programs. The momentum of this movement has been further augmented by new social science research that argues that marriage is good for your health. Husbands and wives, claims Waite (1995), live longer, healthier, and wealthier lives, report less depression and anxiety, and, perhaps most persuasive, have more satisfying sex lives as a result of the long-term and exclusive investment in the relationship (Waite & Gallagher, 2000).

Our purpose here is not to debate the meaning or validity of these results, itself a critical matter for ongoing discussion. Our question for now is slightly different: we ask how marriage therapists and pastoral counselors should understand this information in light of psychology's longer history, and what should they do in response to it? The dominant therapeutic language of health and personal well-being—not only in its recent developments, but also in its more distant theoretical underpinnings—needs to be brought into a richer conversation, we will argue, with the languages of commitment, covenant, mutual responsibility, and social goods often better understood by various Christian traditions. In other words, a couple's judgment about the value of their marriage should not be limited to its immediate health benefits for either partner. The therapeutic profession should also consider the more public, social, and relational dimensions of marriage, including the wide range of goods fostered by marriage, the importance of marital responsibilities and gender justice, and the relationship between marriage and the wider community.

Our case for this enrichment of marital therapy proceeds in three stages. First, we look at how the moral language of "health" has come to dominate the professional self-understanding of marital therapists in the therapeutic movement at large,

and most recently in the marriage education movement. Second, we examine three major models of marriage that have emerged in the Christian theological traditions, and explore how, despite problems of their own, they provide useful perspectives from which to critique and reshape this health ethics. These models of marriage are Roman Catholic subsidiarity theory, a Protestant covenant view, and a more recent liberation theology perspective. These three perspectives on marriage have been largely forgotten or overlooked today. Third, based on a conversation among these three traditions and contemporary marriage therapy, we propose a revised understanding of marriage therapy's professional identity.

Our thesis is that therapists should balance concern for married partners' personal well-being with a broader perspective, which also treats marriages as involving important social, intergenerational, and public dimensions. We believe that marital therapists would benefit from a critical retrieval of a variety of Christian traditions, especially if they want to help people move toward a genuinely *critical familism* such as that described in *From Culture Wars to Common Ground* (Browning, Miller-McLemore, Couture, Lyon, & Franklin, 1997, pp. 2–3). Critical familism is neither a wholehearted endorsement of traditional families nor the promotion of any single family type alone. Rather, in essence, it hopes to support democratic families in which equal regard or mutuality determines fundamental public and private roles.

As such, critical familism seeks a third avenue between *uncritical familism* and *non-familism* or between an unthinking, absolutistic endorsement of traditional marriage and an outright libertarian skepticism about marriage. Instead, critical familism suggests a range of ideals toward which families should strive and an acceptance of the ongoing tension between such ideals and life's realities. Critical familism works toward equality between family members and commitment to the communication needed to implement it, seeing self-giving as important but subordinate to mutuality. It requires an analysis of power relations that block equal regard and a restructuring of the ecology of supports for equal regard families. Finally, critical familism recognizes situations in which family dissolution is necessary and offers support for single parents, stepparents, single adults, and gays and lesbians raising children.

Such a critical familism, rather than advocating any one of the three Christian perspectives that we will explore, benefits from a layering of these ideals that recognizes the hazards of each while drawing out their respective strengths. In our conclusion, we will suggest that marriage therapy can find a renewed professional identity around supporting marriage as a particular kind of covenant. This Christian perspective helps us understand marriage as private and social at the same time. Ultimately, it encourages therapists to help couples explore the meaning of their marital commitment, connect their personal well-being to marriage's wider social goods, and work toward relationships of shared power and radical mutuality.

HEALTH IN THE EMERGING THERAPEUTIC MOVEMENT

How has the profession of marital therapy come to support and adopt a "health" ethics? Some would suggest that the notion of an "ethics" guiding the marital therapy profession is an illusion, since therapists seek only to promote the psychological well-being of their clients. But this position is precisely, we suggest, part of what this profession's ethics is all about, namely the promotion of whatever the client believes is in her or his individual interests. A number of critics have convincingly put the idea of therapists' value neutrality to rest. Therapists, we now see, do steer their clients toward one or another conception of a worthwhile human life whether they realize it or not (Doherty, 1995; Sturdivant, 1980).

The view that therapists should be value-neutral has its origins in the methods of modern science and in Freud's reaction to the narrow and repressive Victorian notions of moral duty in his day, particularly around marriage and family. But this Freudian legacy ignores the considerably broader meanings of the term "ethics" that both traditional and contemporary ethicists use. No doubt therapists are right to root out *moralism*, or the rigid, parochial, or destructive enforcement of moral rules and regulations. But this does not mean they are not guided by ethical images of how human life ought to be lived. This is most especially the case for marital therapists, who are faced with the task of helping couples change behaviors which affect both each other and any children they may have. While each particular therapist brings a different moral background to his or her work, as members of a defined profession, therapists also accept and are trained to understand certain general beliefs about the basic ingredients of a "good" client outcome.

It is not insignificant that the founders of today's therapeutic profession, Freud and Jung, came out of modern medical backgrounds. The original meaning of client "health" was developed explicitly in analogy to the biological health of the person's body. It might not be too much to say that therapeutic individualism arose first out of a body-oriented understanding of the psyche. Freud (1964[1933]) clearly was less interested in his clients' actual relations to their parents and to others around them than in the psychobiological reactions that these relations instilled in the individual's inner being. Likewise, Jung (1992) viewed the process of individuation leading to human well-being as involving archetypes instilled in our bodies' very genetic makeup.

But more than this biological individualism, Freud and Jung developed visions of the kind of client outcome they desired around notions of individual *psychological* health as well. Ernest Wallwork (1991) has argued that Freud was quite explicit in promoting an ethics of maximizing the analyst's personal capacity for freedom. The purpose of Freudian therapy was to free the individual from internalized social repressions so that the ego could act with the maximum possible autonomy. Jung (1992), although perhaps having a more favorable view of culture than Freud, nevertheless sought for clients to achieve maximum individuation by overcoming the oppressions of the "mass."

While these founding perspectives were perhaps appropriate responses to the repressive Victorian ethics of the day, they have persisted and arguably even grown in the therapeutic profession. One could point in particular to Carl Rogers' (1951) influential humanistic school of psychology, which sought after such therapeutic goals as individual self-sufficiency and personal self-fulfillment. This kind of therapy, which rose to prominence in the 1960s and 1970s, is the primary object of critique by the influential book *Habits of the Heart* (Bellah, Madsen, Sullivan, Swidler, & Tipton, 1985), which argues that the therapeutic profession undermines persons' sense of belonging to families and larger communities. But even more recent therapeutic models like D.W. Winnicott's object-relations theory (1965) and Heinz Kohut's self-psychology (1971) assume that the primary therapeutic goals are not inter-subjective or relational but rather have to do with such things as "ego integration" and "self-cohesion." Broadly speaking, other persons and social institutions are of significance primarily insofar as they promote inner psychic health and self-esteem over inner psychic conflict and repression.

HEALTH AND THE GROWTH OF RELATIONAL THERAPIES

This overall ethics of individual health in the therapeutic profession has been qualified in the past several years, however, by increasing attempts to understand client health in relational or inter-subjective terms (Browning, et al., 1997; Wall, Needham, Browning, & James, 1999). Social critics of psychology often overlook this trend. This shift is especially evident in Erik Erikson's ego psychology (1950), feminist therapy, and systems theory, each of which attempt to capture something of what therapy should seek to accomplish when it comes to interpersonal relationships.

Despite the label he applies to his school of thought, Erikson (1950) understands "ego psychology" to include not only building up inner structures of the mind but also developing healthy and productive relations with others. This is especially true as one moves into adult stages of life where the central psychological issues have to do with intimacy and generativity. Erikson's theory of "cogwheeling" nicely describes the mutual dependency of generations upon one another, older persons like parents and teachers depending as much for their psychological health on younger persons as younger persons depend on them. Here, the individual health of one's inner ego is viewed as inextricably linked to the health of one's relations to significant others in one's life.

Likewise, more recently, feminist therapeutics have developed a concern for healthy relationality. Feminist psychology evolved out of the conviction that personal complaints in individual and family therapy are intimately linked to larger political constraints. A wide range of feminists in psychoanalytic, humanistic, and marriage and family circles all generally agree that conventional therapy erroneously lifts the individual out of history and society altogether, thereby reducing political and social problems related to women's oppression to technical operations

upon the psyche (Sturdivant, 1980; Greenspan, 1983; Eichenbaum & Ohbach, 1984; Lerner, 1988). Feminist therapists argue instead that healthy development requires recognizing the mutual interdependency of self and other. Individual health is also seen as dependent on gender justice in marriage and parenting as well as society. In particular, when the mother bears sole responsibility for home and child, boys grow into men incapable of loving, girls grow into women incapable of selfhood, and both women and men struggle with the interpersonal demands of sustaining family life today.

As early as the 1960s, family systems theory also shifted the goal of individual therapy from personal fulfillment to securing the health of the wider family system as an interlocking set of patterns and processes. The very premise of systems theory—that individuals themselves are constituted by the interactions of larger systems—explodes upon itself. That is, over the years systems theorists have simply continued to stretch the boundaries of the therapeutic session irreversibly beyond itself to wider and wider social spheres, from analysis of generational patterns through genograms to political advocacy in public health care networks to consciousness-raising about ethnicity.

It is interesting to note, however, that these three approaches to therapy—ego psychology, feminist therapy, and systems theory—finally do not fundamentally question or alter the supremacy of the moral language of health. Although each aims at a therapeutic goal that includes relationships to others, they also on the whole still understand this relationality in terms of the language of health. Relationships on the whole are judged “good” insofar as they are good *for me*, not because they might have some intrinsic social value or fulfill some basic set of moral commitments or responsibilities. Erikson (1950) wants clients to raise children, enter into sexual relationships, and become leaders and teachers in their professions because this will enrich, deepen, and more adequately fulfill *their own* ego identity. Relationships are admitted into the therapeutic task chiefly on the grounds that they speak to the individual’s different stage-specific needs—the needs for intimacy, a sense of self worth, and a meaningful part to play in the world (Browning, 1973). Feminist critics in particular have pointed out the limitations of a stage theory built primarily around achieving autonomy and individuation rather than around building connections and relationships (Miller-McLemore, 1994; Gilligan, 1982; Franz & White, 1985).

The issue with feminist and family systems therapy is arguably somewhat more complicated. Some feminist theorists have actively promoted values at odds with individual self-fulfillment, such as mutuality, reciprocity, and interdependence in democratic family structures. By definition feminist therapists have been invested not simply in individual women but in women as a group. Similarly, systems theory is by definition concerned about more than individual health. Moreover, feminist therapeutic theory has included within itself a self-critical moment, asking from the beginning about the implicit values and world views promoted

by various schools of psychology, particularly as these affect women’s lives. In the preface to *Feminist Family Therapy*, Rachel Hare-Mustin claims that “family therapy is a moral endeavor, one based on a vision of human life, and the moral questions should not be obscured,” particularly when it comes to women’s subordination, trivialization, and the harm of blaming women for family problems (1988, p. viii). Some systems theorists are especially explicit about their moral assumptions. Therapists, says Ivan Boszormenyi-Nagy, have “an imperative of accountability” to the welfare of all those affected by therapeutic intervention, with consequences for children and future generations of particular relevance (Boszormenyi-Nagy, 1981; Boszormenyi-Nagy, 1985, pp. 454–56; Boszormenyi-Nagy, 1995, p. 34).

This has not necessarily meant, nonetheless, that the basic priority of securing individual health itself is challenged. Nor does it mean that feminist psychology and family systems theory as social sciences have within themselves the means or the history to question the primacy of self-fulfillment. It simply means that personal health is placed into relationship with the wider good. While perhaps not completely sufficient from our point of view, this is at least a step in the right direction. Personal problems, including marital dissatisfaction and dissolution, can only be resolved as wider forces such as sexist gender socialization, workplace discrimination, and generational pathologies are challenged and changed.

HEALTH AND THE MARRIAGE EDUCATION MOVEMENT

The most powerful new approach to marriage therapy is the so-called marriage education movement, a movement which includes a diverse group of therapeutic professionals and researchers who believe that the best way to help people in their marriages is to promote healthy marriage practices *before* major conflicts start to arise. Therapists in this movement counsel couples prior to marriage, help couples already married to strengthen marriage skills, and even sponsor pre-marriage programs in high schools and colleges, such as *Connections* in which students learn about relationship skills and the legal and economic dimensions of marriage. These therapists focus on marriage “education” (not just “preparation”) as a way to teach couples the communication skills they need to deal with marriage’s inevitable conflicts and problems. Prominent among these skills are “the speaker-listener technique,” in which couples learn during disagreements to give each other the floor and take turns hearing each others’ perspectives (Markman, et al., 1994, pp. 63–72), separating problem in a “fair fight for change” (Gordon & Frandsen, 1993); softening one’s “start-up” in raising a difficult marital issue; using “I” rather than “you” when expressing difficulties; and even simply taking a break when issues start to escalate (Gottman, 1999, pp. 224–33).

This approach has the distinct advantage over traditional marriage therapy in that it views marriage as something at which one can get better, something in which one can become educated and therefore more skilled. In addition, it tends to take a more long-term approach to marriage, since rather than focusing on the content of present problems, communication skills education gives couples the methods to handle conflicts in the future. Despite these advances, however, the marriage education movement retains from its traditional therapeutic starting point both a view of therapy as teaching abstract techniques and a view of marriage as oriented chiefly toward each partner's individual health. Let us take up each of these points in turn.

First, the marriage education movement retains its roots in traditional marriage therapy by focusing less on marriage as a social institution and more on marriage as a network of communicative techniques. Marriage is understood in chiefly functional or utilitarian terms. Partners are encouraged to work on the quality of their relationship so that they may eventually reap greater personal gain out of it. A good marriage is one in which partners are skilled in such things as active listening, de-escalating tension, and avoiding negative start-up. Whatever the partners in a marriage wish to use therapeutic techniques *for*—whatever, substantively, they think a good marriage should in fact aspire *toward*—are on the whole questions that are considered to lie outside the purposes of therapy. Therapists again remain in a basic sense “value neutral” about concrete marriage ideals. It is enough that couples learn to negotiate their own particular purposes and goals for the marriage—whatever they are—with skill and effectiveness.

But this leads to our second point. The marriage education movement does in fact advance some images of the components of a good marriage, even if it does so on the whole implicitly and unreflexively. Marriage education inherits from its therapeutic background a strongly *private* or *individualized* conception of the therapeutic outcome it seeks. One of the leading and best-selling books in the movement, Howard Markman's *Fighting For Your Marriage: Positive Steps for Preventing Divorce and Preserving a Lasting Love*, ends with the following summary: “We've tried to provide tools that you can use to build a relationship that brings long-term fulfillment, and to protect your relationship from naturally occurring storms. But, like anything, once you have the tools, it's up to you what you do with them. As the ad says, 'Just do it'” (Markman, et al., 1994, p. 315). Is the only purpose of marriage each partner's individual long-term fulfillment? Is there nothing that can be said about the goods which marriage may bring other than that they are “up to you”? Can marriage as an institution promote any substantive goods different, for example, than those pursued in friendships, relationships with co-workers, or relationships between parents and children?

Generally speaking, marriage educators operate with thin definitions of what comprises a good marriage. They suggest that a good marriage should be defined as one that promotes personal aims like satisfying sex, fun, and emotional fulfillment (Markman, et al., 1994). One prominent researcher in the field, John Gottman

(1999), describes “happy couples” as those who, in one way or another, “have a 5 to 1 ratio of positive-to-negative exchanges” (p. 88). Such couples build up an “emotional bank account” creating “very rich climates of positivity” (p. 88). “Positivity” here means whatever contributes to each individual partner's emotional, spiritual, and physical health. Marriage educators strongly endorse Waite's claim (1995, pp. 483–507) that marriage should be valued because in all kinds of ways it can be good for you. In fact, in a book blurb, Diane Solle actually calls Waite's *The Case for Marriage*—which provides “scientific evidence” that marriage promotes health, wealth, and happiness—the “new bible for every smart marriage educator” (Waite, L. J., & Gallagher, M., 2000). Our point that marriage education and therapy on the whole need a far more substantial foundation for their ideals of marriage than can be obtained from psychology and scientific evidence alone could not be better illustrated than through this remarkable comparison. Is there anything lacking in this new “bible” for marriage? Is there anything that the Bible itself or, more exactly, the longer religious traditions, might have to offer as a corrective and an embellishment?

MARRIAGE AND CHRISTIAN TRADITIONS

In our view, a fruitful conversation between marriage therapists/educators and the Christian traditions should, in the great twentieth century theologian Paul Tillich's term, be a two-way conversation, or *correlation* (1951). A correlational approach means that Christianity and modernity are brought into mutually critical dialogue so that thinking and practice on an issue may be furthered and enriched in new ways. This stands in contrast to an approach that is merely *confessional*, that is, one which simply asserts the Christian witness of the scriptures without undergoing a process of interpretation and historical contextualization, or without respect for a diversity of opinions about the gospel. A confessional approach is, unfortunately, the kind taken up by many Christian writers on the therapies, whether they are for or against them. Several marriage educators, for example Stanley, Trathen, McCain, Bryan, (1998, pp. 6–8), have placed themselves in what, in our view, is the untenable and unhelpful position of claiming that marriage education techniques are presaged by, and accord harmoniously with, “images of marriage in scripture (on the grounds that both describe the “truth” about human relationships). A far better approach, as we hope to show, is to initiate a critical conversation between the marital ethics presupposed in the therapies and that developed in different ways in the various Christian traditions. Our failure to enter into this kind of dialogue is a sign of how much Christians have forgotten of the complexity and richness of their own marital traditions.

Marriage therapy and marriage education have in fact, in different ways, been central concerns throughout most of the Christian theological tradition. How to

support marriage, how to address its possible dissolution, and how to understand its central meaning and purposes have been pondered at length by theologians from Augustine to Thomas Aquinas, Martin Luther to John Calvin, and Karl Barth to Reinhold Niebuhr. There is much about these traditions which should rightly be rejected. However, there is much about the dominant contemporary therapeutic discourse on marriage that is problematic as well. The theological traditions have a rightful and valuable place in helping us move toward a deeper appreciation of marriage's meaning, purpose, and social significance.

Three major contemporary Christian approaches to marriage could be said to have emerged from the centuries of Western Christian thought about marriage: Catholic subsidiarity theory, a Protestant covenant view, and a more recent liberalist perspective. While numerous other theological perspectives could be drawn out of the Christian traditions (not to mention the rich approaches in Judaism, Islam, and the other major world religions), these illustrate what in our view are three major defining options significant for marriage therapy today. They are proposed as beginning points to what we hope is a much larger correlation or conversation between the therapies and the Christian marriage traditions as well as other religious traditions.

THE CATHOLIC MODEL OF SUBSIDIARITY

The term subsidiarity first became official doctrine in Roman Catholic teachings in 1931, with Pope Pius XI, in relation to the well-being of workers (Pius XI, 1931). Subsidiarity theory has its deepest roots in Thomas Aquinas' concept of natural law. It affirms a diversity of natural associations in society in which more powerful institutions like government and businesses should "furnish help" (*subsidiium*) to smaller social groups like families, schools, and religious congregations, but without taking over the natural functions which these less powerful communities are uniquely able to perform (National Conference of Catholic Bishops, 1986). The principle of subsidiarity promotes and protects the diversity of social institutions on the grounds of their various capacities to contribute to society's common good.

Subsidiarity theory does not exhaust what the Catholic tradition has to say about marriage, but it does provide a useful angle on it. This view is pro-marriage. It affirms marriage as conferring on couples and children unique goods—benefits and rewards—and it demands that larger social institutions, like communities, businesses, professions, and government, furnish marriages with the appropriate needed help. As in Aquinas, the individual goods and purposes of marriage are understood to be more than merely private or personal. For most of the Christian tradition, the individual's goods have been understood as deeply related to larger natural, divine, and social goods (Aquinas, 1928, 3, ii; 1948, II-II, 26 and III, "Supplement," 41, 42). Sex, for example, is a good pursued in part for one's own

personal fulfillment. But also, through marriage, sex serves such social goods as long-term loving union with another, the procreation and raising of the next generation, a remedy for licentiousness, and, overall, the vitality of the family as one important building block of society. Subsidiarity is one way to interpret the classic Catholic idea of family as "domestic church" (Cahill, 1996, chap. 6).

What is more, subsidiarity theory supports the notion of marriage as a sacrament. In classic Catholic terms, marriage is one form of symbolic participation in the union of Christ and the church (Aquinas, 1948; Leo XIII, 1880; Pius XI, 1930; John Paul II, 1981). A couple's mutual fidelity in marriage is a sign of Christ's actual presence, just as the Eucharist and baptism are also active vehicles of grace. In the marriage ceremony, a real and fundamental change occurs and God is seen to dwell not just in the relationship but also in the goods that flow from this union. This is another way in which marriage fulfills more than just private health goods. Marriage links the most personal and intimate natural tendencies of individuals—for sex, love, and companionship—to the sacred goods intended by God's larger mysterious order. As a sacrament, marriage is affirmed as a key element in God's purposes for the natural order of society. It evokes life's mysteries and serves as a channel of God's grace.

Subsidiarity theory would find much to agree with in the marriage therapeutic goal of health. One of the central natural purposes of marriage, which other social institutions are on the whole less well equipped to perform, is the combined sexual, relational, and emotional health of its members. What is more, subsidiarity theory ties in nicely with the marriage education movement in particular in its emphasis on marriage as a union for the long term. It is no accident that the Catholic Church has been a leader in incorporating the new marriage education techniques into its marriage ministry.

But subsidiarity theory also raises the question of whether marriage therapists and educators understand marriage adequately in its unique connection to larger social goods, as well as its dependency on wider social institutions to furnish it with help. The good of "health" is in this view more than each individual's sexual, psychological, and spiritual well-being, or even a couple's mutual self-dedication in love. Marriage education should promote also the "health" of vital social goods. Thus, for example, it might help couples not only have more gratifying sex, but also explore how they see themselves as partners in the social good of parenting. In addition, it might help couples not only to provide each other with a safe refuge from the demands of the world, but also to enrich their appreciation for their marriage as a vital source of work support and the capacity to effect changes in the community. Finally, marriage education could help couples explore their marriage as a basis for connection to what is ultimate and sacred. This expanded view of marital goods, far from crippling individual self-fulfillment, opens up the therapeutic process to exploring couples' deeper participation in the larger social order.

The other critique or qualification that a subsidiarity view offers the marriage therapies is that marital health, whether narrowly or broadly conceived, depends

on more than instilling good communication techniques. Marriages are not isolated from the rest of society, but depend on the help furnished by a diversity of civil institutions, including the extended family, communities, schools, churches, synagogues, and the government. It is in fact damaging and counterproductive to suggest that marriages stand or fall, thrive or decline, solely on the basis of the partners' personal skills in communication. Rather, a necessary component of a healthy and happy marriage is the couple's ability to contribute to and find support from the myriad social institutions on which their marriage depends. For example, couples could be trained in how to reform or limit the demands of their workplace so they can find the time and energy for their relationship. Or, if they plan to have children, they could be provided help in anticipating what they may need from grandparents, neighborhoods, and schools, or what they have to offer the wider community.

THE PROTESTANT COVENANT VIEW

The notion of marriage as a "covenant" has grown in the public consciousness since the passage of Louisiana's covenant law option for marriage. In 1998, Louisiana became the first state in the United States to institute a bi-level legal structure to marriage. Couples can choose to marry under traditional marriage law, which provides for marriage exit on grounds of "no fault," or under "covenant" marriage law, which legally requires marriage education training and more restrictive conditions for marriage's exit. However, even in this case, covenant marriage is generally viewed as simply a more stringent version of regular contract marriage. In a covenant marriage one commits oneself to significant marriage education upon entry and more stringent grounds for separation and divorce. But the notion of covenant marriage, as developed in the Christian tradition, particularly by Protestant Reformers like John Calvin (1843-59), was not just more stringent than contract marriage today. More importantly, it took the revolutionary view—revolutionary both then and now—that marriage lies at the center of the very structure of society. The Protestant Reformers believed that the covenant of marriage was not just one social institution among others, but rather ordained by God as one of the primordial "orders of creation," alongside and equal in importance to the church and the state (Calvin, 1843-1859, Comm. Mal. 2:14 and Serm. Eph. 5:22-26; Witte, 1997, pp. 74-129).

The notion of covenant comes from the Hebrew Bible and has been used by many of the great Christian theologians to understand the divinely sanctioned promises of sustained commitment between humans and God. What the Protestant Reformers accomplished, however, was to apply the term not only to our *vertical* relation to God, but also, and in conjunction with this, to the *horizontal* or human-to-human relation of marriage. For Calvin, marriage was not a grace-filled emblem

of Christ's union with the church, as it was in the Catholic sacramental view. Rather, marriage was a social institution in which God covenanted to join together both the marriage partners with each other and the married couple with the state, the church, their families, and their wider community.

The marriage covenant instituted a new center of social order in which God formed a spiritual bond of mutual responsibility and trust between the couple and their social environment. For example, the couple covenanted to support each other in sickness, the state covenanted to protect the couple in their joint properties, the church covenanted to provide spiritual counsel, and families and community members covenanted to lend economic and moral assistance (Witte, 1997, pp. 94-98). It was indeed the Protestant Reformers who made marriage in the West into not just a spiritual union but also a social institution, with all the attendant legal requirements, family obligations, and social responsibilities this entails. Pre-Reformation marriages did not involve the state; indeed, Catholic canon law condoned so-called "secret marriages" formed with no family, community, or ecclesial involvement at all. The requirements for marriage in many places prior to the Reformation entailed only that the couple be baptized Christians and consent to the union. The church blessed marriages, but it was not necessary for their formation (Goody, 1983; Witte, 1997, pp. 32, 80).

The notion of covenant marriage provides another way, different from what we found in subsidiarity theory, to evaluate contemporary marriage therapies. A covenant theology of marriage is not, as in subsidiarity theory, chiefly concerned with the larger natural, social, and spiritual goods which marriage is uniquely able to promote. Marriage in this case is less a source of a variety of social goods and more a duty and responsibility. Although this sense of created duty in marriage has often played into patriarchal inequalities, at bottom it affirms that marital love is good and right in itself as part of God's fruitful creation into which humans are placed. In our view, the use of covenant theology to support patriarchal views of marriage today is a mistake. Such an approach is arguably taken by groups like the Promise Keepers and James Dobson's Focus on the Family. Recent scholarship suggests that patriarchal language in the Bible, while certainly present, is more a reflection of the Bible's Greco-Roman historical context than it is a unique Christian value. In fact, the New Testament has convincingly been shown overall to have pressed for significantly greater gender justice than existed anywhere at the time, under the rubric of all people as radically equal "children of God" (Osiek & Balch, 1996, pp. 103-155).

Moreover, like all parts of creation, marriage and its fallen participants, on this view, always stand in need of redemption. From this vantage point, it is unreasonable and unrealistic to assume that marriage can or ever will satisfactorily meet all individual or social goods. Not all marriages promote health or promote health equally at all stages of the family life cycle. Counting the benefits of marriage can never fully justify getting married. Given the ambiguity of human

existence, it is more honest to assume that marriage and children will both enhance and detract from human fulfillment. However, blessing marriage as a distinctive covenant and being receptive to correction and reconciliation in the midst of its inevitable failures makes the fruition of its personal and social benefits more likely.

It should not be surprising that, with this background, many Protestants today would find it harder on average than Catholics to join their marriage theology with marriage therapy's ideals of health. The language of health does not necessarily blend well with that of social responsibility and obligation. Nor should it be surprising that the notion of covenant marriage as used today has been voided of virtually all the social dimensions to which the original Reformation use of the term was attached. However more stringent today's secular version of covenant marriage may be as compared to "no-fault" marriage, it remains principally limited to a covenant between the consenting partners alone. It is entirely possible that one reason for the recent cultural success of therapeutic models of marriage in predominantly Protestant countries is that they provide an alternative to traditional covenant ideas of marriage, which have the potential to entangle the marriage partners in enormous social pressures, not to mention affirming biased and patriarchal sex roles.

Despite these potential drawbacks to Protestant covenant marriage, however, we believe that the term merits deeper reconsideration and reconstruction. For one thing, marriage therapy and education arguably presuppose something like a covenant responsibility in marriage without clearly understanding it. Marriage educators in particular are fond of the word "commitment," and it is now commonplace for marriage therapists and educators to speak of the necessity of commitment in order to have a strong marriage. However, therapeutic discourse today has difficulty, in our view, explaining what such a commitment exactly means. In addition, marriage educators generally do not conceive of the marital commitment as depending on any kind of third party, be it familial, social, legal, or religious. Nor do they consider it a commitment to anyone or anything beyond the couple, such as children and extended family.

Let us take the example of marriage educators Markman, et al., who make a famous and oft-quoted distinction between "dedication commitment" and "constraint commitment." Dedication commitment refers to an ideal state in which couples express "loyalty, trust [and] devotion" toward one another. Constraint commitment, by contrast, means a less than ideal (although sometimes necessary) state in which couples are held together by a sense of "obligation, . . . covenant, and [feeling of being] trapped" (Markman, et al., 1994, pp. 169-70). Examples of the more favorable dedication commitment include "wanting the relationship to continue into the future," giving "priority" to the relationship over other things, "participat[ing] in their relationship as a team," and feeling "a sense of satisfaction in doing things that are largely or solely for their partner's benefit" (pp. 176-78). Constraint commitment, on the other hand, includes belief in the "immorality of divorce,"

not wanting to lose "irretrievable investments" like one's house, "social pressure," "economic dependence," "unavailability of [alternative] partners," and, most tellingly of all, "concern for children's welfare" (pp. 170-75). In the end, constraint may be able to "stabilize" one's marriage, but dedication "is the side of commitment that's associated with healthy, satisfying, and growing relationships" (p. 182).

Why do these authors make this distinction? In part they need to explain why, as therapists and researchers concerned with promoting individual and personal fulfillment, they are speaking of such a thing as "commitment" at all. Whatever they mean by it, they are claiming, it is not any of those negative and old-fashioned ideas of "obligation" and staying "trapped" in an unhappy marriage. This is precisely what "the triumph of the therapeutic," in Phillip Rieff's famous term (1968), consists in, at least when it comes to marriage: the loosening of the moralistic collar that seemed to hold people in social bondage. On this score, it is revealing that "covenant" is placed under this kind of commitment, since this suggests a rejection of the previously dominant Protestant paradigm of social duty and obligation against which marriage therapies partly developed.

But what of dedication commitment? Here we must ask, exactly what is each marriage partner supposed to be dedicated to? And, more importantly, why? Why should partners commit themselves to each other? The authors respond essentially by fudging. Yes, you are supposed to dedicate yourself to the relationship, to its long-term viability, and to your partner. But the reason for this is that it will pay off in the end for your own personal satisfaction and fulfillment. It is especially instructive that almost all larger social concerns—social mores, economic responsibilities, and especially "concern for children's welfare"—fall on the side of constraint, rather than dedication commitment. The implication is that these might be obligations that could hold a troubled marriage together, but they are less than ideal as reasons for being in a marriage in the first place. The only kinds of commitment that should be considered positive ones in a marriage are those that have a very good chance of increasing one's own personal well-being. Here we are reminded of the ultimate vacuousness of the marriage education goal of "positivity." It is indeed telling that these same authors go on to compare marriage at length to the stock market, arguing that success in both rests on the skill of balancing the "risks" and "rewards" of one's "investment" (Markman, et al. 1994, pp. 191-97). This analogy reveals the marriage education movement's captivity to the rational choice mentality of late twentieth century culture, as for example in Gary Becker's book (1991) explaining marriage as an entirely economic calculus.

The Protestant view of marriage as a covenant, despite its potential drawbacks, is able to shed a more helpful light on the kind of commitment which marriage seems to involve. First, a couple's commitment to each other is more than a long-term, utilitarian or stock market-like bargain aimed at two people's simultaneous personal satisfaction. The marriage commitment is made not just to oneself or to another isolated individual, but also to a social institution embedded

within a wide range of similar institutional supports. Marriage is not just another kind of individual legal contract, like a fishing license or a business deal. It is a fundamental and necessary component of society. In marriage, money and assets can be consolidated, basic sexual and psychological needs can be met, the next generation of children can under most circumstances most effectively be raised, and extended families and communities can find greater integration and unity.

Second, a couple's commitment to each other cannot be sustained productively without being understood as also a responsibility toward, and a dependence upon, a range of third parties to the marriage. Pax Freud, there are more than just six people in the marriage bed (the couple plus each partner's parents). There are also any children the couple may have (and grandchildren), bosses and co-workers, friends and community members who make up the marriage's web of support, and, more indirectly, various representatives of religious institutions and the state (the last becoming particularly evident in the event of divorce).

Marriage educators and therapists should not shy away from helping couples explore the many ways in which their marriage both benefits from and is responsible to the great number of people and social institutions on which its success depends. Marriages should be supported with an eye toward the complex networks of social institutions in covenant with which people pursue their deepest and richest goals. The marriage covenant is not just "constraint" from personal fulfillment; nor can it be reduced to "dedication" to long-term reciprocal satisfaction. More profoundly, it should be understood as the commitment of taking on a set of unique private and public responsibilities. Given the fallen nature of this world, marital responsibilities are bound in various ways to be broken. But their deeper purpose is to open partners up to greater and unique possibilities for social and cultural participation.

HEALTH AND MARRIAGE LIBERATION

A third possible model of marriage is one based in liberation theology. Liberation theology began in the early twentieth century in South America and was at first primarily Catholic and concerned with liberating the poor from systematic economic oppression. It claims to recapture a dimension of Christian existence which classic Catholic and Protestant perspectives have lost. Since its inception, liberation theology has been taken up by Protestants as well, and, what is more, applied to many other kinds of social oppression besides poverty, including racism (Cone, 1990), sexism (Ruether, 1983), and the neglect of children (Thatcher, 1999, chap. 5).

Liberation theology can be defined broadly as seeking to free or liberate those who suffer from structural social inequalities and cultural exploitation and oppression (Gutiérrez, 1973; Boff & Boff, 1987). It is based on a Christian view that all persons have a radical and sacred dignity as brothers and sisters in God's

intended Kingdom. No liberation theologian to our knowledge has applied this perspective to marriage, although many have demonstrated extensive concern about the family as a social, and sometimes harmful or even dangerous, institution. In our view, a liberation angle can help bring out a further theological point that marriage therapists should consider. Specifically, despite its original intentions of freeing individuals from the potential sufferings of marriage, marriage therapy and education risk increasing marital oppression by failing to address adequately marriage's relation to larger and potentially onerous social and political structures.

Marriage is potentially an oppressive institution in several different respects. First, and perhaps most obviously, marriage can play into social and cultural forces which bring about suffering for women. For example, marriage often locks women into a situation where they become dependent on the income of their spouse, especially in a culture like ours in which women are expected to leave paying jobs to raise children. Such dependency also makes women more vulnerable to physical abuse. Politically, marriage still generally reinforces expectations that women hold primary responsibilities for housework, child and elder care, and school and community involvement.

Second, marriage can also be oppressive toward children and men. Children in particular are vulnerable in marriages that are not able, for economic and political reasons, to create sufficient time or resources for child rearing. Children are also vulnerable to the same violence and abuse suffered by women obliged to submit to male authority and power. Men are vulnerable to economic pressures that ground their value in purely materialistic terms and take them away from family life, and to legal structures that may cut them off from their children after divorce.

Third, marriage can be oppressive in the larger sense of creating responsibilities for partners that are nevertheless not valued or supported by a capitalistic, market-oriented economy. For example, couples need so-called "free time" to develop their relationships, yet the demands and norms of today's economy often make this very difficult. Couples with children may need extended family help, which our mobile culture makes increasingly problematic.

In each of these different ways, marriage must be viewed as not just an interpersonal but also a political institution. Liberation theology raises the stakes even further than subsidiarity and covenant views do about what it means for marriage to be tied up with larger social structures. Unlike as in subsidiarity theory, marriage is not only directed toward social and public goods, but also shaped and conditioned by economic and political inequities, exploitations, and damaging constructions of reality. In contrast to covenant theology, marriage is not only dependent upon the state, the economy, the church, and the community, but also deeply affected by each of these larger institutions' powerful and sometimes detrimental social purposes and expectations. Liberation theology requires that marriage be viewed within a political context that has yet to resolve deep problems of sexism, racism, classism, and heterosexism, making strong marriages sometimes near-impossible

under some circumstances. It may even demand a certain activism in marriage as a grassroots institution able to model and engender changes in the very social fabric of society.

On a certain level, liberation theology, like subsidiarity theory, can affirm marriage therapy's aim of its members' greater individual health. What else does liberation mean than freedom from suffering in order to lead a more fulfilled existence? Indeed, the liberation metaphor of "suffering" is borrowed from the same medical language as is the term "health." However, liberation theology suggests that health and freedom from oppression are shaped not just by interpersonal relations but also by larger political attitudes and currents. For example, good communication skills can help a husband understand that his wife is angry because she does the bulk of the housework. However, this understanding is not necessarily in itself enough to change his actual behavior, nor to free her from these expected responsibilities. This is because an unequal division of marital roles in the home is powerfully and structurally supported by our still patriarchal culture (the wife will still get blamed for a messy house) and by our economy (the workplace does not recognize men as needing time for such tasks).

Communicative skills can provide the techniques to begin to address these kinds of issues, but they cannot in themselves provide substantive ideals that can help couples liberate themselves from the deep-seated social structures which play into marital distress. In some cases, the focus on communication colludes with the perpetuation of injustice. It distracts and prevents attention to the ways in which sexism, racism, homophobia, or poverty may spawn marital conflict. The "Kingdom of God" for marriage therapists and educators consists in little more than a society of highly skilled communicators. In order to change deeply embedded social practices, like women taking primary responsibility for housework and childcare, therapists should help couples develop their consciousness of marriage's deeper political dimensions. This requires not just active listening but also exploring together alternative images of the Kingdom of God, images of ideal social arrangements which critique the way contemporary culture is currently structured and call for a more radical mutuality internal to family life.

Unfortunately, marriage therapists and educators all too often view marital oppression as caused only by the relationship itself. While partners certainly have responsibilities for treating each other with dignity and humanity, they would be better able to do so if the therapeutic environment looked also beyond their immediate relationship to the cultural and economic structures which condition it. This does not mean that marriage therapists and educators should impose their own cultural beliefs on the couple. This would only serve to deepen social oppression. In fact, without much self-consciousness, many therapists already impose political ideals on couples, ideals such as individualism, that it would be useful to explore openly. To take up the liberationist task in marriage therapy is to help couples explore their own marriage's larger political dimensions. This task has as its goal, not just greater communicative openness, but also helping couples develop critical

perspectives on the basis of which they can learn to contest, resist, and overcome the deeper cultural and political oppressions which play into marital suffering.

A REVISED PROFESSIONAL IDENTITY FOR MARITAL THERAPY

A theological analysis of marital therapy does not mean replacing ideas about promoting individual health and well-being with separate theological values. A more helpful approach is to correlate the insights of marriage therapy and education with the relevant perspectives offered by the Christian traditions. We hope our suggestions, tentative and sketchy though they have been, can be meaningful to marriage therapists and educators broadly, whether they consider themselves Christian or not, as well as to pastoral counselors. Since the therapies grew up in the West, insight into the Christian traditions can at the very least help us understand some of the deeper historical underpinnings to our views of marriage today.

Rather than recommending the greater value of one or another of the three theological perspectives, we prefer to suggest that each adds a new layer to how therapists might think about their professional role. As we argued at the start, marriage therapy has the problem of balancing the traditional therapeutic ethic of individual health with the fact that married partners have also entered a larger social institution. As one viable response, therapists might consider the benefits of a more robust *critical familism*. Critical familism, informed by Christian perspectives, balances both individualism and family commitment around an enlarged understanding of marriage's basic meaning and purpose.

Without wishing to slant our analysis too heavily toward the Reformed Protestant perspective, we suggest that a reinterpreted notion of *covenant* can be used to capture the central contribution of Christian marriage traditions. The covenant view enjoins us to stretch our imaginations about what really constitutes a "good" marriage. The notion, however, needs to be expanded beyond the traditional Protestant view to include Catholic notions of subsidiarity and liberationist ideals of equality.

Following Catholic subsidiarity theory, marriage partners are responsible not only for securing health benefits for themselves but also for using their marriage to further social goods, such as sharing resources, providing stability to a community, or raising the next generation. Marriage therapists and educators do their clients a disservice when they ignore this social orientation. This is not incidental to marriage but part of its basic meaning. Therapists and educators should encourage therefore a commitment to an active and enriching role in the greater common good. This, of course, can also move in the other direction: pastoral counselors and congregations, among other social institutions, bear a responsibility for offering support for marriages.

This wider vision emphasizes the "familism" part of critical familism. With liberationist theologians, we believe that the marriage covenant must also include a critical dimension, the Christian idea of all persons' radical dignity and equality

before God. According to liberation theology, God's covenant with humanity involves not only human responsibilities but also the promise of a new just society. This prophetic dimension challenges existing social structures that perpetuate exploitation and oppression. Applied to marriage, a liberating covenant demands freedom from inequalities, both those imposed on family members by one another and those embedded in the larger political context, and requires exerted efforts to bring about justice in families and between families.

Therapeutic culture does not presently grasp the difficulty of this liberating task. It tends to assume that marital inequities have to do mainly with individual relationships and that they can be addressed adequately through greater self-awareness or communication. But the concept of marriage as a covenant views marital inequality as also a social and political issue. From the perspective of feminist theology, the notion of covenant marriage means that the personal is political, not just psychological. Therapists and educators should therefore help couples see their commitment to one another as also a commitment to overcome marital inequalities and the wider forces of oppression.

The notion of a marriage covenant, interpreted in this new way, is both prophetic and critical of families that perpetuate oppression toward individuals. It embraces the benefits of marriage but demands that these benefits be covenanted for all. Marriage is more than just two people coming together because they expect greater individual fulfillment. It is a committed interpersonal and social relationship which, if approached with care and responsibility, uniquely covenants partners with one another and with their broader social world. By understanding marriage in this way, the therapeutic profession can better meet its advertised promise of providing healing for ailing and broken covenants of friendship and love.

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