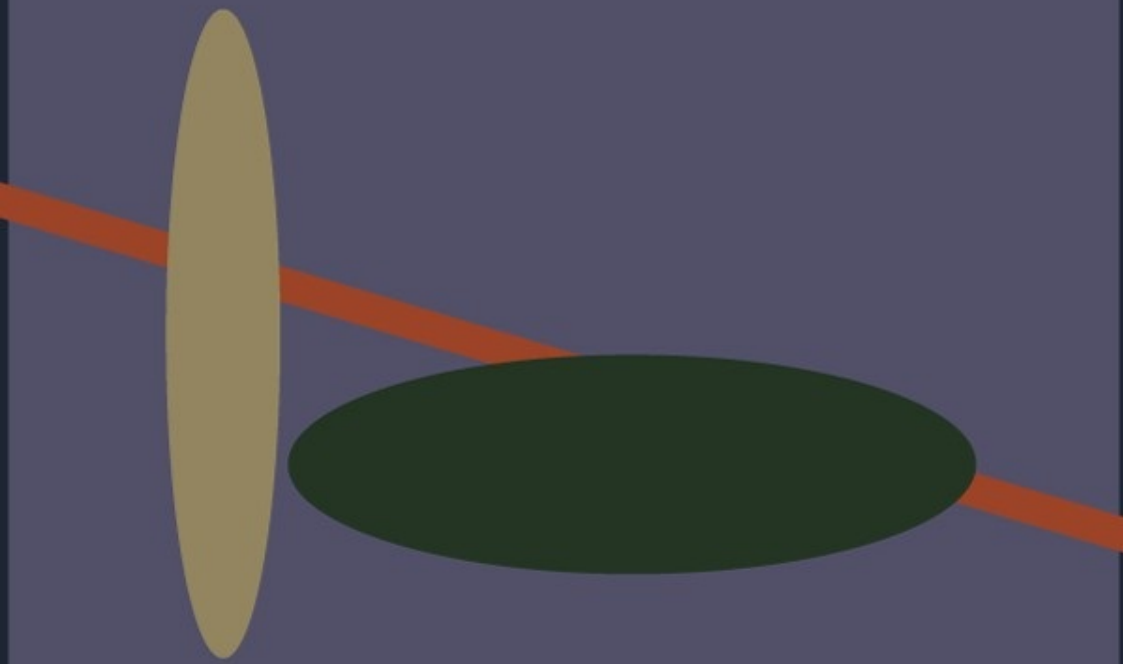
Selection of Clients



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e-Book 2016 International Psychotherapy Institute

From *Mediation Therapy* by Janet Miller Wiseman

Created in the United States of America

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A colleague asked me whether I put all couple clients coming to me into mediation therapy, adding "I'll bet you do!" I was grateful for the question. I thought carefully about my initial phone call with all clients, during which I spell out the differences in the approaches for which they might be candidates. In many of my colleagues' minds, the difference between couples therapy and marriage counseling is that the former is thought to be a place to work on the entity between them, their relationship, with the goal of improving it. Couples therapy is frequently thought to be of indefinite duration, while marriage counseling may also be of indefinite duration but is thought to frequently include a decision-making component about whether the relationship can last, before beginning work on communication, sexual, and/or parenting issues.

As I have repeated many times in this book, in contrast to couples therapy and similar in one way to many clinicians' notions of marriage counseling, mediation therapy is a very highly structured, time-limited intervention, the sole goal of which is to make a decision, often about the future direction of a relationship. Asking people to identify what their goals

are, and where they believe they fit into a spectrum of interventions, gives all couple clients the power to be included in the decision-making process of which intervention suits them best. Rather than lumping all couple clients into mediation therapy, I believe I am more acutely aware of empowering prospective clients to think with me about what their needs are and how those needs will be served by a particular therapeutic intervention.

The Ideal Candidates

When asked about the ideal candidates for mediation therapy, I say that the candidates who have the easiest time in using mediation therapy are the people with healthy personality structures who have heard about the intervention from a therapist, or a lawyer, or a friend, and have already determined for themselves that this approach is for them. Qualities of such a healthy personality are:

- intelligence
- an ability to delay making decisions and the achievement of gratification
- a strong ability to distinguish outside reality from one's own internal reality
- an ability to tolerate ambiguity

an ability to see oneself clearly, with a sense of humor

an ability to make good judgments

verbal expressiveness

Such a person, at the extreme, may not need mediation therapy. However, this is a clinical intervention that is primarily a decision-making intervention; it is appropriate for even very healthy personalities and less appropriate for very unhealthy personalities.

Interestingly, some of the attributes of the healthy personality might also be liabilities. Intelligence, when it turns into intellectualization, can be a barrier to knowing one's self in all of one's aspects. Of Carl Jung's four psychological styles (intuition, thinking, feeling, sensation), it might appear that the person with the intuitive mode might optimally use mediation therapy. In my observation, many intuitive people may readily come to a decision about a future direction, but considerable numbers have difficulty sustaining certainty in their decisions. Being able to ground intuition in the rational understanding of a decision and in sensory information and instructional information is an ideal.

One of many advantages of having a clinician, and not a non- therapist mediator be the facilitator of mediation therapy is that screening for the process is highly important. When asked who the worst candidates are for the

process, I respond by saying that those people who, for whatever reason, have little capacity to observe themselves are impossible candidates for mediation therapy. Those who are very distrusting, thought-disordered, paranoid, or with any type of psychosis or untreated major affective disorder are most generally *not* candidates for mediation therapy. Also, when a client is unable to share the mediation therapist with a spouse or where one person is involved in a hidden affair or a flagrantly insensitive open affair, mediation therapy is not indicated. When one person has a hidden agenda, knowing he or she will separate or divorce, but who wants to have the mediation therapy look like an honest attempt at saving the relationship, the mediation therapy will not work as it is constructed to work. In my experience, when there is hidden, not open, homosexuality, the process will be almost always aborted. In addition, those Catch-22 situations where a husband says to his wife, "I will leave my lover of seven years, if you'll promise to take me back" and she says "There is no way I'll take you back, until you've quit seeing her for six months," are impossible to work with positively in mediation therapy at this stage because of the draw between the partners.

Attempting to ascertain which individuals in classic diagnostic categories can use mediation therapy is difficult. Qualities such as adequate ability to observe oneself may be present in a person seen as having a high-functioning borderline personality disorder or in someone with a unipolar depression, which is being treated psychopharmacologically. Severe

disorders of any type, thought disorders, affective disorders, personality disorders, active addictive disorders most likely would be contraindications to an effective usage of mediation therapy. Yet there are always exceptions. A woman called, referred by her and her husband's psychotherapist, saying that they both had "quite serious character disorders," but that their couples therapist thought they could do mediation therapy. The intensity of anger within the mediation therapy and between sessions was extraordinary, but they made a caring and mature decision to separate in the process.

Addiction, Co-dependency, and Mediation Therapy

Active alcoholism that is being completely denied makes mediation therapy, in my experience, impossible to do from sessions one to twelve. People have gone into detoxification and alcohol treatment programs almost immediately after coming for mediation therapy and returned later for decision making, along with attending Co-dependents, Alcoholics Anonymous, Narcotics Anonymous, or Gamblers Anonymous, and Al-Anon meetings. When alcohol or another substance is impairing a person's judgment and personality to any degree, mediation therapy is not, in my experience, an appropriate intervention. My students of mediation therapy, who have been workers and specialists in substance abuse treatment, however, claim that mediation therapy may be well adapted for families of recovering alcoholics and substance users. In fact, Robyn Ferrero has written about using

mediation therapy for the co-dependent spouse and the recovering alcoholic. [1] Because the values advocated in mediation therapy are also fundamental to the treatment of co-dependency, Ferrero determines that mediation therapy may be adapted for co-dependents. As well as espousing honesty, both treatments discourage the use of blaming, manipulation and dualistic thinking.

Ferrero, who refers to the work of Anne Wilson Schaef, attributes the efficacy of mediation therapy with co-dependents to the idea that the individuals, as well as the mediation therapist, are in charge of the process.[2] She states, "Since a major characteristic of the disease of alcoholism is controlling, a counselor modeling controlling behavior reinforces the disease of co-dependency." Mediation therapy, in contrast, gives control to the clients by encouraging them to come to their own decisions, guided but not overly influenced by a neutral third party.

According to Ferrero, mediation therapy may be adapted for use with co-dependents, provided the mediation therapist understands the characteristics of co-dependency and is free of bias [see Appendix C for an alcohol use bias sorter]. In addition, Ferrero states, the mediation therapist must understand the issues facing co-dependents, including the need to establish strong self-identity apart from the partner^ and the necessity of defining boundaries between the self and others. In Ferrero's view, the

mediation therapist must be particularly aware not only of the conflicts between the co-dependent and the recovering alcoholic, but of those between the co-dependent and his or her own disease. For mediation therapy to be beneficial, Ferrero also believes that mediation therapy is most useful for individuals who recognize their codependency.

The goals of the co-dependent may be the goals anyone else would have in the intervention, or they may be something like, “My goal is to learn to carry on positively with my own life, regardless of the drinking or non-drinking behavior of my spouse.” Combining my own view that active alcoholism is not the best state in which to conduct mediation therapy, with Ferrero’s thesis that mediation therapy is a natural approach for the partners of alcoholics or substance abusers, results in the conclusion that substance abusers in recovery, along with their codependent spouses, may well show themselves to be very effective users of mediation therapy.[3]

Students of mediation therapy have advised me to build into my initial screening telephone call normalized questions about alcohol use in the extended family, saying, “To what extent is alcohol or drug use a problem in your family?” Time and experience will show how this question may shape the mediation therapy process or may influence clients’ decisions to use a more direct intervention for the alcohol or drug problem itself.

A Growing Role for Mediation Therapy

Occasionally people inquire about what the positives are in mediation therapy. I sometimes share with them (carefully disguised) case examples. I tell them that in my observation, when people are provided with a serious, safe, structured forum in which they are offered tools with which to make critically important decisions, that they often very rapidly take more responsibility for themselves than they heretofore imagined undertaking. Their potential for tolerating indecision and taking a comprehensive look at their lives gives them, I believe, a sense of mastery and integrity. Although the sole goal of the process is making a decision, positive behavioral changes and attitudinal shifts in individuals are as notable as I have seen in any other form of psychotherapy. Individuals' ego-functioning often improves; they seem to verbalize more, and act out their feelings less—for example, deciding about the future of their marriage rather than starting an affair that would likely lead to the demise of the marriage. Emotionally intense feelings are discharged within a safe structure, in the mediation therapy. Children's needs during the mediation therapy are focused upon and not overlooked, giving parents a sense of mastery and a feeling of responsibility that they are continuing to care for the precious products of their union.

Caring for these children whose parents are in crisis, separating, and divorcing, as well as those who have special educational needs, is sometimes

accomplished within school meetings in educational plan evaluations. Judith Field, a student of mediation therapy who chairs a special needs evaluation team in Greater Boston, spoke of adapting mediation therapy in a school setting for children with special needs.[4] Field found that prior to a special needs evaluation team meeting, parents, educators, and students harbored high levels of anxiety. By asking the parents to think about their goals for the team meeting in advance, they don't come into the meeting unsure of what they want to accomplish. The phone call prior to the meeting, in which the educator talks with both parents, eases their nervousness, and helps them collect important information and articulate their concerns. The sixteen- to eighteen-year-old student whose educational plan is being discussed, is, of course, also met with to express his or her goals for an educational plan. He or she is included in the process that determines his or her life very directly. The classroom teacher and guidance counselor are also asked their goals for the team meeting, as is the director of the special needs program, who needs to develop goals that are within the program's budget.

When the team meeting begins, the special needs advocate articulates or has the individuals themselves articulate their goals for the meeting. He or she assumes responsibility for keeping the discussion focused on the goals so that it doesn't end in an explosive outcome, with no resolution. Prior to the team meeting the staff meets to brainstorm alternatives for each student. The perspectives of the student and the parents are taken into consideration.

When the technical assessment reports are given in the meeting, they are rephrased and reframed so that parents and students understand the implications. During the meeting, paraphrasing, active listening, and brainstorming are used to facilitate the planning process. Judith Field has adapted some of the mediation therapy principles creatively for use with children in an educational planning setting. In a similar way, the mediation therapy principles may be adapted for use in a variety of settings.

Mediation therapy is being used by nursing home staffs, in inpatient psychiatric units, in the guidance departments of high schools, in drug education programs, in prisons, and in other settings. One student of mediation therapy who works with couples in a prison, commented that my conflict skills were not originally designed for use with prisoners. However, through the mediation therapy course, he designed an eight-session process that would help couples determine mutual goals while one partner was in prison. He discovered a recurring pattern in these couples. Frequently, the man felt disempowered and helpless while in prison, while the wife felt resentment and anger about parenting alone. He found that couples very frequently developed similar goals for themselves: the wives wanted to be able to ask for and trust their husbands' input about parenting the children and running the house; and the husbands wanted their wives to trust them enough to ask for help and advice about the children and running the household.

When colleagues ask just how mediation therapy differs from other time-limited, solution-focused, or cognitive approaches, I answer that it may be more similar than different. Its uniqueness may be in its organization and blend of attitudes and techniques that are widely used in other interventions. It is different from some approaches, and the same as still other interventions —in its use of instruction, that is, of psychoeducational material. Time is taken to teach people to be assertive, to communicate well, to negotiate on a sophisticated level, to disagree effectively and to make important decisions. Couples in mediation therapy are strongly aware that their facilitator is trained to be neutral between them. This neutrality is made more explicit in mediation therapy than I believe it to be in other interventions. In mediation therapy, the values of the mediation therapist are made explicit. These values are not passed off as conventional wisdom or research findings, but as the mediation therapist's own values. In mediation therapy the attitudinal stance of the facilitator is that of expert, not authority. That is, the mediation therapist has an area of expertise to share with the couple or family, but is distinctly not about to pass judgment on the couple or advise them directly what to do.

Applications of the mediation therapy process are many. One clinician is teaching it to other clinicians on an inpatient psychiatric unit. She especially wants to reduce the over identification of staff with the patient in the hospital. She is attempting to increase staff members' neutrality so that they may help

their patients understand the feelings and needs of their family members, who are frequently overextending themselves due to the hospitalization process. It is all too easy to make the patient in the hospital the victim of family members' insensitivity.

Another clinician, working in a nursing home, is using mediation therapy to help staff and family become more united in the interests of the elderly person. She believes that family is often "grieving the loss of function, and anticipating the death of their family member."[5] She believes the family often feels guilty about the institutionalization, as well as anxiety about dwindling financial resources. Over those things, they have no control. They can, however, attempt to control and supervise the staff of the nursing home. Of course, the staff interprets the supervision by patients' family members as lack of confidence in their competence, as criticism, and as unnecessary control. The supervision often stemmed from families' feelings of helplessness. Mediation therapy or techniques from it are used by this clinician, who, as a neutral, helps staff and family members understand each other's goals and who attempts to "help them forge a bond for the sake of the patient."[6]

Another clinician is using mediation therapy in a high school, where she is attempting to gain neutral status, even though the initial person she invariably sees is a young person, who is often severely at odds with his or

her parents.

For years, a fellow clinician has been using the mediation therapy approach with families of patients on an organ transplant and dialysis unit in a hospital. Sorting through her own biases about critical health issues, she has found it imperative to be neutral in helping family members make decisions about their loved ones.

As previously stated, the approach lends itself particularly well to couples attempting to make decisions about marriage or living together. Because they don't have years of experience, entrenched negative patterns of interaction, and extensive knowledge about their partnership, adherence to the mediation therapy format in a more structured fashion is often appropriate. Searching through mediation therapy cases to find interesting ones to use for illustration, I invariably picked those in which couples were making a decision to live together or to marry, because they showed the format in such a "pure form."

The approach has also been very effective with parents and college-attending children, and those who are about to leave college, in clarifying the extent of their financial, filial, and emotional responsibilities to one another.

Business partners have used the approach to clarify the parameters of their partnership and whether they want to continue the partnership.

Wherever two people, two groups, or two organizations desire to determine a joint direction, there may be applicability for mediation therapy.

Taking a look at which psychotherapists might or might not be eligible to do mediation therapy is to witness a self-selection process. Just how much does a therapist's own relationship or marriage history impact on his or her ability to be a neutral mediation therapist? Can mediation therapists who have not been divorced facilitate a process that results in divorce? Do divorced mediation therapists always advocate divorce for their clients?

Ostensibly, all mediation therapists will have examined their biases so that they are aware of them and can be neutral about others' decisions regardless of their own marital status. They may be biased, but they are also trained to be neutral.

There have been several students of mediation therapy who have determined that, due to their religious or cultural beliefs in the permanence of marriage, they could not act as mediation therapists for couples trying to make a separation, divorce, or remain-together decision. Those same therapists saw themselves as being useful mediation therapists where there were other types of decisions to be made. As previously stated, being aware of one's biases is critical to becoming an effective neutral. If, to mention a previous case, a mediation therapist felt her marriage ended partially as a

result of an eighteen-year difference in ages, taking on a couple with a large age difference might well be thoughtfully considered before proceeding with mediation therapy.

People whose track records with marriage have been very discouraging, but who have found success in living together in an intimate relationship, may find helping a young couple make a commitment to marriage somewhat difficult. It is inevitable that one's own experiences impact one's belief system about relationships. It is fundamental to understand one's biases about relationships, and where and whether they impact on one's abilities to work with certain couples or families in mediation therapy or, even whether they may preclude being a neutral mediation therapist.

Mediation Therapy and Gender

Jurg Willi's *Couples in Collusion* includes some very interesting research relating to gender roles and the responses of women and men when they are alone and together. Using the Individual and the Common Rorschach tests, Willi measured men's and women's responses when they are alone and when they are in one another's presence. He found that in single testing sessions, women demonstrated constructive approaches to a working relationship, while in couples testing sessions they tended to behave more regressively and passively. They held themselves back, waited for the approval of men,

inhibited their ego responses, failed to see the overall picture.

Men spoke openly about their weaknesses in single testing sessions, while in couples sessions they tended to suppress responses to images that suggested emotion, sexual impulses, inner conflicts, sensitivity, anxiety, depressing moods. They became more active, more decisive, and more persistent when they reacted to women in a couples situation than when they were alone.

In many of my own sessions, women and men exhibit these differences. A woman who was an expressive interpreter for the deaf animatedly described how things could be different in her marriage. When she and I met with her husband, she exhibited no hand motion in the session, and had inhibited speech and a depressed affect. Willi found that in a couples situation women restricted their own overviews of situations, abdicated to their husbands, became less productive, withheld themselves more emotionally and relinquished a sense of reality. Willi's experience with the Common Rorschach and in couples therapy showed "that women have a tendency to live below their potential and to relinquish their self-realization in a couple relationship."[7]

On the man's part, Willi's findings showed that men tend to feel that if they openly admit to feelings of insecurity and weakness that they will

transfer power to their wives. It is Willi's assertion that when a man suppresses his own anxiety, weakness, or guilt, he is also unable to perceive his partner's feelings. Indeed, Willi found that men and women presented different personalities depending upon whether they were with their spouses or alone.[8]

Some of the goals of couples therapy as seen by Willi are "to loosen up, de-emphasize very rigid interactional personalities, to react less strongly to the personality of the other partner, develop 'relative individuation,' experiencing themselves as separate from and relative to one another."[9] Many of the rational structures of mediation therapy, which focus on the uniqueness of individuals, tend to support one of the central goals of Willi's couple therapy: "that the man and woman overcome this self-alienation, 'retrieve their selves' and develop two separate yet mutually relating personalities—but not personalities which are determined through mutual influence"[10].

Willi's description of the relative differences in gender behavior when men and women are together and his goals for couples therapy are instructive for mediation therapists. Therapists need to be aware that the behavior of their couple clients, while together, may differ markedly from their behavior when they are alone. The fact that one's own gender may play a role in the mediation therapy needs to be acknowledged by the mediation

therapist and discussed with the couple when appropriate. The mediation therapist's emphasis on synthesizing rationality and emotionality is an attempt to help each partner participate in what may be the other's dominant approach to understanding.

One group of mediation therapy students concurred that women feel more helped by women therapists, while men feel more helped by men therapists. But what about those women who identify with men, and who believe men to be more effective? Or those women who saw their mothers as being incompetent, so similarly view a female therapist? Do some men see all women as potentially undermining or protecting or seducing them? What implications might these gender assumptions have for mediation therapy, or any therapy, for that matter? Does it happen that when a couple uses a female mediation therapist, that the man, in the presence of his own female partner and the female mediation therapist, becomes doubly ego-expansive, doubly inhibiting his vulnerable responses? Does the situation provoke the female partner to be less ego-expansive (less masterful in my terms), and to depend on her partner more for describing their situation, but less so than if the mediation therapist were a man? At minimum, we need to be aware that our genders, our styles, may provoke somewhat uncharacteristic responses that would not be there, in the same degree, if we weren't there.

The positive aspects of marriage as seen by Willi are "that the ego must

expand at marriage to consider the spouse as well as the self and also the marriage as an entity."[11] Both partners ideally come to see "that their partner's *individuality* broadens their own experience and that separateness too is a part of love."[12] Willi quotes Theodore Lidz: "A successful marriage will generally lead to and require a profound reorganization of the personality structure of each partner that will influence the further personality development of each."[13] Willi and Lidz highlight here an opportunity for couples in crisis; either to recognize the potential they have to grow as individuals and as an entity or to recognize an inevitability to their parting. Crisis and opportunity are interchangeable in mediation therapy.

Outcomes of Mediation Therapy

What are the sorts of outcomes achieved by mediation therapy? They reflect the unique needs, values, and desires of every couple or family using mediation therapy. Some people stay in relationships that appear supportive. Others remain in relationships that don't appear to support the individuals adequately, but who report back, years later, on the richness of their relationships and express gratitude that they persevered. Many people choose to separate or divorce through the process; some make mutual decisions, some mutually understood decisions, and some nonmutual decisions. Some people stage their decisions over time: "We will live together for a year, then determine whether to become engaged or to part," or, "We

will separate for a year, checking in exactly in one year to see whether we should work on a divorce, attempt a reconciliation, or continue the separation."

Who makes the decision for the couple in mediation therapy? When my son, Todd, now nineteen, was nine years old, I took him and his Israeli friend Hedva to buy a Christmas tree. Enroute I began to cry. Both children were solicitous, wondering what the matter could be. Todd offered it was something about my work. I admitted I was sad that a truly wonderful couple I had been working with had just terminated their work with me. Then I added, "I feel sad that I wasn't able to save their marriage." My son, in the best psychiatric consult I ever had said, "Mom, you're only their little helper, they make the big decision."

Our clients, not us, make the decision about the future direction of their lives. We carefully guide, even control the process, but our clients make the ultimate decision, taking both the responsibility and the credit for their decisions. Initially, mediation therapists may experience a wide variety of feelings at the point when their clients decide the future direction of their relationship: feeling like a destroyer of marriages, a failure as a therapist, or feeling overly responsible for any decision are only a few of the feelings, or countertransference reactions, that may come as a result of a couple's or a family's making a decision.

If the mediation therapist remembers that she or he is only their "little helper" while they truly make the big decision, then she or he has provided them with a sophisticated forum in which to make their decisions. She or he has not made the decisions for them, and can take neither the responsibility, nor the blame, nor the credit for the decisions that have been made. The mediation therapist will have had the honor of being present with couples and families at momentous crossroads in their lives, while mediation therapy clients will have had the benefit of a sane, safe, structured process that guides them out of conflict and into important next stages of their lives.

Notes

[1] Ferrero, final exam for "Conflict and Resolution", Lesley College.

[2] Anne Wilson Schaef, *Co-Dependence*: Misunderstood—Mistreated, 64, 91.

[3] Ferrero.

[4] Judith Field, final paper for "Conflict and Resolution", Lesley College.

[5] Diana Fretter, final paper for "Incorporating Conflict Skills Into Your Clinical Work", Simmons College School of Social Work.

[6] Ibid.

[7] Willi, Couples in Collusion, 8-9.

[8] Ibid., 3-4.

[9] Ibid., 9.

[10] Ibid., 11

[11] Ibid., 35.

[12] Ibid., 36.

[13] Lidz, *The Person*, 412.

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