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FATHER PERCEPTION OF THE BARRIERS AND FACILITATORS OF ENGAGEMENT IN FAMILY THERAPY: A QUALITATIVE STUDY

By

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ABSTRACT

FATHER PERCEPTION OF THE BARRIERS AND FACILITATORS OF ENGAGEMENT IN FAMILY THERAPY: A QUALITATIVE STUDY

By

Jason Kelly Martin

Helping family members become engaged and invested in the change process of therapy is an essential part of the therapeutic process. Research adequately demonstrates that fathers are frequently the least engaged family member in family therapy, but qualitative research into the nature of father engagement in family therapy is nonexistent. This study aimed to begin asking what helps or hinders fathers from becoming as fully engaged in therapy as mothers. A grounded theory qualitative approach was used to assess what fathers with a child in family therapy believe makes therapeutic engagement easier or more difficult. The primary question that guided the development and execution of the study was, "What do fathers perceive as primary influences (i.e. barriers and facilitators) to their engagement in the therapeutic process?" This study used a series of interviews, genograms, and quantitative instruments with 10 fathers whose child was the identified patient in family therapy to learn about their therapeutic experiences and roles as fathers, eliciting the unique voice of each father. These voices subsequently came together to speak to immense complexity of father engagement in family therapy. Findings were organized into three distinct but open categories of barriers and facilitators to father engagement in family therapy: therapeutic influences, socio-cultural influences, and family influences. Both barriers and facilitators emerged from each category.

This dissertation is dedicated to my beautiful children, Aidan and Regan, who inspired this research, and to my wonderful wife, Kari, who helped make sure that it happened.

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Although my name is at the top of this dissertation, I fully acknowledge that I did not complete the work alone. In fact many other people had a significant hand in the inspiration, proposal, and execution of the research. Others were instrumental in helping me write the words therein. This undertaking was truly beyond my capabilities to complete on my own, and I am eternally grateful for everyone who helped me complete it.

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helped me understand the depth of what was expected of me and what I should expect from myself.

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TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

CHAPTER ONE: INTODUCTION

Background of the Problem

The role of fathers in the family has changed dramatically in the last half-century. Lamb (2000) describes the ideal role of the father as evolving from that of moral guide to breadwinner to sex role model to nurturing father in a very short amount of time. This rapid change has left fathers, therapists, and society confused as to exactly what the role of the father is and should be. Attempting to address this confusion, research of fathers and fatherhood has become more popular over the past thirty years. Beginning primarily with Greenberg and Morris's (1974) article on fathers' engrossment with their newborn children, social scientists have begun to look at how fathers function in the family (e.g. Beitel & Parke, 1998; Bulanda, 2004; Hofferth & Anderson, 2003) and society (e.g. Anderson, Kohler, & Letiecq, 2002; Dienhart, 1998; Hawkins & Palkovitz, 1999), as well as the impact of fatherhood on their children and themselves (e.g. Nielsen, 1999; Palkovitz, 2002; Palkovitz, Copes, & Woolfolk, 2001).

Despite this recent strong interest in fathering research, the literature base is still lacking in many key areas. Research looking at fathers in family therapy, for instance, is still in its infancy. Research shows that father involvement in family therapy can enhance change and efficacy (Bagner & Eyberg, 2003; Philpot, 2001; Walters, Tasker, & Bichard, 2001), but little is known about why this is or how therapist can utilize father involvement in therapy. Fathers, therefore, continue to be a factor in family therapy, but little research has addressed exactly how fathers contribute to the therapeutic process. The body of

literature addressing fathers' perspectives of therapy is even smaller (Phares, Fields, Kamboukos, & Lopez, 2005; Vetere, 2004). The current study seeks to inquire about the systemic, familial, and therapeutic barriers that potentially prevent many fathers from fully engaging in the change process of family therapy, as well as facilitators that may enhance therapeutic engagement.

The study focused on the father in therapy whose biological child is the identified patient (IP). All of the fathers involved in this study were at some level of involvement in family therapy with their children as the IP. Although non-involved fathers with a child in family therapy were actively recruited, as described in Chapter 3, none of those fathers responded. Therefore, all fathers who chose to participate in the study were actively involved in family therapy. The study sought to discover what these men believed made therapeutic engagement easier or more difficult by interviewing them about their therapeutic experiences, their preexisting ideas about therapy, and their roles as fathers.

Societal Expectations of Fathers

Fatherhood has historically been in a state of flux. Unlike the mother, the father's biological necessity expires after the brief, albeit powerful, moment of conception. Physiologically, his task is completed and subsequent involvement is helpful but not necessary for the child to mature and grow. The mother, on the other hand, must carry the child inside of her for 40 weeks. Her job, however, does not end there. Mothers have traditionally breast-fed the child until he or she was able to eat more mature foods, which can take 6 months or more. During this time, the mothers' role is being defined, either by herself or by her culture

(Marsiglio & Cohan, 2000). The expectations of her, although certainly not obvious or easy, are somewhat well defined; but what of the father? What should he do during these first few years? Social norms may indicate that his role is that of financial provider, yet he may also feel pressure to spend more time with his new family, possibly at the expense of his primary role as financial provider (Lamb, 2000). This inherent paradox of the fathering role leaves many men confused as to what society actually expects of them. Are they to be nurturing or stoic? Involved or distant? Emotive or indifferent?

Despite the paradox, many men have taken great strides towards greater involvement in the family. They are taking on more childcare and household duties than in the past, and they are beginning to see their role as more than just that of financial provider (McBride & Rane, 1998). They often view this additional domestic undertaking as merely "help", however, which implies that the participation is a voluntary benefit for the mother. Society and most fathers still consider the mother to be largely responsible for the children. Because fathering habits develop early in the process of fatherhood and indicate how a father will parent in the future, it is important to identify ways to help fathers become more invested in the parenting process and essentially share in the ownership of parenting with mothers (Dienhart, 1998).

Such ownership of the parenting process is known as "responsible parenting". Lamb, Pleck, Charnov, and Levine (1987) claim that responsible parenting refers to the role a parent takes in arranging for resources to be available to the child and ascertaining that the child's need are being met. This

includes, but is not limited to, taking responsibility for childcare, doctor's appointments, and other managerial tasks related to the child. Attending and engaging in family therapy, therefore, would be a potential aspect of responsible parenting (Walters, 1997). By taking a genuine interest in the issues and problems addressed in family therapy, parents demonstrate that they are actively invested in the process of change. Because more mothers than fathers engage in responsible parenting, they are more likely to make such an investment (De Luccie, 1996). Fathers, however, often remain detached from the therapeutic processes. Even when they do attend family therapy sessions, it is often in the role of "consultant" or "help". The mother still bears much of the burden of responsibility, even in therapy (Brooks, 2003; Singh, 2003).

Fathers, therefore, often enter therapy with conflicting ideas about what others expect of them and what they expect of themselves. Contemporary fathers are caught between what LaRossa (1988) describes as the "culture of fatherhood" and the "conduct of fatherhood". The former represents the dominant imagery of fatherhood, consisting of high levels of involvement and egalitarian, responsible parenting; whereas the latter represents the actual execution of parental roles, which typically is that of nominal involvement in day-to-day childcare activities and a general abdication of childcare to the mother (Palkovitz, 2002). These are the contradictions that fathers often bring into therapy.

Fathers in Family Therapy

Research has shown that women are much more likely than men to seek therapeutic services (Brooks, 2003; Walters et al., 2001). Despite the fact that

family therapy was originally conceptualized through a lens colored by a patriarchal value system (Philpot, 2001), men have traditionally been reluctant to seek therapy. Much of this is because many men tend to rely on reason and their own abilities to solve their problems, including relational problems that are communal by nature (Brooks, 1998; Shay & Maltas, 1998).

Family therapy presents an added difficulty for both fathers and therapists. Not only are fathers asked to engage in therapeutic interaction that is counterintuitive to their gendered socialization (Furrow, 2001), but they are also asked to engage in overtly nurturing and empathic caretaking of the child in therapy (Lazur, 1998), which may be socially counterintuitive as well. They must be empathic and vulnerable as well as collaborative and compassionate, characteristics that many men are socialized to avoid, and may not feel comfortable engaging in such an overtly responsible form of parenting (Townsend, 2002). These added responsibilities create an environment that is favorable to mothers taking the primary interest in the change process of family therapy (Philpot, 2001; Walters et al., 2001). Mothers are typically more invested in parenting to begin with, and their relative comfort with the style and process of therapy makes it easy to see why many fathers are so reluctant to become fully engaged in family therapy and take ownership of the change process (Shappiro, 2001). Therefore, therapists often have to work doubly hard to engage all available family members before much of the real change in family therapy can occur. By better understanding the barriers that hinder father engagement in

therapy and the facilitators that make engagement easier, therapists would be better equipped to help fathers break down those barriers.

Purpose of the Study

The purpose of this study is to hear fathers' experiences and reflections of family therapy in their own words. This study focuses on fathers whose families are in family therapy with a child as the identified patient (IP). Whenever a child is in family therapy without both parents present, the therapist must address why both parents are not participating in the therapeutic process. Sometimes the reason is as simple as one parent has died or lives too far away for therapeutic participation to be realistic. Other times a parent may not participate because someone or something, such as a spouse or a work schedule, is directly preventing involvement. Still other times, a parent may not attend family therapy with the child because his or her particular history or ideology does not consider family therapy as a legitimate or particularly favorable method of addressing relational problems.

Even when both parents are involved in family therapy some family members may be more engaged in the therapeutic process than others. Jackson and Chable (1985) describe that engagement is a greater level of therapeutic investment than simply attending therapy. Engagement is a complex, reciprocal process in the client-therapist relationship, referring to the specific adjustments that the therapist makes to himself or herself over time to accommodate to the family under therapy. Certain barriers and facilitators make this engagement process easier or more difficult for the therapist, and the therapeutic systems

could potentially overcome many of the barriers, either by the initiative of the therapist, client, or both.

Mothers tend to have fewer barriers to engaging in family therapy (Walters et al., 2001), and they often have greater resources, particularly in terms of gender socialization, to overcome the barriers to family therapy that they may encounter (Levant, 2003; Shay & Maltas, 1998). Yet, research has shown that father engagement in the change process of therapy is highly correlated with successful outcomes in family therapy with children (le Fave, 1980; Walters, 1997). Therefore, this study attempted to address the barriers that often prevent fathers from fully engaging in the change process of family therapy. Is it simply fathers' general lack responsible involvement as parents (Lamb et al., 1987), or does gender socialization, family-of-origin, therapeutic factors, and other factors potentially play large roles as well? The study assumes that simply addressing the barriers may not fully address how therapists can help engage fathers. Therefore, the study also attempted to discover the facilitators that encourage engagement of fathers in the therapeutic process.

Finally, this study discusses the implications of the findings for therapists. Identifying fathers' barriers to engagement in family therapy allows therapists the opportunity to combat barriers and make therapy a more inviting place for fathers. Fathers' reluctance to engage in therapy has often been given the value-laden label of "resistant" (Berg & Rosenblum, 1977). By better understanding their barriers to therapy, the therapist may be better equipped to assist fathers in removing or working with those barriers. This can help reframe fathers'

experiences in therapy as being a natural product of their circumstances, rather than simply resistance. By better understanding the facilitators, therapists may be able to address what might specifically engage fathers in the therapeutic experience. This study will be a first step in understanding what therapists can do to help fathers remove barriers and increase facilitators to family therapy.

Significance of the Study

Helping family members become engaged and invested in the change process of therapy is an essential part of the therapeutic process. Research has adequately demonstrated that fathers are frequently the least engaged family member in family therapy (Berg & Rosenblum, 1977; Shay & Maltas, 1998; Walters et al., 2001). Research has also discussed in a limited manner how therapists can begin to actively engage fathers in the change process of therapy (Hecker, 1991; Nelson & Trepper, 1993). Research has not yet addressed how therapists can learn directly from the fathers themselves what prevents them from becoming as fully invested in the therapy as mothers and other family members may be. Phares et al. (2005) looked at 577 studies of parental involvement in clinical child and family therapy. They found that "a total of 277 studies (48.0%) included mothers only, 151 studies (26.2%) included both mothers and fathers and analyzed for parental effects separately, 141 studies (24.4%) included mothers and fathers but did not analyze their data separately or more commonly only described their participants as 'parents' without specifying the parents' gender, and 8 studies (1.4%) included fathers only" (p. 8). These findings demonstrate a very large gap in the fathering literature and family

therapy literature. In order to better understand fathers' needs and concerns in family therapy, researchers must begin talking directly with the fathers to learn about their unique needs and concerns in family therapy.

Such research has great value for both the fathering literature base and the family therapy literature base. This study helps close the gap between what research says about the value of father engagement in family therapy and how therapist might better engage fathers. It provides only a starting point from which other studies can address specific strategies that families and therapists could use to maximize facilitators and minimize barriers. By identifying and working with barriers to engagement in family therapy, therapists would have a greater ability to create the safest and most empathic therapeutic environment possible, thereby enhancing the opportunity for lasting systemic change in the family.

By helping fathers remove the barriers to engagement in family therapy, therapists can also help them become more involved parents. This effect would not come exclusively from the presumed benefit of therapy, however. It would also come from the fathers' engagement in an aspect of responsible parental involvement (Lamb et al., 1987). By taking a more active role in the process of family therapy, fathers display a certain amount of ownership in the parenting process. Additionally, the barriers that keep fathers from fully engaging in therapy are often very similar to barriers that keep fathers from engaging in other aspects of responsible parenting (Brooks, 2003; Walters, 1997). By addressing those barriers in the therapeutic context, fathers would be better equipped to address barriers in their daily parenting lives.

Theoretical Framework

Three primary theoretical frameworks guided the development and execution of this study: Family Ecology theory, Bowenian theory, and Feminist Family Therapy theory. Although each theory is unique and addresses different aspects of fathers and family therapy, they collectively provide a coherent understanding of fathers in therapy that serves as the foundation for the conceptualization and execution of the research. Furthermore, there is some overlap of many theoretical concepts that inform the research, as illustrated by the theoretical map (see Figure 1.1, p. 18). This overlap, however, does not indicate redundancy, due to the different yet complementary perspectives that each theory brings to each theoretical concept.

Family Ecology Theory

Human ecology places the individual as the primarily object of study: How does the environment and the individual affect each other? What contextual factors hinder development? What factors allow the individual to thrive? These questions are at the heart of human ecology, the study of humans within their environments (Bubolz & Sontag, 1993). Family ecology has grown out of human ecology as a way to understand the family within its particular context. Family Ecology expands the object of study from the individual to the family system, thereby observing the family as the developing entity. Family ecologists are interested in the environmental and systemic factors that help or hinder family development over time (Bahr & Bahr, 1996).

The family is a controlled system. The familial boundaries, which may have varying degrees of diffusion or rigidity, regulate the family's interaction with the environment and helps the family system regulate its subsystems (Griffore & Phenice, 2001). Although families are dynamic, self-created, self-maintained, and often self-destructing systems, they also exhibit certain qualities of cybernetic systems, in that they transmit and control information by using feedback loops in the environment. Their regulation attempts to achieve a preferred state of homeostasis. As they receive feedback about the system, families execute an error correction to guide the family toward that preferred state (Becvar & Becvar, 1999). Griffore and Phenice (2001) describe this error correction as occurring in response to the family system's bombardment of information and other energies from the environment. The family, like all controlled systems, uses information regulators to control the input, output, and throughput of information. This often manifests as a family member or members who control familial access to environmental elements or control the exchange of information within the family system. For example, a mother who sees her duty as the mother to take care of the children in every regard may not even attempt to communicate information to the father about family therapy with the children, regardless of whether or not the father wants that information, thereby controlling familial information and processes (Allen & Hawkins, 1999).

This study utilized Family Ecology theory because of its systemic view of family development. Family members develop and interact in such a complex manner that any attempt to address problems within the family must address the

systemic factors both within the family and within the family's environment. This study assumed that fathers' barriers and facilitators to therapy exist both within the individual and within the environment. Family Ecology theory provided a lens for the research to address all barriers and facilitators, regardless of where they exist.

Bowenian Theory

Bowen Family Systems theory, or Bowenian theory, postulates that human relationships are driven by two counterbalancing forces: individuality and companionship. As naturally social beings, humans seek out and enjoy companionship, but people also seek out and enjoy independence (Nichols & Schwartz, 2004). Achieving and maintaining a balance between the two forces is a major task of family members. The defining characteristic of Bowenian theory and therapy is the concept of differentiation, which is a way of characterizing the balance (or imbalance) of those two counterbalancing life forces (Kerr, 2003). Differentiation is the way in which people can separate emotion from reason in their relationships with other people. By distinguishing between emotion and reason while giving proper credence to both, people are better able to interact rationally and appropriately with others, rather than simply reacting to them. This, in turn, provides the individual with the resources to adequately handle the anxieties of interacting with others. By allowing emotions to dominate reason, however, individuals must use other, more destructive methods of moderating anxiety in relationships (Kerr & Bowen, 1988).

Although Bowenian theory has become widely accepted by many family therapists, it has also come under considerable criticism from feminist therapists for devaluing emotions, and thereby devaluing the feminine experience (Knudson-Martin, 1994). This has led to a re-conceptualization of differentiation by many Bowenian therapists. Knudson-Martin (2002) describes differentiation in a more feminist-informed way that values both the connected and separate selves. Her model conceives individuality and togetherness as reciprocal dimensions of a person's personality, each with separate capacities, requiring the development of skills and competencies in order to achieve them. These skills and competencies include learning not to rely primarily on reason or emotion because extreme disengagement or enmeshment are both signs of emotional fusion (i.e. low differentiation). In other words, people with low levels of differentiation handle anxiety by unhealthy means, usually cutting themselves off or becoming enmeshed.

This study utilized Bowenian theory to address anxiety within the family system. Some fathers may be purposefully disengaged from family therapy because of the anxiety that family therapy can produce (Guillebeaux, Storm, & Demaris, 1986). By avoiding therapy, fathers may mistakenly believe that they can avoid family anxiety. In reality, such avoidance often has the opposite effect (Brooks, 1998). By recognizing the anxiety inherent in family therapy and fathers' aversion to facing that anxiety, this study addressed how anxiety potentially functions as a barrier to engagement in therapy.

Feminist Family Therapy Theory

Feminist Family Therapy theory (FFT) began more as a critique of traditional family therapy than an actually model of therapy. It has since evolved into a clear therapeutic posture and philosophy, rather than a concrete model of therapy (Silverstein & Goodrich, 2003). FFT recognizes the necessity of giving a voice to the oppressed and silenced victims of families. Typically, these oppressed and silenced victims are the women and children of the family. Because of their privileged status in society and the family, men have traditionally had a privileged status in the therapy room as well, despite their reluctance to engage in therapy (Freedman & Combs, 1996). Philpot (2001) describes how traditional family therapy was originally developed and practiced by theorists and therapists who "conceptualized families through a lens colored by a patriarchal value system" (p. 622). As previously mentioned, these early family therapists tended to place greater value and importance on traditionally male characteristics, such as autonomy and rationality, and described family problems as resulting largely from a reliance on female characteristics, such as emotionality and affiliation. Additionally, these therapists ignored the very real power differentials between men and women in society and placed a high value on therapeutic neutrality and circular causality (Silverstein, 2003). FFT, however, acknowledges that men are in an inherent position of power in the family system which is firmly rooted in history and society. Furthermore, assuming circular causality and taking a neutral stance maintains that all family members have just as much influence in the family system as other family members. Contextually,

however, this is impossible, given the gender inequities of power in society (Walsh & Scheinkman, 1989).

FFT, therefore, understands the extremely powerful role that gender plays in all systems, often dominating the assignment of roles and responsibilities for both men and women. Feminist therapists attempt to address the inequities of a system by becoming an advocate for the least powerful family member. The therapist takes an overtly biased position that recognizes the function of gender role socialization in the lives of both male and female clients. This includes recognizing that socialized gender constrains both women and men, as Dienhart and Avis (1994) write:

> We must not only rethink our stereotypical notions about women in families, but... we must also take a closer look at how traditional masculine models constrain our understanding of men and of their patterns of intimate interaction. (p. 413)

Generally, feminist therapists understand that socialization and sex-role stereotypes affect both genders in different ways. FTT advocates gaining a better understanding of the role gender plays in the client's life and relationships, regardless of whether the client is male or female (Brooks, 2001). This often means understanding the ways that many men live in a world of self-imposed oppression and normative alexithymia, which is the inability to discuss or even acknowledge the depth and complexity of their emotions (Levant, 1998). Men live in a patriarchy that socializes them to portray an attitude of autonomy, confidence, and competence (Silverstein, 1996). This often leads them to deny any potential problems they may have, especially if the men are primarily responsible for the problem. Consequently, many men develop an almost

instinctual attitude that rejects all outside help, believing that a "real man" can deal with any problems on his own. They keep their problems to themselves, whether the problems are emotional, relational, or otherwise (Philpot, Brooks, Lusterman, & Nutt, 1997).

FFT, however, provides men and therapists a way to effectively overcome the socialized patriarchy. One feminist therapist's experiences with her male clients showed her that feminism could be mutually beneficial for men and women (Slive, 1986). She remarks about her clients' pain as they explore their lives with her. Despite her identity as a woman and a feminist, they were able to open up to her in a way that even some of her non-feminist, male colleagues envied. She believes that the feminist movement, although focused on women, can have equally beneficial effects for men:

> Perhaps men are finally realizing that patriarchy might give them power, but it does not give them happiness. In fact, patriarchy may be just as bad for their health as it is for the women's.... The women's movement has helped give [many men] a new awareness of relationships and a new desire for greater equality. (p. 82, 84)

Although few feminists had begun talking about how men fit into feminist therapy, Slive (1986) understood the far-reaching implications that such a movement could have. She related to her clients because of something common to the human experience, especially in therapy: pain. Walker (2001) further discusses a feminist perspective of men's emotional pain not as independent from that of women, but linked by the common denominator of socialized oppression. Although male oppression is rarely as destructive or overt as female oppression, largely because men bring the oppression on themselves, it causes pain

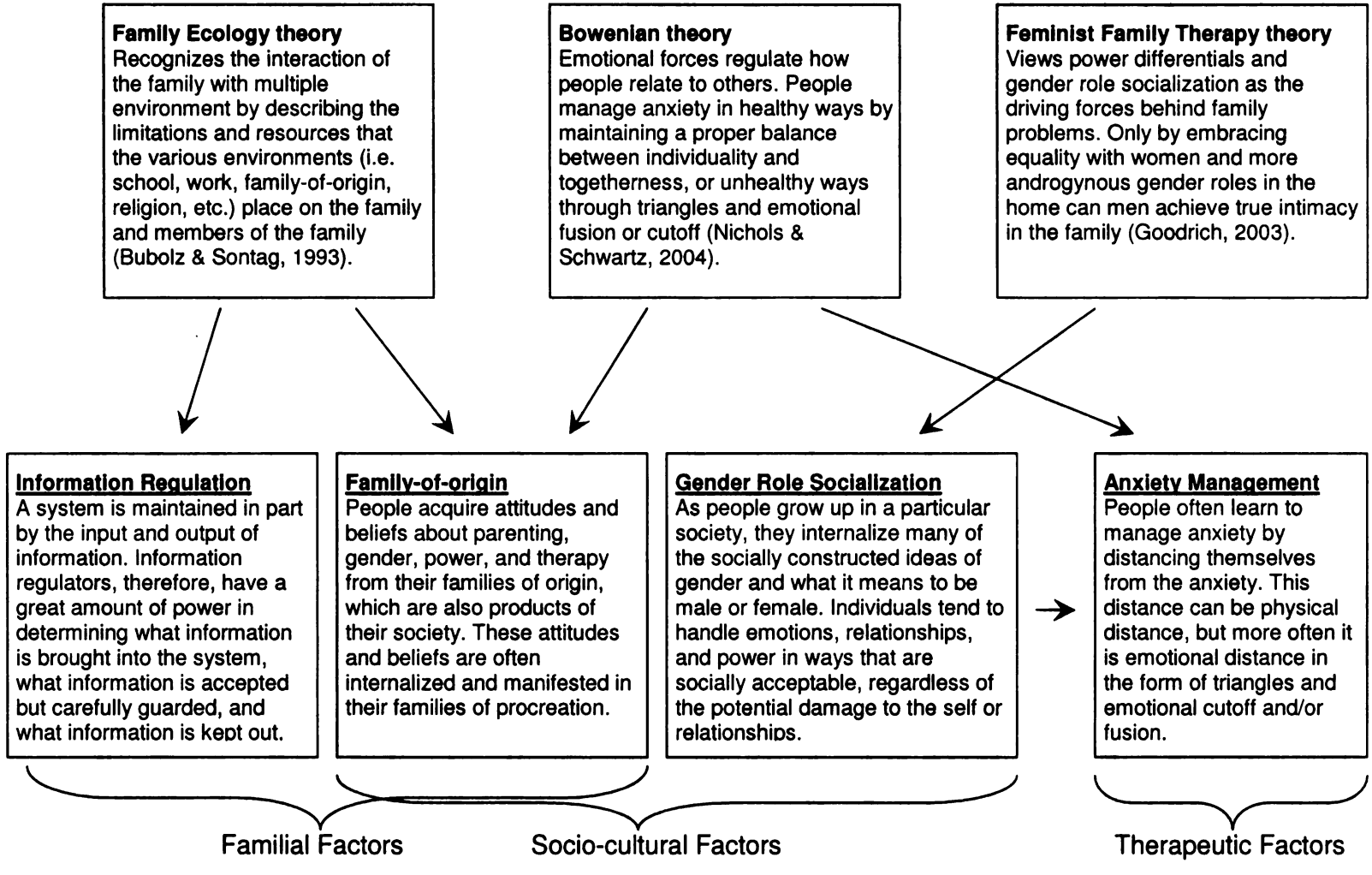
nevertheless. This pain often mutates into anger or a drive to achieve certain status, essentially reasserting a man's "maleness."

This study utilized FFT because of its emphasis on gender and power ideologies in the therapeutic context. The existing literature acknowledges that mothers are more engaged in family therapy and responsible parenting in general (Shay & Maltas, 1998; Walters et al., 2001; Wood & Repetti, 2004). This obvious division along gender lines provides an excellent opportunity for FFT to address environmentally-constructed gender ideologies present within the therapeutic context. FFT is also a good fit because of the manner that it addresses power differentials within the family (Allen & Hawkins, 1999; Komter, 1989; Philpot, 2001). This study utilized FFT to assess the roles that gender and power potentially play in fathers' barriers and facilitators to family therapy.

Theoretical Map

The three theories that informed this study are identified and briefly described in the theoretical map (Figure 1.1). This map shows how these theories influenced my conceptual understanding of the broader theoretical concepts. The map further groups the concepts based on whether they best relate to familial factors, sociological factors, therapeutic factors, or a combination of factors related to barriers and facilitators to family therapy.

Figure 1.1 Theoretical Map



As previously discussed, Family Ecology recognizes the interaction of family members both within the family and between the family and the environment. Information regulation refers to how the family system organizes the energy and information within the system. It also refers to how the family system regulates its boundaries. Family systems are maintained, in part, by the input, output, and throughput of information. Information regulators, therefore, have a great amount of power in determining what information is brought into the system, what information is accepted but carefully guarded, and what information is kept out (Griffore & Phenice, 2001). For example, if the father of a family maintains all of the financial records and does not share the information with the other family members, then he is regulating family financial information, both within the family and between the family and environment.

Family Ecology also emphasizes the strong effect that an individual's family-of-origin has on relational development and how the individual acquires dominant attitudes and beliefs about the family. Family ecology describes the family's environment as consisting of the natural, human-built, and socio-cultural environments. Within the socio-cultural environment lies the family-of-origin. This microsystem is generally the individual's first and most powerful socio-cultural influence. The family-of-origin infuses the individual with its ideas, values, attitudes, and beliefs. Even once the individual is grown and making his or her own decisions, the effects of the family-of-origin are still felt. Whether the individual embraces or rejects the family-of-origin's ideology, the developmental

process is deeply impacted by the influence of the family-of-origin (Bubolz & Sontag, 1993).

Bowenian theory provides a different yet complementary explanation of the family-of-origin's effect. The family-of-origin, which usually refers to the original nuclear family of an adult, provides the primary example for the developing individual of how to manage anxiety (Bowen, 1978). The individual may learn from the family-of-origin to avoid emotion and run from anxiety, literally or figuratively, or properly manage anxiety by balancing emotion and reason in relating to family members. This method of dealing with anxiety, whether healthy or not, is transmitted to future generations in what Bowenian therapists refer to as "multigenerational transmission process" (Kerr, 2003). Future generations, therefore, feel the effects of previous families-of-origin's methods of managing emotion through this process.

The way that individuals are socialized into gender roles also influences the way that they manage emotion. As previously described, men are socialized to avoid emotional expression, while women are socialized to be expressive and emotionally engaging (Levant, 2003). Men typically manage anxiety in relationships by either running away from the source of the anxiety or responding with anger, one of the few emotions socially acceptable for men. Women, however, typically manage their anxiety in more openly emotive and expressive ways (Levant, 1998).

The social systems that men and women exist in are embedded in a biological and evolutionary history that required men to be aggressive and

women to be protective and domestic. As the human species has evolved both culturally and genetically, however, much of the need for these gender-specific roles has largely disappeared. Yet the instinctual drives towards aggression and protection are still present in the genders (Pelligrini & Archer, 2005). The gender-specific methods of interacting with others and managing emotions are not entirely physiologically oriented, however. The ways that men and women are socialized differently have much to do with how they manage anxiety differently. Feminist Family Therapy theory (FFT) helps researchers understand this relationship by placing the gender role socialization in the center of the issue. Gender role socialization refers to how people internalize many of the socially constructed ideas of gender and what it means to be male or female (Silverstein & Goodrich, 2003). Individuals tend to handle emotions, relationships, and power in ways that are socially acceptable, regardless of the potential damage to the self or relationships. When it comes to emotions in men, Levant (2003) describes this socialization as "normative male alexithymia", which he believes is very common and wide-spread:

> Male gender role socialization, through the combined influences of mothers, fathers, and peer groups, suppresses natural male emotional self-awareness and expressivity. Thus boys grow up to be men who cannot readily sense their feelings and put them into words. Therefore, they are normatively alexithymic. (p. 177)

Men are socialized to avoid emotional expression, and the family-of-origin is a prime mechanism of that socialization. Of course, FFT's interpretation of gender role socialization also extends into the way men and women understand their roles within the family. Women have traditionally been socialized to emphasize family nurturance and connections, while men have traditionally been socialized

to emphasize authority and leadership, both inside and outside of the family (Brooks, 2001). The nuances of male and female gender roles necessarily influence the way they interact within the family context.

Each of the four concepts described in the theoretical map (information regulation, family-of-origin, gender role socialization, and anxiety management) are grouped according to the types of factors that it conceptually describes. Information regulation and family-of-origin are conceptualized as familial factors because their development is influenced primarily by the family. Family-of-origin is also a socio-cultural factor because of the way it develops and functions as a product of its socio-cultural setting, specifically apart from family history. Gender role socialization is a socio-cultural factor because of the way that ideologies related to gender and power are constructed primarily within the socio-cultural setting. Finally, anxiety management is a therapeutic factor because the methods and strategies that people use to help manage anxiety are largely avoided outside of the therapeutic setting. Within the therapeutic context, however, people can feel safe enough to overtly address their anxiety management and processes in a non-threaten way. Of course, a great amount of trust in the therapist and the therapeutic process must be present for such safety to occur.

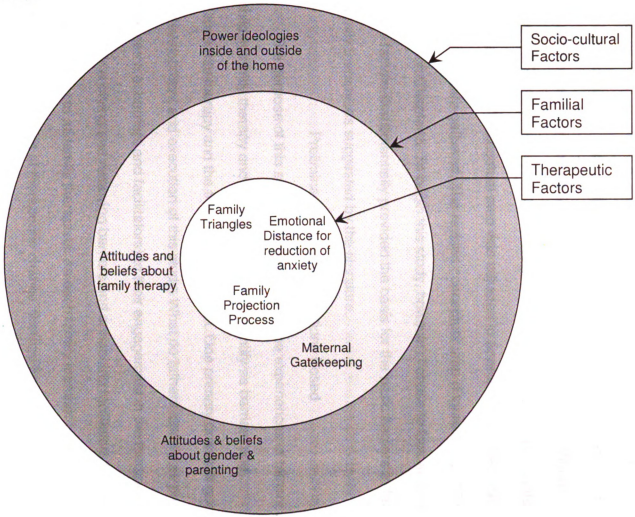
Conceptual Map

Specific concepts originally believed to be relevant to this particular study relate to the three levels of factors described in the theoretical map. The conceptual map (Figure 1.2) displays each of these levels as three concentric circles. Each inner circle also represents the embedded nature of that factor

within the larger outer circles. Therapeutic factors are inherently embedded within the familial factors, and the familial factors are inherently embedded within the socio-cultural factors. Each concept listed within the circle of a particular factor was also understood within the context of each outer circle. Taken as a whole, the conceptual map illustrates what I believed to be the core factors behind fathers' barriers and facilitators to engagement in family therapy at the beginning of this study.

Attitudes and beliefs about family therapy and maternal gatekeeping were both conceptualized as familial factors because they develop primarily within the family context. Attitudes and beliefs about gender and parenting and power ideologies were conceptualized as socio-cultural factors because they often develop primarily as a result of the dominant socio-cultural beliefs and norms about gender, parenting, and power. The family projection process, and family triangles, and emotional distance for the reduction of anxiety were conceptualized as therapeutic factors because they are largely unacknowledged and unaddressed outside of the therapeutic context.

Figure 1.2 Conceptual Map



These seven factors represent the different types of barriers and facilitators that I expected to emerge from the data. Each research question described below was derived directly from one of the seven anticipated factors. Through the course of conducting the study, however, these were refined, subtracted, and added to in order to reflect the responses of the participants. Consequently, the conceptual map was adjusted to appropriately reflect the nature of the data gathered. The revised conceptual map (Figure 5.1, p. 179) is discussed in Chapter 5. To begin this study, however, I chose to look at seven specific factors that potentially provided the basis for the basic barriers to fathers in family therapy, as suggested by the literature.

Preliminary Research Questions Posed

The purpose of this study was to illuminate the experiences of fathers with a child in family therapy and discover what they identify as barriers and facilitators to therapy and the therapeutic process. One primary question guided the development and execution of this study: What do fathers identify as primary influences (i.e. barriers and facilitators) to their engagement in the therapeutic process? Identifying and removing barriers and enhancing facilitators to therapy is a goal central to all family therapists. As each family member becomes more engaged in the process of therapeutic change, therapy has a better chance of aiding lasting, positive change (Jackson & Chable, 1985). Each major research question relates directly to one of the factors illustrated in the conceptual map, as illustrated in Table 1.1. The specific research questions that were explored in this study are:

1) How do fathers' preexisting ideas about family therapy influence their engagement in family therapy?
2) How does the mother's possible role in mediating parenting (i.e. maternal gatekeeping) influence fathers' engagement in family therapy?
3) How do fathers' attitudes and beliefs about gender and parenting influence their engagement in therapy?
4) How does the parental power structure influence fathers' engagement in therapy?
5) How does a father's emotional distance within the family influence his engagement in family therapy?
6) How does the family projection process, defined in Chapter 2, influence father engagement in family therapy?
7) How does the presence or absence of family triangles, also defined in Chapter 2, influence father engagement in family therapy?

Table 1.1: Theoretical Flow

Theory	**Theoretical Construct**	**Barrier/Facilitator Factor Type**	**Conceptual Component**	**Research Question**
Family Ecology Theory	Information Regulation	Familial Factors	Maternal Gatekeeping	How does the mother's possible role in mediating parenting (i.e. maternal gatekeeping) influence fathers' engagement in family therapy?
	Family-of-origin	Socio-cultural Factors	Attitudes and beliefs about gender & parenting	How do fathers' attitudes and beliefs about gender and parenting influence their engagement in therapy?
Feminist Family Therapy Theory	Gender-Role Socialization	Socio-cultural Factors	Power ideologies inside and outside of the home	How does the parental power structure influence fathers' engagement in therapy?
Bowenian Theory	Family-of-origin	Familial Factors	Attitudes and beliefs about family therapy	How do fathers' preexisting ideas about family therapy influence their engagement in family therapy?
	Anxiety Management	Therapeutic Factors	Emotional Distance for reduction of anxiety	How does a father's emotional distance within the family influence his involvement in family therapy?
	Anxiety Management	Therapeutic Factors	Family Projection Process	How does the family projection process influence father engagement in family therapy?
	Anxiety Management	Therapeutic Factors	Family Triangles	How does the presence or absence of family triangles influence family therapy?

CHAPTER TWO: LITERATURE REVIEW

Introduction

The three groups of factors illustrated on the conceptual and theoretical maps (i.e. socio-cultural factors, familial factors, and therapeutic factors) provide the basic framework for characterizing the barriers and facilitators to fathers in family therapy. The existing scholarship on fathers in family therapy can likewise be characterized along similar lines. This chapter reviews that existing scholarship by addressing the socio-cultural factors related to fathering roles and resources, the familial factors related to father involvement, and the therapeutic factors related to men in therapy. These three sections provide the contextual foundation for the research and bring to life the seven factors illustrated on the conceptual map (see Figure 1.2, p. 24).

Fathering Roles and Resources

Garbarino (2000) writes, "the role of the father is intrinsically ambiguous and relies upon cultural prescription" (p. 13). The script that fathers are expected to follow is fluid and culturally shifting ways that the script for motherhood does not. Paternity is frequently in doubt, and belief in one's paternity is always an act of faith based in a particular relationship and person, DNA testing aside. As Garbarino describes, therefore, fatherhood is essentially a social invention with culturally and contextually diverse forms. Parke (1995) further identifies fathers' roles in child-rearing as less clearly defined than mothers', which he claims renders fathers somewhat dependent on mothers to identify and understand the necessary information and appropriate behaviors for the role of father. For much

of Western history, the cultural prescription for fathers has been very limited, especially with issues of direct caretaking, because of the ambiguity and shifting ideals for fathers.

Lamb (2000) outlines a brief history of fatherhood that describes the four distinct roles that have dominated cultural prescriptions of fatherhood: moral teacher or guide, breadwinner, sex-role model, and new nurturant father. During the Puritan age, fathers commanded a strong, overt moral model of what they wanted from their children, especially sons. Around the time of centralized industrialization, fathers came to be defined largely by their responsibility for breadwinning, which frequently took the fathers out of the home and family environment. This quickly became the sole criterion by which "good fathers" were evaluated. Although breadwinning and moral guidance remained important, the popular and professional culture in the 1940s post-war era shifted focus to the father's function as a sex-role model, especially for sons, to show boys what a "real man" is.

Nash (1965) examined the opinions of sociologists and psychologists on child-rearing through the early 1960s. He found that researchers and clinicians largely ignored fathers in matters of child-rearing, and he concluded that "the relative neglect of fathers may have distorted [clinical] understanding of the dynamics of development" (p. 290). The mid-1970s saw the birth of the fourth role type, the new nurturant father. For the first time in modern Westernized society, culture began to emphasize the need for fathers to share in the day-to-day care of their children and directly nurture their children. Unlike his

predecessors, the "New Father" was expected to be present at the child's birth, to be actively involved with children and infants as they develop and mature, and to be equally involved with sons and daughters (Lamb, 2000).

This shift occurred at least in part because of the changing roles of women and the recent influx of women into the labor market over the past 30-40 years. As mothers' time became more limited at home, society has seen the need for fathers to be come more involved and directive in parenting. Many sociologists were hopeful that fathers would take up some of their wives' former responsibilities, including many childcare responsibilities (Cowan & Cowan, 1987). Unfortunately, this hope has not fully materialized. Recent studies of father involvement have found that fathers spend approximately one-third of the time mothers do in caring for their children (De Luccie, 1996; Feldman, 2000; Gable, Belsky, & Crnic, 1995; Lamb, Pleck, Charnov, & Levine, 1987; Stright & Bales, 2003). This indicates that while the new nurturant father may still be a sociological ideal, it is far from a reality

Despite the advances in the cultural and employment strata that women have made, fathers have not fully overcome male stereotypes with regards to household tasks and child rearing duties. Although there have certainly been movements in both the popular and professional arenas of Western cultures to help men break those stereotypes, those movements have typically perpetuated the myth that housework and childcare are inferior and less noble than working as a wage-earner. They have often aimed at merely helping men adjust to the inevitable cultural shift associated with the women's movement, rather than

embracing active child rearing as a meaningful, dignified pursuit. Many popular and a few professional authors have written books aimed at helping the genders "understand" one another. Books such as *Men Are From Mars, Women Are From Venus* (Grey, 1992) and *The Surrendered Wife* (Doyle, 2001) attempt to explain the socialized gender differences between men and women as not only normal but inherent to the identities of men and women. Such fatalistic ideology, however, only serves to further isolate the genders by emphasizing differences, thereby supporting the flawed belief that women are naturally better caregivers than men and carry an innate, superior understanding of caretaking that men can never possess (Engle & Breaux, 1994).

Although researchers have become aware that fatherhood is in many ways unique and different from motherhood (Cox, Owen, Henderson, & Margand, 1992; Lamb, 1986; Pruett, 1993; Rossi, 1984), studies have found that men can be just as effective parents as women, despite the social assumption against it (Lamb et al., 1987; Stright & Bales, 2003; Van Egeren, 2003, 2004; Volling & Belsky, 1992). The general deferral of fathers to mothers regarding responsibility for child rearing duties is not a function of biology but sociology (Sheinberg & Penn, 1991). Fathers are socialized to believe that they are inadequate alone as parents, just as mothers are socialized to believe that they should be wonderful parents simply by virtue of being a woman (Freedman & Combs, 1996; Sheinberg & Penn, 1991). What often distinguishes the very real differences in parenting abilities between mothers and fathers, however, is the

level of responsibility that each parent takes for the child (Duke, 1998; Lamb et al., 1987).

Ehrensaft (1995) conceptualizes the parental divide as the difference between "doing" and "being", meaning that those fathers who are involved can often separate the act of parenting (i.e. "doing") from their own sense of self (i.e. "being"), whereas mothers sometimes have much more difficulty doing so . She further explains that fathers and mothers would both be well-served to learn how to do a better job of "being" and simply "doing" respectively. The gap between the typical level of maternal responsibility and paternal responsibility is most obvious when describing parental responsibility for the day-to-day emotional, psychological, and spiritual development of the children. The prevailing belief is that fathers as a group do not feel as much responsibility for the day-to-day aspects of child development as mothers do (Okagaki & Bingham, 2005). Engle and Breaux (1994), for example, claim that although culture expects fathers to be equally involved in their children's lives, fathers may actually be "technically present but functionally absent" (p. 5). In other words, they may do the job, but they do not provide the nurturing that mothers tend to provide. The authors recognize that while the new fatherhood has engaged society into acknowledging an ideal of equal partnership with the mother, this acknowledgement may be more mythical than real.

On the other hand, Dienhart (1998) study of high-functioning co-parents found that many fathers have indeed made significant changes to their family roles. She illustrates several ways that couples have utilized the resourcefulness

of both mothers and fathers to deliberately co-create alternatives to traditional parenting roles: "Both the woman and the man can cover the basic functions of parenting, but they may have different forms, or ways of getting the job done. ... They typically concluded that they value their differences" (p. 102). Dienhart's research provides strong indication that while father involvement has not completely risen to the level of mothers, the trend indicates that more fathers see active, responsible involvement as an essential component to their identity as fathers. Additionally, more mothers are working with fathers to facilitate involvement that is equitable for each parent in terms of time spent parenting, the type of parenting task, and the quality of involvement.

Many feminist theorists, however, argue that the majority of fathers continue to defer to mothers in regards to childcare and child development, despite the rising responsibility of mothers outside of the home and due to the continued patriarchal power structure of most families (Silverstein, 1996). Luepnitz (1988) claims that men largely continue to maintain their hierarchical position of power in the family, which is reinforced by the parallel role of men in the larger society. She claims that this position of power restricts the lives of women and children by supporting a culture that advocates paternal responsibility for wage-earning and other familial duties outside of the home and maternal responsibility for most household and childrearing matters. By removing himself from the responsibility of child rearing, the disengaged father is in essence dictating that the mother must bear the brunt of parental responsibility alone. He further aids in his own familial isolation and parental ignorance by

insisting that his job, hobby, or other activity take temporal priority over the family. Of course, paternal disengagement is further exacerbated by maternal gatekeeping, which is discussed in greater detail later in this chapter.

Father Involvement

Levels of Father Involvement

Although research into father involvement has become quite abundant, only certain aspects of father involvement have acquired a moderately large body of literature. Lamb (2000) describes that fatherhood has been a frequent area of inquiry since the idea of the new nurturant father emerged in the mid-1970s. Initial research attempted to define and qualify father involvement by identifying the tasks and amount of time fathers spent with their children (DeFrain, 1979; Quinn & Staines, 1979; Rebelsky & Hanks, 1971). A common problem with this early research, however, was the vastly different results that different studies generated. For example, Rebelsky and Hanks (1971) found that the average father spent as little as 37 seconds per day with his children. DeFrain (1979), however, found that the average amount of father involvement topped eight hours per day. Such drastic discrepancies spawned inquiry into why the data varied so much.

Other father involvement research, however, moved beyond merely the tasks and time that fathers spend with their children to focus on how fathers understand the role that they play in the lives of their children. Greenberg and Morris (1974), for example, pioneered the research into fatherhood as adult development. Their work, originally conducted in the 1970's, focused on the

impact of a newborn on the father. Greenberg and Morris summarize the anthropological evidence of an infant's impact on the father:

> Many primitive cultures directly stress the father's role in childbearing. In some cultures, the father is required to remain in bed during the period of delivery and for some days thereafter. At the time of birth he mimics the labor and goes through the motions of having a birth. In many primitive cultures men hold and caress infants and show considerable interest and enjoyment of babies.... In our attempt to describe this involvement of the father with his newborn, we will employ the term *engrossment*, by which we refer to a sense of absorption, preoccupation, and interest in the infant. (p. 88)

The word *engrossment* appropriately describes the feelings attributed to a parent's first reaction to his or her newborn child. Fathers react out of sense of pride and self-fulfillment. Mothers, on the other hand, while still feeling great pride and self-fulfillment as well, often react out of the additional feelings of duty and obligation to the young child. Much of her engrossment is tied up in the responsibility she feels for the child (Feeney, Hohaus, Noller, & Alexander, 2001; Parker-Gaspard, 2001). The father, though, reacts almost exclusively from an emotional perspective that has a profound effect on him. Greenberg and Morris (1974) describe that the father feels something greater than himself has happened to him. Whether this is intimidating, exhilarating, or both varies from father to father depending on the circumstances of the birth.

Michael Lamb (Lamb, 1975, 1980, 1982; Lamb, Frodi, Hwang, & Frodi, 1983) began a trend towards a more complete understanding of fatherhood, beginning with his research into the real effects of paternal involvement, as opposed to the presumed effects. He determined that the need for more comprehensive research of fathers stemmed from previous research that "implied that the father plays essentially no role in the social development of the

infant, while in later childhood he is believed to be a crucial figure in sex role and moral development" (Lamb, 1975, p. 246). In 1980, Lamb described recent findings of similar levels of parental sensitivity between fathers and mothers. He claimed that fathers and infants often developed secure attachments, despite the relative lack of time spent with each other. This attachment was not, however, at the same level as the mother-infant attachment. Lamb believed that the sex role expectation of mothers, that they were the primary caregiver to an infant, contributed to this difference. During the second year of life, though, fathers begin to focus more energy on their sons in an unconscious effort to develop a masculine identity within their sons. Their interactions with their daughters often remained the same as before. Lamb's (1980; 1982) studies, therefore, highlight fathers' ability to effectively parent their infants and have a significant, beneficial effect.

Despite its groundbreaking nature, Lamb's research did not fully describe the nature of involvement or define what father involvement is in practice. There is much discrepancy about whether father involvement can simply be measured in time spent with the child or if a definition of father involvement should also address what the father and child do when they are together and how invested the father is in parenting. Shapiro, Diamond, and Greenberg (1995) describe three different perspectives that researchers usually take when attempting to define father involvement: the social perspective, which looks at the social concerns of fathering such as social roles, shifting expectations, and the lack of effective role models; the developmental perspective, which looks at fathers' role

in the child's development, as well as their own; and the clinical perspective, which looks at the psychodynamic dimensions of fatherhood and fathers in treatment.

Doherty, Kouneski, and Erickson (1998) define paternal involvement, or as they call it "responsible fathering" (p. 278), as a value-laden set of desired norms for how a father should be with his children, including behavior, speech, activities, and modeling. Obviously, this presents an idealized version of father involvement, and fathers who are not involved at this level may still be involved at another, significant level. Hofforth and Anderson (2003) define paternal involvement as the father having any relationship with the child at all. This illustrates the belief that the term "father involvement" can reflect a wide range of behavior and levels of investment, with almost no real definition of father involvement.

Lamb et al. (1987), however, proposed a conceptual framework for understanding father involvement "to identify and define the different processes that father involvement in childrearing might entail" (p. 7). This framework categorizes involvement according to a threefold typology: engagement, accessibility, and responsibility. They define engagement as actual one-on-one interaction with the child. Engagement includes but is not limited to feeding the child, playing catch, and talking with the child. However, it does not include time spent in child-related housework or activities away from the child, regardless of how the activity relates to the child. They describe the second category of involvement, accessibility, as a less intense degree of interaction. Accessibility

refers simply to the level of availability of a parent to the child. This can include physical accessibility, but it may also refer to mental, emotional, or relational accessibility. For example, an alcoholic father may be physically accessible to his child, but his potentially drunken state may render him mentally or emotionally unavailable to his child. Lamb (2002) describes the difficulties that children experience when fathers are inaccessible to their children, physically or otherwise. Although he claims that the findings are controversial, the consensus is that "children are better off psychologically and developmentally [when both parents are accessible to the child]" (p. 171). Although he emphasizes that many children with abusive or otherwise destructive fathers are certainly better off without their fathers than with them, they arguably still suffer a disadvantage when compared to children who have the benefit of two-parent accessibility (Amato & Gilbreth, 1999).

The final category of involvement, responsibility, may be the most difficult to define, but it potentially represents the ownership of the parenting process that the parent may possess. Responsibility involvement, as defined by Lamb et al. (1987), refers to the role the father takes in ascertaining that the child is taken care of and arranging for resources to be available to the child. This includes, but is not limited to, taking responsibility for childcare, doctor appointments, and other managerial tasks related to the child. That is not to say that a parent who engages in such activity is necessarily engaging in responsible involvement. The important factor is the level of initiative that the parent takes for these activities. For instance, a father may make doctor appointments, call the babysitter, or

bathe the child, but he may do so simply at the request of the child's mother, having taken no initiative of his own to see that these tasks needed attention. A father who is engaged in responsibility involvement, however, adequately recognizes when these tasks are necessary and takes his own initiative to execute these tasks. Lamb (2000) proposes that responsibility involvement reflects the level of investment in the parenting process because the parent must constantly be aware of the child's needs, anticipating them based on his intimate knowledge of the child. This level of involvement, while seemingly mundane and lacking quality, is important for dedicating the self to parenting in all aspects. It is what separates the responsible parents from the adults who simply care about the child and spend time with the child (Duke, 1997; Lamb et al., 1987). Despite the great attention in literature and research that father involvement has garnered, little research has assessed the investment and ownership of fathers in the parenting process.

Many studies have focused on the level of engagement or accessibility fathers have with their children (Lamb et al., 1987; Pleck, 1983, 1997), but fewer have focused on the level of responsibility a father takes for the child, which cannot be measured simply in tasks or minutes. Yet, responsibility seems to be a differentiating characteristic between the involvement of mothers and that of fathers. Mothers often exhibit a vested interest in their children because they have an ownership of the parenting process. Fathers, however, often see themselves as "helpers" regarding childcare, implying that it is not primarily their responsibility:

> In most families, husbands notice less about what needs to be done, wait to be asked to do various chores and require explicit directions if they are to complete the tasks successfully... most couples continue to characterize husbands contributions to housework or child care as "helping" their wives. (Coltrane, 1996, p. 175)

Although fathers may participate in caretaking duties, it is often at the request of the mother or simply done to ease the mother's burden. The current research study views engagement in the process of family therapy as a particular component of responsible involvement, necessarily signaling investment and ownership in the parenting process.

Essentially, however, father involvement cannot be as narrowly defined as a simple assessment of tasks and time. Hawkins and Palkovitz (1999) claim that "when only the temporal and observable dimensions of father involvement are emphasized, it is easy to leave out other relevant dimensions, such as psychological and emotional involvement" (p. 13). They believe that differing reports of father involvement by mothers and fathers (Parker-Gaspard, 2001; Roggman, Boyce, Cook, & Cook, 2002) may be a result of different definitions of father involvement. Mothers define father involvement in a way similar to how they would define their own involvement in the child's life. Fathers, on the other hand, may define father involvement in terms of more ecological factors having to do with the long-term emotional and psychological development of the child.

When framed in this manner, the problem of father involvement becomes less about motivating fathers to get involved and more about coming to an agreement of a definition of father involvement. Palkovitz (1997) proposes a nondeficit, generative fathering approach that would contribute to broadening the construct of involvement to capture more effectively men's experiences of their

fathering work, thereby opening them up to greater engagement in more day-to-day tasks of parenting. He identifies three primary domains of father involvement: cognitive, affective, and behavioral. The cognitive domain entails reasoning, planning, evaluating, and monitoring. The affective domain entails the emotions, feelings, and affection that accompany the paternal bond. The behavioral domain is the traditional conceptualization of father involvement, entailing overtly observable manifestations of involvement, such as feeding, talking to, teaching, and playing. By attempting to force fathers into a single domain of father involvement and negating all other areas, therapists, social workers, and mothers are denying fathers their own significant contributions that they already make.

A more appropriate model would be to acknowledge and accept these contributions and attempt to add to it by (1) helping mothers to become collaborators, as opposed to gatekeepers, and (2) helping fathers better understand their own attitudes about parenting. By doing so, fathers would be able to acknowledge the importance of quantity time, conceding that father involvement should include the day-to-day responsibility of parenting. This is an aspect of parenting that mothers have known for centuries, but fathers now have an opportunity to better understand. McBride, Rane, and Bae (2001) describe an intervention program aimed at using teachers to encourage and facilitate father involvement in early childhood programs. By talking to both fathers and mothers, as opposed to only mothers, making overt efforts to include fathers, and assuming paternal support, the program involved significantly more fathers than the comparison site.

Such studies indicate the willingness of many fathers to become more involved and invested in the lives of their children. By socializing men and women towards very distinct, stereotyped roles, many men do not feel that they have a place in the day-to-day operations of their children's lives. They believe that their primary role is as a wage earner, and any direct involvement with the children should be "quality" time, which often excludes activities such as running child-related errands, cleaning, feeding, and dressing the children (Palkovitz, 1997). By understanding their attitudes about such mundane yet necessary tasks both fathers and mothers may be better able to shape their understanding of what it means to be a father.

Yet, simply a clearer definition of father involvement and better universal understanding of father involvement will not completely facilitate greater father involvement. There are other barriers that continue to work against fathers becoming as invested and responsible for the children as mothers are. Palkovitz (2002) describes the father's occupation as being one of the many barriers to greater father involvement. The socialization of men is primarily towards employment and career. Consequently, many men do not believe that they have a choice whether or not to have an occupation. They view employment as their primary, although rarely sole, function as a father. The amount of time devoted to being a father, therefore, is often seen as special time and time that should emphasize the quality instead of the quantity (Palkovitz, 2002). Quality in this case means that the time is focused specifically on the father-child relationship. This often excludes the mundane tasks of parenting, such as dressing, feeding,

running errands, and going to appointments. While this is an admirable quality for fathers to achieve, the lack of quantity time can take as strong a toll on the family as a lack in quality time. Obviously, if the father insists on making every moment quality time, the mother will most likely have to take part in the mundane tasks of parenting. Rasmussen, Hawkins, and Schwab (1996) as well as Roggman, Boyce, Cook, and Cook (2002) have each looked at fathers' involvement in domestic labor as well as the children's education. Both found that fathers who participated in this work were generally happier with their family life and experienced less difficulty finding time to be with their families.

Maternal Gatekeeping

Although the time commitment of work is certainly a factor in preventing many fathers from maximizing their level of involvement, there are other factors that hinder father involvement as well. Allen and Hawkins (1999), among others (see Fagan & Barnett, 2003; McBride et al., 2005), have studied the phenomenon of maternal gatekeeping. They defined maternal gatekeeping as occurring when "women's beliefs and behaviors toward men's involvement [in daily child care and household tasks] ultimately inhibit a collaborative effort between men and women in family work by limiting men's opportunities for learning and growing through caring for home and children" (Allen & Hawkins, 1999, pp. 199-200). Maternal gatekeeping is usually not an overt rejection of the father's involvement. Rather, the mother feels an obligation to have control over the matters of the home, stemming from her socialization to do so. This may cause her to criticize the father's efforts to perform child care or household tasks,

thereby inadvertently sabotaging his efforts at responsible involvement. It may also cause her to perform the child care and household duties all by herself, hoping that the father will not volunteer himself, which he often does not. If he does, the mother can claim to have everything under control, when in reality she may truly desire relief (Allen & Hawkins, 1999; Fagan & Barnett, 2003; Hoffman & Moon, 1999). The result is a father who feels like an outcast, a mother who is in need of assistance, and children who still lack significant father involvement.

Despite the prevailing opinion that mothers would prefer that fathers be more involved in child care, when maternal gatekeeping is present in a co-parenting system, it can significantly effect father involvement. For instance, McBride et al. (2005) found that mothers' beliefs about the role of the father moderates the fathers' investment in their parental roles and the actual levels of paternal involvement. Fagan and Barnett (2003) developed a model of maternal gatekeeping using path analysis that indicates a significant, negative association between maternal gatekeeping and father involvement. They found that mothers tend to exclude fathers from being involved with children when the mother believes the father to have less parenting competence. Father competence was directly linked to maternal gatekeeping and to the amount of father involvement. Gatekeeping was causally linked to amount of father involvement.

Maternal gatekeeping does not develop in a vacuum, however. Philpot, Brooks, Lusterman, and Nutt (1997) point out that women who fulfill the role of gatekeeper usually do so because of a real lack of power in other areas of their lives. These women often do not hold much, if any, influence in the business or

labor arenas and, unlike men, are not socialized to seek power in areas outside the home. Additionally, maternal gatekeepers often vigilantly protect the power that they do have because it is one of the few areas in which they can take pride and ownership. Allowing fathers to take some responsibility would mean letting go of one of the few areas that they feel that they control (Cowdery & Knudson-Martin, 2005). Men who dominate the power structure of their families, therefore, are at least partially to blame for maternal gatekeeping, even if they would prefer to be more involved.

Allen and Hawkins (1999) describe the opposite of maternal gatekeepers as collaborators, or mothers who willingly allow the father to participate in daily childcare and household tasks. Their study found that gatekeepers did five more hours of family work per week and had less equal divisions of labor than did women classified as collaborators. Deutsch, Servis, and Payne (2001) and Beitel (1990) further concluded that mothers who collaborated more were more likely to have a positive maternal and marital experience. Furthermore, their higher level of involvement in the family work gave fathers a more positive paternal and marital experience than fathers who did not engage in such tasks. This attests to the fact that fathers' involvement in the day-to-day tasks of parenting makes for a better family experience for all family members (Beitel & Parke, 1998; Feeney et al., 2001; Rasmussen et al., 1996).

Men in Therapy

With the rise of the feminist movement over the last few decades, some men have come to fear feminism as a threat to their preferred status in society,

and rightfully so. Feminism's primary objective has always been to question the existing status quo with special regard to gender and advocate for the less powerful, usually women. Because men have traditionally directed the policy and politics of Western society, both publicly and privately, any challenge to the status quo would necessarily be a blow to the stranglehold men have had on society. Yet, Kaufman (1994) writes that men have had a contradictory experience with feminism. On the one hand, men feel threatened by the way women no longer accept their secondary status. Men often believe that by giving power and status to women, it will take away from their own power and status, potentially rendering them less important as people. On the other hand, many men have used feminism as an avenue to engage in behaviors, thoughts, and emotions that were once considered inappropriate for men.

In other words, these men welcome the opportunity, subtly if not overtly, to express the pent up emotions that they have suppressed for fear they would expose weakness. Kaufman (1994) writes, "These emotions and [emotional] needs do not disappear; they are simply held in check or not allowed to play as full a role in our lives as would be healthy for ourselves and those around us" (p. 148). He goes on to say that suppression of these emotions grows out of fear – fear of emasculation, fear of exposure, fear of being conquered, and other fears associated with perceived weakness – that is personified for men in the liberated woman. By living with this fear, men experience a certain pain that is not readily recognized, but its effects can be devastating.

They often deny many emotional and relational problems that they might have, especially if they perceive themselves as being primarily responsible for the problems. Consequently, men develop an attitude that rejects all outside help, believing that a "real man" can deal with any problems on his own. Therefore, they often keep their problems to themselves, whether the problems are emotional, relational, or otherwise. Giving men the permission to attend therapy would involve nothing short of changing the perception that to be a "real man" means to handle problems alone (Meth et al., 1990; Shay & Maltas, 1998).

Emotional Distance and Alexithymia

Psychotherapy, be it individual, couple, or family therapy, should provide clients with a safe environment that is conducive to the honest expression of feelings, regardless of their nature. Yet, women are more likely than men to utilize therapeutic services (Johnson, 2001; MacKinnon & James, 1992). This is at least in part because men often use emotional distance as a way of reducing anxiety (Lazur, 1998). Psychotherapy, however, forces family members to confront their anxiety in order to work through the troublesome issues. Men are often at a significant disadvantage in therapy because male gender role socialization, through the combined efforts of mothers, fathers, and peer groups, suppresses natural male emotional self-awareness and expressivity (Levant, 1998, 2003). Consequently, boys grow up to be men who cannot readily sense their feelings and have almost no vocabulary for expressing them. Ronald Levant (Levant, 2003), the foremost researcher on this issue, calls the phenomenon "Normative Male Alexithymia". He claims that alexithymia, which literally means

the absence of words for one's feelings, is an additional hurdle that therapists and clients face with men in therapy.

Treating male alexithymia, however, is a feminist intervention because "it addresses two major facets of contemporary gender relationships: the closeness/distance reciprocity and the power-up/power-down imbalance" (Levant, 2003, p. 179). By avoiding discussion of emotional and relational problems, most men are attempting to avoid the anxiety that accompanies these problems, but they are also attempting to avoid the anxiety brought on by their difficulty in understanding, articulating, and working through their emotions associated with those problems (Levant, 1998). This dual difficulty that most men face when addressing emotional and relational problems creates a strong barrier to men's engagement in family therapy.

Erickson (1993) has identified three postures that often characterize men who come into therapy. The first posture reflects men who come to therapy in a state of confusion. Men are instructed to be rational, objective, and categorical. They often conceptualize the world in terms of finite conclusions and logical inferences. When they enter therapy, however, their logic has failed them. They enter the therapy room as a last resort with their hands in the air, ready for the therapist to say the magic word so that the world can make sense again. Another common posture of men in therapy is that of a blamer. These men believe that they have done their part to make the marriage/family/household as functional and healthy as possible. Any problem with the system must be because someone else is not doing his or her part. The third posture are the men who

blame themselves for perceived failures and enter therapy so the therapist can sweep up the mess he has made of his life and the lives of those around him. These men feel responsible for familial problems because they see their primary job as being the head of the family and the one who should hold the family together. When problems arise, they often internalize their guilt and shame until they come into therapy, feeling broken and defeated. Once a man has entered therapy, therefore, the therapist has to assess not only the presenting problem but also the man's posture towards the problem and how that posture will affect the therapeutic process. Of course, not every man will assume a posture that is difficult to work with in therapy, but the context within which they come to therapy will necessarily influence their attitude and receptivity to therapy (Wilcox & Forrest, 1992).

The therapist must understand how to work with men in therapy to facilitate change. The therapist will often have to challenge the man's accepted truths. Meth et al. (1990) identify some of these potential "truths" as the following: (1) as the "stronger sex", men must be the rock of the family; (2) connectedness and interdependence are exclusive qualities of women; (3) men are entitled to a life with a successful career and a helpful, agreeable wife; (4) rational thinking, control, autonomy, and competitiveness are always healthy and beneficial attributes. These truths present a barrier to therapeutic engagement, and the therapist must figure out how to maneuver therapy to either bypass them or change the client's mind. In doing so, the therapist engages the client and

creates a framework for change, based on concepts that are more conducive to therapy (Meth et al., 1990).

Part of the framework for change involves adequately addressing men's emotions, which men largely ignore. For men, the only acceptable emotion is anger, which, of course, leads to all kinds of problems both in and out of therapy. Underneath all anger, however, are deeper, more intimate emotions that drive the anger and give it its passion (Walker, 2001). The socialization of men to be aggressive, dominating conquerors forces men to channel all of their negative emotions into the one acceptable emotion of anger. If therapists deal only with the anger, the underlying emotion simply festers, adding to an already volatile situation. Instead, Meth et al. (1990) advocate helping the man to invent a new reality that allows men to acknowledge and deal with emotions such as fear, sadness, betrayal, shame, guilt, and other emotions that drive anger. Helping men overcome their own oppressive socialization involves more than just skills training and psychoeducation. Rather, it involves an entire process of adult development, assisting men to reach beyond what they know into what they feel, thereby addressing the socialized alexithymia (Levant, 2003; Wilcox & Forrest, 1992). This allows men to utilize the experiences and perspectives of others, including women, in a way they may never have done before (Erickson, 1993).

Family Projection Process and Family Triangles

Another potential barrier to therapeutic engagement involves what Murray Bowen (1978) calls the family projection process. This is the process by which parents project part of their anxiety-provoking emotional immaturity to one or

more children. The child acquires the parent's maladaptive methods of managing anxiety as well as the brunt of the parent's emotional burden. Usually, a particular child is "selected" for this process through the level of emotional attachment that the child has to one or both parents, leaving the other children relatively less involved. Through the multigenerational transmission process, the child usually proceeds to pass this burden and method of managing anxiety on to his or her own children. This process helps to perpetuate low levels of differentiation and dysfunction within the family system. When an individual enters therapy, therefore, he or she not only brings the anxiety and emotional baggage of the self, but of generations of low-differentiated ancestors. Whetchler and Piercy (1996) describe this as a useful tool to assess not only the role of the IP but also the IP's family in the management of family anxiety.

Closely related to the family projection process is Bowen's (1978) concept of Family Triangles. Bowen theorizes that a triad is the most stable relational structure because the third person gives the original dyad an outlet for anxiety. As tension mounts in a two-person system, it is usual for one to be more uncomfortable than the other, and for the uncomfortable one to "triangle in" a third person by discussing the anxiety or otherwise involving the third person. Very often this is manifest by a child being triangled by the parents in order to diffuse the parents' relational anxiety. The triangle may take the form of an alliance between one parent and the child or the form of a child who acts out or otherwise requires much of the parents' attention. In both circumstances, the

anxiety between the parents can be avoided and never fully addressed (Nichols & Schwartz, 2004).

Parents with low levels of differentiation, who were often the recipient of the family projection process in their families-of-origin, are much more likely to form triangles with their children in order to diffuse their own tension. This triangling process then perpetuates the projection, as the child learns to manage anxiety through the use of triangles, never fully confronting the anxiety (Papero, 1995). From a Bowenian perspective, the family projection process is the mechanism by which triangles are created, and the triangles are the adaptive response to systemic anxiety by low-differentiated family members (Bowen, 1978). By taking responsibility for one's own emotional processes and anxiety, the client can theoretically detriangle, thereby raising his or her level of differentiation and thwarting the family projection process.

This may be a difficult process in therapy, however. One study found that married couples with strong triangles used to diffuse anxiety were more difficult to engage in therapy. They concluded that these clients were often so comfortable in their triangles, as maladaptive as they might be, that they required more safety and therapeutic empathy than other clients for them to become engaged enough in therapy to challenge the viability of their triangled relationships (Links, Stockwell, & MacFarlane, 2004). On the other hand, another study found that the healthy triangling of family members by the therapist could be very helpful in engaging particularly volatile clients because the client-spouse-therapist triangle offsets the client's anger-related treatment avoidance. In this

way, the therapist uses the deceptively anxiety-reducing quality of triangles to get the client into an appropriate emotional state that the work of therapy could proceed (Stevenson & Chemtob, 2000).

In the current study, however, the family projection process and family triangles are seen as products of the family-of-origin and maintain unhealthy ways of moderating anxiety. These components and the underlying anxiety are directly addressed in therapy, and may serve as a barrier to fathers' engagement in the therapeutic process. Understanding and addressing these issues could be imperative to addressing fathers' engagement in family therapy.

Conclusions

The literature concerning fathers in the family has established a strong conceptualization of how fathers have evolved from distant, moral guides to nurturing, supportive caretakers (Garbarino, 2000). Although in reality fathers as a group have not lived up to the ideals espoused by the researchers, there is evidence that they continue to take more responsibility and investment in the lives of their children (Deutsch et al., 2001). The new nurturant father has continued to grow in the literature as the preferred model of fatherhood, even as popular culture continues to portray fathers as inherently inferior to mothers in terms of their nurturing and caretaking abilities. As feminist theorists and researchers are quick to point out, however, the majority of fathers still defer to the mothers when it comes to day-to-day childcare and parental involvement (Luepnitz, 1988; Silverstein, 1996).

When attempting to understand the nature and standards of father involvement, the literature has a difficult time determining what father involvement is and how it differs from mother involvement, if at all. Lamb et al. (1987) conceptualized the framework of father involvement that guides the current study. Engagement, accessibility, and responsibility accurately identify a threefold aspect of father involvement because of the way it encompasses the tangible, theoretical, and accountable aspects of involvement. The current study pays special attention to engagement in family therapy as a component of responsible involvement because of the level of investment in the parenting process that it indicates.

The literature concerning men in therapy clearly portrays the difficulty that men have had attending and engaging in therapy. Levant's work with male alexithymia shows the practical aspect of gender socialization in therapy (Levant, 1998, 2003). Men have not learned how to understand and talk about their emotions, and they often have a sharp learning curve in therapy. In addition to alexithymia, men often enter therapy reluctantly, faced with the real prospect of confronting anxiety that they spend so much time and energy avoiding. The entire therapeutic process is counterintuitive to many men, and understanding their experiences is critical for therapist to understand how to better engage them in therapy. The next chapter will lay out the method by which the current study will add to the father literature base through better understanding fathers in family therapy.

CHAPTER THREE: RESEARCH DESIGN AND METHOD

Introduction

This was a qualitative grounded theory study that utilized individual interviews, survey instruments, and genograms. This diverse set of data points triangulated the data to provide the most comprehensive account of fathers' perceptions of the barriers and facilitators to their engagement in family therapy. From the data, I garnered information that will advance the knowledge base about fathers in family therapy, ultimately leading to future research regarding how therapists can better engage fathers in therapy.

Overview of Methodology and Research Design

Case Study research relies on the specific characteristics of the hand-picked sample to elicit results that identify themes and inform the researcher's understanding of the individual cases. The goal of case study research is not to generalize to a population, as is usually the case with purely quantitative methods. Rather, case studies attempt to provide preliminary information about a particular phenomenon that may serve as the basis for further research (Lee, 1989). It is most often used as the first step toward studying and understanding a particular phenomenon. I used a form of this method in the current study because of the virtual lack of empirical information relating to fathers in family therapy.

In general, the case study method is the preferred strategy when "how" or "why" questions are being posed. They attempt to explain a particular phenomenon in a particular situation. Case studies are also frequently used

when the researcher wants to explore a particularly rare or little-researched phenomenon (Yin, 2003). The current study, however, utilized the case study method as a way to explore a particular phenomenon from a unique and scarcely adopted perspective, that of the fathers.

Gillham (2000) claims that to understand what the case study method is, the researcher must know what a "case" is and identify whether or not the phenomenon under study would best fit the case study method or a different research method. He defines a case as "a unit of human activity embedded in the real world; which can only be studied or understood in context; which exists in the here and now; that merges in with its context so that precise boundaries are difficult to draw" (p. 1). Fathers in family therapy fit this definition for four reasons: (1) the real-world situations of the therapeutic experience, (2) the unique context of family therapy, as opposed to individual or group therapy, (3) the "real-time" nature of the problems, solutions, and effects of therapy,[1] and (4) the boundaries of father, family, family-of-origin (FOO), and therapy may be difficult to see at times, particularly from the perspective of the father, due to the fluidity and circularity of the issues.

The researcher recruited fathers in family therapy whose child was the identified patient (IP) of therapy. The fathers were involved in therapy at various levels, but the significant common factor was that the child was the IP, as

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1 An argument can be made that family therapy, especially in the form used in this study, is as much embedded in the past familial issues as it is in the present problems. While this is true, the past familial issues are only relevant in therapy to the extent that they impact the current patterns and processes of the family members. In this way, the past problems are immediately relevant and are manifest in the here and now.

opposed to a parent or other family member serving as the IP. This distinction is important for the implications it has for the father's investment in and ownership of therapy and the parenting process as a whole. The research assumes that fathers who are more involved and engaged in the therapeutic process are likely more engaged in the other aspects of the child's life than fathers who are not very engaged in the therapeutic process (Hecker, 1991; Phares, Fields, Kamboukos, & Lopez, 2005).

Although quantitative instruments were used in the research, the study relied heavily on qualitative approaches in assessing and evaluating the data collected from multiple data points. The study utilized qualitative methods of in-depth interviews and genogram interpretation. The aim was to understand the relationship between fathers and therapy. Understanding the father's perceived parenting involvement outside of therapy was very important as well; thus, a quantitative tool was used to triangulate with the qualitative information and increase trustworthiness.

The principles of qualitative research philosophy and methods guided the research process in selecting the sample, collection data, and the data analysis and interpretation. This means that the richness of data and theoretical implications was emphasized over model-testing or generalizing to a population. Qualitative research methods seek to develop theories, concepts, and understandings from patterns in the data, rather than testing preconceived models or theories (Avis, 2003; Camic, Rhodes, & Yardley, 2003). These methods are particularly well-suited for areas of inquiry that are under-

researched and are used to understand and describe the phenomenon in question before valid hypotheses can be made. Additionally, qualitative methods are well-suited to researching complex events and situations, where an understanding the full context is imperative but not fully known (Cobb & Forbes, 2002). This study looked at an under-researched phenomenon, fathers in family therapy, which is also very complex, given the various therapeutic, familial, and sociological factors at play.

The specific research design is described in detail later in this chapter, but the overall structure of the design is as follows: The sample was gathered using therapists in Lansing, MI and Houston, TX as key informants who helped connect me with research participants who meet certain key criteria. Although I sought both fathers who were engaged in therapy as well as those who were not engaged, no fathers who were not engaged in therapy chose to participate. This was not surprising, however, given their reluctance to engage in therapy in the first place. Once a potential research participant was identified and consented to participation, he entered into a series of interviews and assessments meant to create a comprehensive picture of how he viewed therapy and his role in both the problem and the therapeutic process. The research relied on four separate but related data points for analysis: the four quantitative assessment instruments, the father's genogram, and individual interviews with the fathers. Table 3.1 illustrates the relationship between each research question under investigation and the relevant data point.

Table 3.1 Relationship between data points and Research Questions

Research Question (RQ)		Relevant Data Point (ordered by perceived relative importance to the particular RQ)
RQ1:	How do fathers' preexisting ideas about family therapy influence their engagement in family therapy?	Semi-structured Interview
RQ2:	How does the mother's possible role in mediating parenting (i.e. maternal gatekeeping) influence fathers' engagement in family therapy?	Semi-structured Interview IFI
RQ3:	How do fathers' attitudes and beliefs about gender and parenting influence their engagement in therapy?	Semi-structured Interview IFI
RQ4:	How does the parental power structure influence fathers' engagement in therapy?	Semi-structured Interview Genogram
RQ5:	How does a father's emotional distance within the family influence his involvement in family therapy?	Genogram DSI Semi-structured Interview IFI
RQ6:	How does the family projection process influence father engagement in family therapy?	Genogram DSI
RQ7:	How does the presence or absence of family triangles influence father engagement in family therapy?	Genogram DSI

The data was transcribed using a word processing program and compiled electronically using the QSR NVivo 7 (2006) qualitative data analysis software, which assisted in organizing and coding the interviews. The four quantitative assessment instruments were scored and triangulated with the qualitative data. The genogram for each case were interpreted as narratives, coded, and organized based on the particular information that each genogram provided, such as the nature of familial relationships, rules, and mental and emotional disorders. The specific techniques of analysis emerged from an overall strategy of identifying the role and influence of each component of the Conceptual Map (see Figure 1.2, p. 24) in the engagement of fathers in family therapy. The analysis used an open-coding technique to look for theoretically and empirically based explanations for the father's level of engagement in therapy within each case, using the conceptual framework as a guide. The research also used the technique of cross-case synthesis to develop themes of influences between cases. In the execution of both techniques, the goal was to begin building a theory of father engagement in therapy that could be empirically applied, tested, and validated at a later time.

Researcher as Instrument

The self of the researcher is crucial in any kind of research undertaking. This is especially the case in qualitative research, when the researcher is the most crucial instrument of the study. Qualitative research places a large amount of responsibility on the researcher to be introspective and honest with himself about his role in the investigative process (Morrow, 2005). Part of that

responsibility is acknowledging what originally draws the researcher to a particular topic and how that process might influence the research and subsequent findings. By attempting to fully understand his biases at the beginning of the study, the researcher should be able to understand how those biases may influence the findings and tentative conclusions.

I was initially drawn to research with fathers in general because of my own experiences as a new father. I found that I enjoyed taking care of my new son. Contrary to what popular culture told me I should be, I found myself to be nurturing and affectionate with this newborn baby. I was also eager to take an active part in the day-to-day activities of raising a child, such as bathing, feeding, and clothing him. I wanted to be an equal partner with my wife with regards to our co-parenting. In the family therapy literature base, however, fathers are not presented this way. They are often portrayed as well-meaning but inadequate parents at best and completely absent at worst (Furrow, 2001; Hecker, 1991; Singh, 2003; Walters, Tasker, & Bichard, 2001). I also noticed in my own practice as a therapist that it was often a struggle to get fathers involved in family therapy, despite its potentially critical importance to a child's development. As I looked further into the literature, however, I began to see pockets of research that emphasized the natural affection between fathers and newborns (Greenberg & Morris, 1974) as well as the beneficial nature of equal involvement of mothers and fathers for the mothers, fathers, and children (Moloney, 2002; Walters, 1997). I became convinced that parental nurturance and responsible involvement are not qualities inherently exclusive to mothers. I had to ask, however, why

mothers and fathers went about parental involvement so differently, specifically regarding engagement in family therapy with the child. By learning more from the fathers about the barriers and facilitators to their engagement in family therapy, I hope to create a theory of father engagement in family therapy that future therapists and researchers will be able to use to better engage fathers in family therapy, thereby maximizing the systemic nature of family therapy.

When studying fathering as a researcher, I constantly reminded myself of the various roles I play in life and how they might bias my assumptions and conclusions as a researcher. As a therapist, it is sometimes difficult for me to interview people, particularly those in a clinical population, without entering into the role of the therapist with them. As a researcher, my role was to learn about them, not change them or directly help them bring about change. Some participants made this process of differentiation easier by not presenting overtly clinical issues. When they did present clinical issues, however, I had to steadfastly remain in my role as a researcher and remain true to my duty to collect data while not directly affecting change. Although I was ready to refer them elsewhere for treatment, it proved not to be necessary because each participant was already connected to a therapist. As a father and co-parent, it was equally easy to assess the participants in terms of what I believed a father and co-parent should be. I had to resist the urge to make value judgments that were harmful to the research process. I constantly collaborated with other researchers and colleagues to assess how my own beliefs may have been impacting my interpretation of the data. A discussion of the specific methods that

I used to monitor this are discussed below in relation to the trustworthiness of the research.

Miles and Huberman (1994) state that in addition to reflecting on how a researcher's multiple roles might bias the findings, the researcher must address many in-the-moment factors, such as the relationship between the researcher and the participants, the researcher's overall perception of the participants, and the researcher's personal reactions to the interview process. These too can affect the way the researcher goes about collecting and interpreting the data. As part of the research process, I kept a research journal throughout the study to help me recall and process my own reactions. As I analyzed the data and formulated tentative conclusions, I used the distance of time and space in the journal to help moderate my subjective reactions to the process. I also utilized my colleagues to review the data and the audit trail to assess the level that I may have been infusing my own beliefs and assumptions on the data and my interpretation.

Sampling

Despite the systemic nature of family therapy, the unit of analysis for this study was the individual father, drawing from as few external sources as possible. As discussed in Chapter 2, the literature concerning men in family therapy is significant, but research listening to men's own reported experiences of therapy in general is sparse, and the literature addressing the experiences of fathers specifically in family therapy is non-existent. Therefore, it was very important that this study be about the fathers' own perspectives and opinions,

even with the full knowledge that the fathers' reports would not always be objective or comprehensive. The goal was to hear the fathers' experiences as they described and understood it. The important factor was that the research not be tainted by the opinions and perspectives of others, such as the wives, children, and therapists of the fathers.[2]

In an interviewing study, sample size is something that should be determined toward the end of the research, instead of at the beginning. There is generally an inverse relationship between the number of participants and the depth to which they are interviewed (Morrow, 2005). The amount and quality of the information gathered from 10 participants was sufficient to address the topic of inquiry for this study. Saturation of the data became evident during the ninth and tenth interview. Although the particular contexts of the cases continued to vary, no new data was emerging concerning the barriers and facilitators to engagement.

The sample was selected by purposive sampling, a nonprobability sampling technique (Holstein & Gubrium, 1997). Purposive sampling was used to identify fathers with a child in family therapy. Therapists from the Family Therapy Connections in Lansing, Michigan, and at the Krist Samaritan Counseling Center in Houston, Texas, were informed of the sample criteria and asked to refer

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2 Even though the sources of data were restricted to only include data directly from the fathers, the researcher fully recognizes that the perspectives of others were presented in the way each father presented or even understood his own perspective. To this extent, other people did indeed influence the data, but those data were gathered from the fathers and represents the fathers' interpretation of other people's perspectives, as opposed to true representations of their perspectives.

fathers who met the criteria to me. If the father agreed to participate and met the sample criteria, we scheduled the first interview.

The defining characteristic of the sample was that each participant be the father to a child in family therapy. Additionally, the father had to have legal custody of the child in therapy and speak fluent English. Finally, the therapist for the IP child had to have presented family therapy to the father as a treatment option. For the sake of recruitment, the father need not have participated in therapy, but every father who did participate in the research had participated in therapy. Fathers were all over 18 years of age and participated voluntarily.

For the sake of theoretical consistency and simplicity, this study specifically restricted the sample in a number of different areas. The study did not include fathers who did not have full legal custody of the child in therapy or did not reside with their child because these fathers usually do not have enough regular access to the child to expect them to engage in responsible involvement (Kissman, 1997).[3] Gay fathers were excluded because although they face their own unique barriers to parenting, they typically do not face the same conflicts regarding gender in parenting that straight fathers do (Anderssen, Amlie, & Ytteroy, 2002). Although each of these restricted cases deserve a fair amount of attention in research, this study excluded them for theoretical consistency.

Table 3.2 gives a brief summary of the demographics of the fathers in the sample. It shows that there are commonalities among many of the participants,

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3 Another reason for limiting the study to custodial fathers is that there is a sizeable and growing literature base concerning non-custodial fathers, largely tied to the divorce and father involvement literature. Although this study could significantly inform that body of literature, the larger gap appears to be in the literature concerning custodial fathers in family therapy.

especially with regards to ethnicity, education, and religion, although none of those categories is completely homogeneous. There is a fair amount of diversity, however, in terms of age and income. The participants ranged in age from 33 to 54 years old. All participants had been to at least three therapy sessions, and one participant had recently ended therapy for his child because they had achieved their therapeutic goals.

The individual participants were recruited using key informants (i.e. the child's therapists) at the Family Therapy Connections in Lansing, Michigan and the Krist Samaritan Counseling Center in Houston, Texas. Initially, I sent a letter to 62 Marriage and Family Therapists in central Michigan describing the nature of the research and requesting their help in recruiting participants (see Appendix A). The letter contained detailed information regarding what the research will ask of the participants and potential risks and benefits, including the compensation for the participant's involvement. None of therapists who responded to the letter had clients that fit the sample criteria, however. Informational flyers were also distributed to help publicize the research among the therapist-informants and their clients (see Appendix B). This too proved fruitless, as none of the fathers who responded to the flyer fit the sample criteria. Therapists at Family Therapy Connections in Lansing, MI, however, did help recruit two fathers who participated in the research. The other eight participants were recruited by therapists at the Krist Samaritan Center in Houston, TX. Once a father agreed to participate and met the sample criteria, an initial interview was scheduled to begin the data collection process.

Table 3.2 Demographic Summary of Sample

Table 3.2 Demographic Summary of Sample

Father	Age	Years with partner	Number of Children	Age and Gender of Child(ren) in therapy	Education	Ethnicity	Income	Marital Status	Religious Affiliation
Jim	49	23	2	16, Female	Bachelors Degree	Caucasian	Over $80,000	Married	Roman Catholic
Dave	33	7	1	11, Male	Technical/ Trade School	African-American	$20,000 - $30,000	Engaged[4]	None
Ben	53	31	2	17, Male	Bachelors Degree	Caucasian	Over $80,000	Married	Episcopal
Sam	33	13	2	6, Male	Some College	Caucasian	Over $80,000	Married	Baptist
Joel	49	16	5	15, Male 14, Male	Some College	Caucasian	$50,000 - $60,000	Remarried[5]	Roman Catholic
Miles	44	18	2	13, Male	Bachelors Degree	Caucasian	$70,000 - $80,000	Married	Baptist
Jared	37	20	3	16, Male 14, Male 10, Female	Bachelors Degree	Caucasian	Over $80,000	Married	Methodist
Martin	46	25	2	17, Male	Bachelors Degree	Caucasian	Over $80,000	Married	Christian (Non-Denominational)
Jerry	54	25	1	18, Female	Technical/ Trade School	Caucasian	$70,000 - $80,000	Remarried[5]	Roman Catholic
Joseph	53	28	1	15, Female	Doctorate	Caucasian	Over $80,000	Married	Baptist

4 Even though Dave is engaged instead of married, his fiancé serves in the role of mother figure to his son because his son's mother is not involved in his life.
5 Even though Joel and Jerry are each divorced and have remarried, their children's mothers are Joel's and Jerry's current wives.

Data Collection Procedure

I met with each individual participant at the office of their child's therapist, either the Family Therapy Connections at Ingham Regional Medical Center or the Krist Samaritan Counseling Center. The first task was for the participant to read and sign the consent form (see Appendix C). The consent form fully explained the project and the rights of the participants. It also explicitly stated that the participant could withdraw from the research at any time with no consequences. All of the data collection occurred in a private therapy room and took 100-130 minutes to complete. I informed all participants that their participation was completely voluntary and they could withdraw from the study at any time without penalty. They would still receive the compensation if they chose to withdraw. None of the participants chose to withdraw, though, and they all participated eagerly.

In-depth Interviews

The primary method of data collection was the semi-structured interviews with the fathers. The interviews asked open-ended questions meant to elicit information regarding the fathers' experiences in therapy and in the different areas of life that could potentially influence therapeutic engagement. These interviews utilized some of the same techniques as therapy, such as engaging with empathy, reflective listening, and circular questioning, to gain information about the fathers' experiences in therapy. Unlike therapy, however, these interviews were conducted more as conversations than therapeutic intervention

(Boss, Dahl, & Kaplan, 1996). The intent of the interviews was to gather breadth and depth of information, rather than facilitate change within the family system.

Semi-structured interviews are open-ended interviews that explore people's views and ways of knowing in their own terms (Holstein & Gubrium, 1997). Because directly obtaining the fathers' perspective was of paramount importance, it was imperative that the interviews capture the language of the fathers in their own words. I used an active interviewing style, which relies on the interaction and collaborative meaning-making effort between the interviewer and interviewee to construct an interpretive narrative of the interviewee's perspective (Holstein & Gubrium, 1997). Each interview question was deliberately developed to address one or more research questions of this study. Table 3.3 displays the interview questions as they originally corresponded to each research question. A series of prompts was also used for each interview question (see Appendix D).

A follow-up interview was scheduled for a later date. The purpose of this interview was to address questions and clarifications that came up after the initial interview and to receive feedback from the father about the initial interview. The protocol for the second interview was largely guided by the responses and processes of the initial interview. Following each interview, I completed a contact summary (see Appendix E), which helped identify key impressions and preliminary themes that emerged during the interview. The contact summary also helped identify questions needed more attention in the follow-up interview.

Table 3.3: Relationship between Research Questions and Interview Questions

Table 3.3: Relationship between Research Questions and Interview Questions

Research Question (RQ)	**Relevant Preliminary Interview Questions**
RQ1: How do fathers' preexisting ideas about family therapy influence their engagement in family therapy?	• Tell about what you thought of family therapy prior to you or your child becoming involved with it. • Since your or your child's involvement in family therapy, how have your perceptions about therapy changed?
RQ2: How does the mother's possible role in mediating parenting (i.e. maternal gatekeeping) influence fathers' engagement in family therapy?	• Tell me about how you and your wife support each other as parents.
RQ3: How do fathers' attitudes and beliefs about gender and parenting influence their engagement in therapy?	• Do you believe that you and your wife parent together as a team? Why or why not? • How is the role of the father different from the role of the mother?
RQ4: How does the parental power structure influence fathers' engagement in therapy?	• Who do you think is in charge of your family? How do you know that? • Who in your family makes most of the decisions having to do with the children? How does that process work?
RQ5: How does a father's emotional distance within the family influence his involvement in family therapy?	• Do you feel emotionally connected to your family? Why or why not? • When you get upset with or worried about your wife or children, how do you react?
RQ6: How does the family projection process influence father engagement in family therapy?	*Addressed using the genogram and DSI*
RQ7: How does the presence or absence of family triangles influence father engagement in family therapy?	*Addressed using the genogram and DSI*

Genogram

The Genogram is a therapeutic assessment instrument popularized for therapeutic use by Murray Bowen (Kerr & Bowen, 1988) and standardized by Monica McGoldrick (McGoldrick, Gerson, & Shellenberger, 1999). It is a short-hand way to depict family patterns by graphically representing the basic family structure, family demographics, interpersonal relationships, and mental and emotional functioning. The key benefit of the genogram is that it gives the therapist or researcher a broad view of the family system so that family patterns and dynamics can emerge. It can clarify the family life cycle developmental framework, which in turn can aid in interpretation of the genogram. It facilitates examination of the fathers' assumptions, beliefs, and biases about themselves, others, and how the world works (Halevy, 1998).

The way that the father understands his role as a father is assumed to be influenced to a large degree by the relationship that he had with his own father. Understanding that dynamic can help elicit information about his identity as a father. The genogram shows patterns of anxiety management within the family. Bowenian theory states that family members often manage anxiety dysfunctionally as a group, also known as an undifferentiated family ego mass (Bowen, 1978). This is often signified by emotional extremes in relationships, such as emotional cut-off, emotional distance, and enmeshment. The family often forms emotional triangles and assigns adaptive roles to family members to manage the anxiety within the family. The genogram helped to elicit this information by providing a broad, systemic view of the family.

Although there are a multitude of uses for genograms and a multitude of information that can be gathered from them, only specific pieces of information were gathered using the genogram in this study. The genogram was limited to three generations, with the father's generation as the middle generation. The information included all births, deaths, marriages, divorces, addictions, mental health diagnoses, occupations, religious affiliations, and patterns of abuse. The genogram also recorded the nature of each significant relationship according to Bowen's typology of fused, close, distant, cut-off, and hostile relationships (Titelman, 1998). The genogram also included any information about "family rules", which are rules, spoken and unspoken, regarding the interaction, behavior, and expectations of family members (McGoldrick et al., 1999). These "family rules" proved to provide a rich array of beliefs and assumptions that continued to influence the father.

Quantitative Assessment Material

At the end of the interview portion of data collection, each participant completed the Demographic Information Sheet (see Appendix F), the Inventory of Father Involvement (see Appendix G), and the Differentiation of Self Inventory (see Appendix H). These three instruments gather different sets of information that helped to place the other data in a particular context for each case. They also helped triangulate the qualitative data, providing a layer of internal validity to the study.

Demographic Information Sheet

The Demographic Information Sheet (Appendix F) is a short instrument that recorded basic demographic data about the father and his family. This includes age, occupation, income, ethnicity, religious affiliation, length of marriage or cohabiting relationship, and age and sex of children. This information helped construct the basic context of each case and perform basic cross-case analysis.

Inventory of Father Involvement (IFI)

The Inventory of Father Involvement (Hawkins et al., 2002) was developed out of a need for richer, broader measures of the construct of father involvement. It is a 26-item, 7-point Likert-like response scale that distinguishes nine distinct dimensions of father involvement: providing, supporting the mother, disciplining and teaching responsibility, encouraging success in school, giving praise and affection, spending time together and talking, being attentive to their children's daily lives, reading to their children, and encouraging children to develop their talents (see Appendix G). These various dimensions, taken together or separately, provide a current conceptualization of father involvement. Hawkins et al. (2002) found that each dimension of the IFI generally has good internal consistency reliability, and validity analyses suggest that the dimensions operate in theoretically expected ways.

For the purposes of this study, the IFI was used primarily as collateral data, meant to triangulate and verify the information given during the interview. It provided a general baseline for how the fathers felt about their involvement.

Through the subscales, it also provided a look into key concepts of the study. Although these concepts were addressed in greater depth and detail in the interviews, the IFI allowed for triangulation of the data and a more direct, objective assessment of those concepts.

Differentiation of Self Inventory (DSI)

Murray Bowen's concept of differentiation significantly influences the way that anxiety and emotional attachment are felt within the family (Bowen, 1978; Kerr & Bowen, 1988). Despite its importance in family therapy and research, however, Bowen never created an instrument that could quantify differentiation. However, Skowron and Friedlander (1998) developed a 43-item 6-point Likert-like response scale (see Appendix H) that measures overall level of differentiation as well as four subscales: Emotional Reactivity, I Position, Emotional Cutoff, and Fusion with Others. The authors of the DSI used confirmatory factor analysis to demonstrate support for the each subscale as identifiable, empirically distinct dimensions of a single construct, differentiation of self. Their analyses also supported the internal consistency reliability and initial construct validity of the measure. Each of the four subscales and the DSI as a whole can be extremely helpful in determining how an individual handles anxiety in relationships. I had hoped that this would help clarify the anxiety-management techniques and emotional connection for each father. Unfortunately, the DSI was not helpful because the information did not reflect the varied nuances of anxiety management elicited in the interviews and provided no additional information. Nevertheless, the results of the DSI are displayed in Table 6.1 (Appendix I).

Compensation

Upon completion of the follow-up interview, each participant received a $50 gift card to Best Buy Electronic Stores as compensation for their time and participation.

Confidentiality

Key informants (i.e. the therapists) and I were the only people able to identify eligible participants. In this case, the key informants and I are all bound by legal and ethical standards of confidentiality. The key informants did not have access to any information regarding the participants' actual involvement in the research. The participants' identities remain completely confidential. The real names of the participants were never recorded. They were given a pseudonym when they agreed to participate in the study. All data collected were stored on a password-protected laptop computer. The interviews were recorded using a digital voice recorder and were downloaded to the password-protected laptop computer immediately following each interview. All hard copies of data, such as the informed-consent forms, genograms, and assessment material, were kept in a locked filing cabinet. All identifying information has been altered to further protect the identities of the participants.

Data Analysis

Data analysis for qualitative research begins concurrently with the data collection process (Miles & Huberman, 1994). As I gained exposure to the data, I immediately began to conceptualize my initial impressions. I began formulating links and preliminary theories about the data. The initial propositions, which

guided the particular data sources and collection methods, also guided the approach that I took to evaluating and interpreting data.

Coding Qualitative Data

I began coding the interviews using QSR NVivo (2006) according to the particular idea that I thought the father was expressing. The unit of analysis, therefore, became a single idea, defined as a single expression of an experience, as opposed to using a word, sentence, or a particular amount of time. This is inherently ambiguous to allow the researcher flexibility in determining how each segment is constructed while still maintaining a standard for the segmentation of the interviews. This unit of analysis allowed me the freedom to analyze ideas, rather than structures of speech. The open coding technique is also a preferred method of coding in grounded theory research (Glaser & Strauss, 1967). The conceptual map provided a general idea of where the analysis should start and how it should proceed (Gillham, 2000). It guided which data were the most relevant for each research question. However, I soon began seeing themes emerge that were described in ways that I had not anticipated. The concepts began to shift and evolve into the themes that eventually emerged from the data.

The analysis also used the constant comparative method of analysis. This method, for which grounded theory is known, involved a constant process of categorization, sorting and resorting, and coding and recoding of data for emergent categories of meaning (Glaser & Strauss, 1967). As data were collected, I immediately began to look for emergent themes and categories. In the beginning, I ended up with a long list of free codes, but as I began seeing

themes, I sorted them into trees of themes to show relationships between the themes. The coding scheme emerged from these themes and relationships and was constantly reevaluated and modified as more data were collected. This process continued until theoretical saturation was reached (i.e. new data failed to yield new information). I chose not to precode data because precoding presupposes a particular theory, whereas open coding allows the data to direct the nature of coding and recoding, leading to theory development (Rafuls & Moon, 1996). As the coding scheme began to emerge, it evolved to represent themes, emerging constructs, and preliminary ideas about causes/explanations. Cross-case analysis became more critical because it allowed me to move beyond the individual content of each case towards a greater understanding of the thematic processes at play (Gillham, 2000).

Data Displays

Data displays in qualitative research provide a visible representation of causation and association between various data points. These displays give the researcher a mechanism to moderate assumptions and provide an empirical basis for associations between factors (Miles & Huberman, 1994). This study attempted to make purposive explanations regarding fathers' engagement in family therapy. Purposive explanations, as opposed to temporal explanations, depend on the goals and motives of the participants and shows how they serve some adaptive function (Gillham, 2000). The process of assessing the adaptive function is inherently complex, as multiple causes and coordinated causes work together and in opposition to produce causal networks. As with the coding

scheme, the structure of the data displays emerged as the data lent itself to different and more efficient methods of display.

Most of the data displays used in the analysis are case-ordered descriptive matrices. A case-ordered matrix presents information pertaining to a particular theme or idea grouped by case (Miles & Huberman, 1994). Table 4.4 (p. 148), for instance, displays the communication data for each father. It shows how each father portrayed his level of communication in five different areas. Viewing the data in this manner allowed me to draw tentative conclusions about the overall communication patterns of each father and look at the cross-case themes that emerged regarding communication.

Another type of data display used is the conceptually ordered descriptive matrix. A conceptually-ordered matrix presents information pertaining to a particular theme or idea grouped by discreet variations or types of that theme or idea (Miles & Huberman, 1994). Table 4.2 (p. 109), for instance, displays a summary of barriers and facilitators. Instead of displaying them by case, I chose to display the information according to the particular influence. This allowed me to view and understand better the relevant information related to each influence.

Trustworthiness

As with any research study, but especially in qualitative research, the researcher must be able to demonstrate trustworthiness throughout the study. Trustworthiness refers not only to the legitimacy of the methods and concepts, but also to the candidness with which the researcher approached his own biases and assumptions. An audit trail including interview questions and protocol, fully

transcribed interviews and a detailed account of the coding evolution makes the data available for re-analysis and demonstrates the study's confirmability. In this study, I carefully documented every step of the research process, even the mistakes and problems that developed along the way. The research journal became an open-ended record of the facts, impressions, struggles, and solutions surrounding the research process. It provided the most comprehensive audit of the research process.

Multiple researchers reviewed the data and codes, which helped to identify bias and individual assumptions within the collection and coding of the data. One benefit of the QSR NVivo (2006) qualitative data analysis software is that it allows the researcher to save multiple iterations of the coding structure, illustrating the ways that the codes emerged, were consolidated, and organized into themes. The multiple reviewers used this feature to see how the coding structure began and evolved.

Additionally, the reviewers were looking in the text of the interviews for ways that I may have influenced the particular responses by the way in which I dialogued with the participants. The interviews, while providing the majority of the data, did not develop in a vacuum, devoid of any researcher influence. Because of my own participation in the process, the reality of the interviews were co-created in a way that may have forced the participants to think about issues in ways that they may never have thought about before. In this way, their responses were influenced by the process of the interview itself. The reviewers helped to moderate this by paying attention to questions and statements that might have

been leading the participants or influence them in any way based on the researcher's beliefs and biases. By identifying these tendencies in the researcher, subsequent interviews could be modified and structured more objectively.

Ultimately, the trustworthiness of qualitative research comes from the fact that the data reflects the real-world experiences of the participants as they understand them. The data was not always concise and neatly packaged, but neither was the reality of the participants' lives. Gillham (2000) states, "Reality—the reflection of the real world that your case inhabits—is unlikely to be tidy and may appear 'contradictory'. Don't feel that you have to 'clean up' the picture to make it acceptable" (pp. 25-26). Gillham highlights the fact that case study research is often cluttered and imprecise. Rather than working against this, the researcher should readily acknowledge and work within it. The messiness of the data as collected gives the data the desired richness and power, even as much of it goes unused. The researcher goes a long way towards establishing trustworthiness of the research if he or she recognizes this from the start, and the research journal, audit trail, and multiple reviewers help the researcher stay true to this.

CHAPTER FOUR: FINDINGS

General Overview

This study explored factors influencing and affecting father engagement in the change process of therapy. Ten fathers discussed in great detail their experiences in therapy and their lived experiences at home and in their families of origin. These men expressed themselves in ways that were largely uncomfortable and unusual for many of them, demonstrating the fact that even fathers who are engaged in family therapy may still have difficulty expressing themselves in the manner most conducive to the work of therapy. Most importantly, however, their stories express the strong commitment and concern for their families that each of the men share, demonstrating their willingness to sometimes stretch beyond what is comfortable for the benefit of the family. Although they all admit shortcomings as fathers, husbands, and people, each man who participated in this study described unique strengths and contributions that they bring to their families and the therapeutic process. Their desire to be involved in therapy and voluntarily participate in this study demonstrates attempts to overcome the difficulties in which they have found themselves and their families. The goal of family therapy is to assist the family towards a more functional and more preferred manner of interacting. By examining the experiences of these ten men, I have a greater understanding of how therapy has helped and hindered that process and an understanding of how various non-therapeutic factors affect the goals and processes of therapy.

Table 4.1 displays the process of data analysis as it emerged from the research questions to the interview questions. Fathers' responses to interview questions were categorized into themes and corresponding sub-themes. From the themes, data were organized into three thematic categories (major sections). These three sections and their seven corresponding themes provide the basis for tentative conclusions and discussion in Chapter 5.

This analysis is presented according to the three major sections. The first section, **Therapeutic Influences**, identifies the ways and means by which the individual therapist, the structure of therapy, and other elements directly related to therapy influence a father's engagement with the therapeutic process. This section encompasses only one theme emerging from the data, but that theme of Therapeutic Influences provides a wealth of information regarding the engagement and retention of fathers in therapy, which is especially relevant to practicing therapists and is discussed further in Chapter 5. The second section, **Socio-Cultural Influences**, identifies the ways in which stereotypical assumptions, social norms, and culturally specific ideas held by the individual fathers affect their engagement in family therapy. This section discusses two themes that emerged from the data. The first theme in this section, Psychosocial Influences, identifies the presumptions and ideas about therapy that often pervaded the fathers' pre-existing ideas about therapy. These ideas are often born of stereotypical thoughts and ideas of what it means to be a man in the fathers' current context, but it is also influenced by their former contexts. The second theme in this section, Issues of Gender, identifies the ways that the ideas

of gender, gender roles, and the differences between mothers and fathers influence the fathers' engagement in family therapy. Finally, the third section, **Family Influences**, identifies the ways that the fathers' specific family contexts influence the fathers' engagement in family therapy. This section discusses four themes that emerged from the data. The first theme in this section, Father Involvement in Parenting, identifies ideas related to the fathers' engagement in the lives of their children and families outside the therapeutic context. The second theme, Emotional Connection, identifies how the fathers' level of attunement to the emotional needs of their families influences their engagement in family therapy. The third theme, Spousal Influence, identifies the ways that the fathers' spouse, who is often the mother of the child in therapy as well, influences the father's engagement in family therapy. The fourth theme, Family of Origin Influences, identifies the ways that the fathers' families of origin affect engagement in family therapy, either directly or indirectly.

Table 4.1 Process of Data Analysis

THEORY-DRIVEN	**THEORY-OPERATIONALIZED**		**FINDINGS**		
Research Questions	**Interview Questions**	**Interview Prompts**	**Themes**	**Sub-Themes**	**Thematic Sections**
1. How do fathers' preexisting ideas about family therapy influence their engagement in family therapy?	1. What did you think about family therapy before your child entered therapy? 2. Since your or your child's involvement in family therapy, how have your perceptions about therapy changed?	1. What has been your experience with family therapy in the past? How have those experiences affected your perception of family therapy? 2. What made it difficult or easy to become involved in family therapy? 3. Tell me about how the decision was made to come to therapy. 4. What has your current experience with family therapy been like? 5. What is your role currently in family therapy? Do you consider yourself to be an important part of the therapeutic process? 6. Are you very active in the therapeutic process? If not, what would make you more likely to take a more active role in family therapy? If you are, why and how did you become involved? 7. Do you think family therapy will help/ has helped your child and your family? Why or why not?	Therapeutic Influences	1. Role of the Therapist 2. Structure of Therapy 3. In-Session Barriers a. Cost of Therapy b. Difficult Nature of Therapeutic Work c. Negative Prior Experiences d. Therapy Unknown or Mysterious 4. In-Session Facilitators a. Improvements in Family from Therapy b. Personal Benefits of Therapy c. Positive Prior Experience in Therapy d. Therapy Extending Beyond the Therapy Room 5. Father's Role in Therapy 6. Child's Enthusiasm About Therapy	Therapeutic Influences
			Psychosocial Influences	1. Social Stigma of Therapy 2. Independence 3. Machismo 4. Minimizing of Problems 5. Lack of Control over Children or Situations 6. Thoughts and Concerns about the Future	Socio-Cultural Influence

Table 4.1 (cont'd).

THEORY-DRIVEN	THEORY-OPERATIONALIZED		FINDINGS		
Research Questions	**Interview Questions**	**Interview Prompts**	**Themes**	**Sub-Themes**	**Thematic Sections**
2. How does the mother's possible role in mediating parenting (i.e. maternal gatekeeping) influence fathers' engagement in family therapy?	Tell me about how you and your wife support each other as parents.	1. What does your wife do to encourage or discourage you with regards to your parenting? 2. What do you think your wife's opinion of you is as a parent? 3. What does your wife think of your involvement, or lack thereof, in family therapy? 4. Do you ever feel your wife is overly critical of your parenting? Can you give an example?	Spousal Influences	1. Co-parenting Relationship 2. Maternal Gatekeeping 3. Barriers to Connection with Spouse 4. Collaboration with Spouse	Family Influences
3. How do fathers' attitudes and beliefs about gender and parenting influence their engagement in therapy?	Do you believe that you and your wife parent together as a team? Why or why not?	1. Of you and your wife, who would you say is more active in parenting duties? Why is that? 2. When you disagree about parenting issues, how are those issues typically resolved? 3. Overall, are you satisfied with the way you and your wife divide parenting responsibilities? Why or why not? Do you think your wife would agree?	Father Involvement in Parenting	1. Motivation for Father Involvement 2. Direct Involvement in Parenting 3. Frustrations in Parenting 4. Lack of Father Involvement 5. Father's Influence Over Child	Family Influences
	How is the role of the father different from the role of the mother?	1. What is the most important job of a father? 2. What is the most important job of a mother? 3. Is it more important for the mother or the father to be involved in family therapy? Why?	Issues of Gender	1. Equality of mothers and Fathers 2. Differences between mothers and fathers 3. Parenting boys and girls differently	Socio-Cultural Influences

Table 4.1 (cont'd).

THEORY-DRIVEN	THEORY-OPERATIONALIZED		FINDINGS		
Research Questions	**Interview Questions**	**Interview Prompts**	**Themes**	**Sub-Themes**	**Thematic Sections**
4. How does the parental power structure influence fathers' engagement in therapy?	Who would you say is in charge of your family? How do you know that?	1. Who has the most power in your family? How do you see that power? 2. Who is in charge of the household (i.e. "Head of House")? How was that decided? 3. Is this your preferred arrangement? Why or why not? 4. Of you and your wife, who has the most influence over the children? (i.e. who do the children listen to more?) Why is that?	Father Involvement in Parenting	1. Motivation for Father Involvement 2. Direct Involvement in Parenting 3. Frustrations in Parenting 4. Lack of Father Involvement 5. Father's Influence Over Child	Family Influences
	Who in your family makes most of the decisions having to do with the children? How does that process work?	1. How do you know when you can make a decision by yourself and when you need to consult with your wife? 2. Do you think your wife uses the same criteria?			
5. How does a father's emotional distance within the family influence his engagement in family therapy?	Do you feel emotionally connected to your family? Why or why not?	1. Are your children or your wife apprehensive or tentative to talk to you? 2. How can you tell when something is wrong with your wife or children? 3. Do you believe that your wife understands you most of the time?	Emotional Connection	1. Positive Aspects of Family 2. Desired Improvements to Involvement and Connection 3. Communication with Family 4. Learning from Past Mistakes	Family Influences

Table 4.1 (cont'd).

THEORY-DRIVEN	THEORY-OPERATIONALIZED		FINDINGS		
Research Questions	**Interview Questions**	**Interview Prompts**	**Themes**	**Sub-Themes**	**Thematic Sections**
5. (cont'd).	When you get upset with or worried about your wife or children, how do you react?	1. Do you say or do things that you later regret? Can you give an example? 2. What about your family makes you feel good? What makes you feel bad? 3. How can your family tell that you are care about them?	Emotional Connection	1. Positive Aspects of Family 2. Desired Improvements to Involvement and Connection 3. Communication with Family 4. Learning from Past Mistakes	Family Influences
	DSI Score and Interpretation	None			
6. How does the family projection process influence father engagement in family therapy?	1. Genogram Construction 2. DSI Score and Interpretation	1. How did your parents divide parenting responsibilities? Was that a good arrangement?	Family of Origin Influences	1. Co-parental Relationship 2. Own Father's Involvement 3. Impact of Family of Origin on the Current Self 4. Therapeutic Receptivity in Family of Origin	Family Influences
7. How does the presence or absence of family triangles influence father engagement in family therapy?	1. Genogram Construction 2. DSI Score and Interpretation	None	N/A	Findings do not identify the presence of Family Triangles as particularly relevant to this particular sample's engagement in family therapy.	N/A

Overview of Emerging Themes by Section

Section One: Therapeutic Influences

The therapeutic influences theme is a thematic category unto itself because of the unique time and place that it occurs. This theme represents the primary area that therapists may have the most influence, making its identification and objectification all the more relevant to therapists. This theme speaks to the events and processes that happen in and around the therapy room that impact fathers' engagement in family therapy. Of course, the process of engaging fathers' in family therapy begins long before fathers reach the therapy room, but once fathers get to the therapy room, what happens inside may be the most critical component to engaging fathers in the change process, essentially the "make or break" moment of engagement.

Section Two: Socio-Cultural Influences

The second section examines the effect that certain culturally-based beliefs and assumptions of families, relationships, and gender affect fathers' engagement in family therapy. Although these beliefs and assumptions may primarily come from the family of origin, they often have a basis in the cultural context within which the father grew up and may or may not still dominate the culture. Fathers, however, expressed these beliefs as having some effect, to one degree or another, on their understanding of parenting, family therapy and their role in each. The two themes that consistently arose out of the fathers' socio-cultural context were Psychosocial Influences and Issues of Gender.

Theme one, **Psychosocial Influences**, speaks to the internalized belief system about the self that guide how the fathers feel about themselves as husbands, fathers, and men. These beliefs are often constructed or perhaps reinforced by the cultural messages that men receive about what it means to fulfill each of those roles. This theme identifies the internal struggles that men go through when attempting to be the father, husband, and man that they believe that they should be. These beliefs may be helpful or destructive, leading him to family therapy or pushing him away, but they always represent a commentary about how a father sees himself in his cultural and family context. Theme two, **Issues of Gender**, speaks to the ways that gender affects fathers' understanding of parenting and family therapy. This theme identified the ways that the fathers understand the roles of men and women in the family, both as it relates to parenting and engagement in family therapy. It also identified how the fathers see parenting differently depending on the gender of the child. Fathers' statements favoring gender equality were considered as well as statements indicating a clear delineation of roles and responsibilities along gender lines.

Section Three: Family Influences

The third section examines the enormous impact that the individual family has on the fathers' engagement in family therapy. This largest section encompasses the closest and most powerful circle of influences. While the family context is different for every client, this section highlights the similarities that exist in the relational processes within the family. This section consists of four

dominant themes: Father Involvement in Parenting, Emotional Connection, Spousal Influences, and Family of Origin Influences.

Theme one, Father Involvement in Parenting, illustrates the ways that the fathers understand their role as parent, both in a philosophical sense and a practical sense. This role is played out in conjunction with the spouse's understanding of her role as mother, as illustrated in the Spousal Influences theme below, but the fathers all expressed one degree of autonomy or another in roles as fathers. This theme incorporates the duties, difficulties, and daily effects of their experiences as fathers. **Theme two, Emotional Connection**, speaks to the ways in which the fathers feel the bond between themselves and their families. This involves their ability to internalize and share with others the concerns and joys that that they feel in their relationships with other family members. Essentially, this theme addresses the emotional bonds that motivate the fathers in their roles within the family. **Theme three, Spousal Influences**, speaks to the ways that the father's spouse, who was often the mother of the child in family therapy as well, moderates the father's role in the family. This influence may be real or simply the father's perception, but the result is that the theme addresses the ways that the father and his spouse are able to cooperate, communicate, and negotiate decisions as co-parents. **Theme four, Family of Origin Influences**, speaks to the effect that the fathers' childhood and upbringing has had on his understanding of fathers, mothers, parenting, and relationships. This theme provides a greater historical context for the beliefs and

manners of interacting that the fathers bring to their families and to their ways of relating to other family members.

Therapeutic Influences

Because one of the main impetuses behind this study is the lack of father engagement currently in family therapy practice, it seems appropriate to begin the explanation of results with the influences that most directly connect fathers with the therapy room. The interviews always began by asking the fathers about their experiences in therapy, both past and present, and asking them to describe their reservations, expectations, fears, and hopes regarding the therapeutic experience with their child. From those initial questions, the fathers described a wide range of experiences and processes that highlighted both potential barriers and potential facilitators to their engagement in family therapy. Therefore, this theme immediately emerged as relevant to father engagement in family therapy. Six sub-themes subsequently emerged as well: the role of the therapist, the structure of therapy, in-session barriers, in-session facilitators, the child's enthusiasm about therapy, and the father's role in therapy.

Role of the Therapist

The purpose of this research is to explore the barriers and facilitators of fathers' engagement in the change process of family therapy. One of the eventual goals for such a study is to assess the degree to which the therapist might be able to address such barriers and facilitators, thereby making therapy a more appealing and accessible option for fathers. The most obvious area that therapists can address is their own roles in the engagement process. The fathers

identified a number of ways that the role of the therapist affected their therapeutic experiences, both for the better and for the worse. The most common characteristic that the fathers cited for aiding in their comfort and engagement in therapy had to do with the overall fit of the therapist to blend in with the family. Six of the ten fathers interviewed said that finding a therapist who could develop a good rapport with them and had shared beliefs and values was extremely important to their therapeutic experiences.

Jared recalled the laborious process of trying to find a therapist who could not only help his family but could also develop a good rapport with his wife:

> I didn't realize it, but [my wife] had a major depression problem, and it had been going on for a long time, and I had been trying to get her to go to therapy for a long time, and I couldn't get her to go. So, I actually brought her here, and one of the therapists that she was dealing with at the time, who we aren't seeing anymore, I thought was great, but my wife just didn't have that rapport ... so she said, "Well, I don't want to go anymore." ... I tried to get her to go, but she wouldn't. So I kept praying about it and talking about it, and then finally, we had a major family problem, and when I asked my pastor—some stuff with the kids—So I said, "Do you know anybody," and he told me about [our current therapist] here and heard that she was a really good therapist. So we came, and it was a great rapport between my wife and her and me and then our children ... It clicked. My wife said she felt comfortable with her, like she could talk to her. And with the issues with the children and the things going on with that, we needed someone who was a family therapist as well as the marriage and individual, and she said, "What can I do to help?" She was there for us.

Jared describes the importance of the therapist's ability to engage the participants of therapy in a way that helps them feel welcome and comfortable.

Jerry talked about the necessity of a good fit with the therapist for therapy to even have a chance of working:

> She evidently feels comfortable with the therapist, and is able to express her feelings to her because after one of the meetings, the therapist said, "There are things that we talked about that I can't tell you." That is privileged information, and I understand that. That makes me think that

> our daughter is opening up to her and enjoys coming to where she can release, because I know that our therapist, when we meet all together, is pretty strict on what she says to her.

Jerry explains the very practical idea that he cannot make his daughter come to therapy. Moreover, he trusts the therapist enough to know that the work that they are doing in private is in the best interests of the family. Without such a relationship with both the child and the parents, the therapist would not be able to engage the family, Jerry included, in the change process.

Many fathers also identified the therapist's role as a competently trained professional with a certain authority to conduct the therapy session and lead the family towards a more preferred pattern of interaction. This authority represents the therapist's ability to insert him or herself into the family structure and help manipulate the family processes, either directly or indirectly, towards the more preferred outcome. Dave, who is in individual therapy for himself and is also the father of an only child, expressed this idea as being important to the engagement process that his son has gone through with the therapist:

> He may listen to me, but he may not want to soak it in, but when the therapist says it, he accepts it as law, because he sees her as a person who doesn't have any reason to lie or any reason to mislead because she has nothing to gain from it, whereas I would, and his mom would, and my wife would. So he sees it just as someone who's giving him that information so it really helps a lot.

Jerry expressed similar thoughts:

> [The therapist] will say, "There are consequences for everything you do. There is an upside and a downside." And she presents it to her, and I think our daughter sees it a little more ... I think the therapist has opened her eyes to what could happen. She explained to her that yes, you are 18, but if you get caught doing certain things, there is not juvenile detention. You go to jail for a crime you commit.

Even when the therapist presents the exact same ideas and statements to the child that the father may have presented already, they saw the authority that the therapist carries as providing the needed foundation for the child to internalize the changes and make the necessary adjustments.

Perhaps even more fundamental to the therapist's role, however, is the therapist's ability to listen to clients and simply allow them a seemingly neutral environment to talk and express themselves. This foundational role of the therapist was expressed by a number of fathers as well. Joseph, an attorney and the father of an adopted only child, expressed this idea in conjunction with his initial discomfort with it:

> My daughter does not outwardly trust us and our judgments and our decision-making. And she does with her therapist. That is someone that she can speak to and someone that she can work with, and my wife and I are certainly in favor of that. We had some misgivings at first because it was like, "We're the parents, and why can't the child come to the parents?"

Ben, a father of two, expressed the same idea but in the context of therapy with the whole family:

> One of the values of therapy is letting it go in the directions that it needs to, whereas you might not if you didn't have somebody facilitating what was going on ... you still have to make sure that this thing that pops up in your mind that you would interrupt for at home to make sure that it gets covered in the moment, you can let [the therapist] take the conversation where it needs to be, and five minutes later interject it with that thing.

The authority of the therapist, therefore, extends into allowing the participants in therapy to defer in the direction of the session to the therapist. These fathers identified the therapist as necessarily having the authority and competence to allow the family to suspend their own agendas and defer to the direction of this objective third-party. They remarked about the environment and tone that the

therapist set in terms of creating a welcoming, non-threatening setting for honest communication and relational improvement to occur.

Structure of Therapy

Just as the fathers identified the role of the therapist as affecting how comfortable they and their family members felt in the therapy room, a few of them identified the family structure in therapy as being important as well. The structure of therapy refers to the actual people in the therapy room and the functions that they serve. While the therapist traditionally has the final say over who does or does not attend a particular session, the individual family members may also have some say in the type of structure that they believe will be the most productive. The fathers in this study expressed their opinions about the importance of the structure of participants in therapy, as illustrated first by Jerry. When asked about his decision to attend therapy, he replied:

> If you are going to go to therapy, especially if it's marriage counseling or family counseling, you can't ask one spouse to go and the other not go. "You go to counseling. You need it." It's just like I could have told my wife, "Well, I'll stay at home, and you go and you tell me what happened. But I said, no. I need to go. I need to hear what is happening. I said no, I want to be there.

Dave expressed similar thoughts:

> The way that the therapist and I put it, not just with [my son] but in relationships, is that it's a dance. If one person changes the type of dance that they are doing, then someone's toes are going to get stepped on and that is exactly how I feel. If he is going to change how he is doing and I have no idea what is going on, then all of a sudden I am going to start having problems, not with him, but with what he's doing and vice versa.

They understood that change happens in the therapy room, and the structure of therapy identifies who has access to that change and who simply must adapt to the changes on their own at home. Not all fathers, however, thought that this

would always be necessary. Jim, for example, explained, "If it comes down to specific relationship things between one parent and a kid, I guess having something separate makes sense." In other words, if he could identify a specific problem that existed between only one parent and a child, that might work best with only those two participating. Joel related an experience where such an arrangement occurred:

> We were in counseling with [my daughter] for a while. [My daughter, my wife,] and myself went, although I was moved away from counseling and it was just them. Basically they worked through their own conflicts ... There were some issues between them. I'm not sure where exactly that all went because I wasn't involved in all of that counseling.

Although he did not participate in that phase of therapy, he did not indicate that he missed anything or was at a particular disadvantage in the household because of his absence. Martin, however, had a similar experience, except that his experience showed the need to include more of the family in session:

> We initially came here because there was a blowup between my son and myself. He put his fist through a window in a fit of rage and to my wife that was kind of, "You guys have a relationship problem. You guys need to go to the therapist." As things started unraveling, it started to appear that it was more of an issue between my son and my wife, so she began attending sessions too.

In-Session Barriers

For many fathers, their desire to get therapeutic help for their families may be present. They may know that therapy is an option, but still do not pursue it. Even if their families engage in therapy, they may stay away because of certain barriers. These barriers to engagement are often difficult for the father, the therapist, and the family to address because they are either unknown or their importance is minimized. This study was successful at identifying four key

barriers that the fathers saw as potentially hindering their engagement: (a) Fear of the unknown, (b) negative prior experience in therapy, (c) the difficult process of therapy, and (d) the cost of therapy.

The first such barrier is essentially the fear of the unknown. Because many of these fathers had never been in therapy, their exposure to what happens in the therapy room was very limited. Therefore, they naturally had reservations about becoming involved in such an intimate process with a stranger, as Dave stated:

> I really didn't see the point of going to a stranger, explaining what was going on, and they were going to be able to help you. Because my thought was, "They're not going through it, they're not going to understand and what are some words going to do" Someone's going to say, "Hey, you should do this, and then you're going to go home and deal with the same type of thing and so I didn't want to do that at all.

Jerry agreed:

> I did think years ago, like I said, that families ought to be able to take care of that on their own. They don't need an outsider to tell him that you need to do this or this. We should be able to see that.

To these fathers, engaging in therapy meant facing an unknown process with an unknown person as the guide. That would mean expanding the family, the most intimate social circle, to include a complete stranger. Martin even expressed it in terms of actual fear, "I'd say it was a little bit scary for me. I mean, I felt that it was somewhat extreme, you had to have a really bad issue to consider that avenue." Other men, however, expressed that this unknown as simply a fact, but nothing to be feared. Sam, a fairly detached father of two, stated, "I didn't know what to think. It was like a mysterious place, but I came anyway."

The second in-session barrier is a negative prior experience in therapy. Unlike the fathers who expressed fear or trepidation about the unknowns in therapy, other fathers said that they had had some bad experiences before in therapy that gave them pause when faced with another decision of whether or not to seek out therapy. Jim stated:

> Honestly, when I met the guy and we sat through the first session, I was just thinking to myself, "This guy's definitely a quack. This guy's really off the wall." He was suggesting some things that just didn't make any sense to me at all. Like with anger, take it out. Punch somebody. Just some things that I totally didn't agree with. You know, I'm not a professional therapist. So, we talked about it afterwards, and we talked to [my daughter] about it, and she was not comfortable with it. I told [my wife] before they had the first session with this guy, "You know, I think this is something we ... if you're going to do something like this, you got to have a good experience right off the bat because [my daughter]'s always been very reluctant to try things. She's always very good when she actually tries it, or is forced to try it, but she never has had the self-esteem or confidence to try things on her own for fear of failure. And so, I told [my wife] that this needs to be a good experience for her the first time around. If not, we're going to have a problem getting her into a good one.

He goes on to explain that it was indeed difficult to get his daughter to start seeing a different therapist, thereby confirming his fears. Dave also told about one of his more difficult experiences in therapy:

> This therapist was—pardon me for being so rude—absolutely horrible. She encouraged us to just fling garbage at each other and most of the sessions we were yelling at each other. We were fighting with each other, and it just became, "Who can fling the most garbage?" And finally I said I can't do this anymore and I left and I never went back. It was a while before I considered anything like that again.

Dave's perspective of therapy was affected by experiencing this unproductive therapeutic engagement, resulting in his purposeful avoidance of therapy for some time thereafter. This demonstrates how negative experiences in therapy can have on future therapeutic engagement.

The third in-session barrier is the inherently difficult process of therapy. Some of the fathers' apprehension about therapy did not come from a fear of the unknown or a bad prior experience, but from a keen awareness of exactly how difficult the process of therapy can be. For Jim, this difficulty was manifested in the appearance that therapy had stalled and was not working anymore:

> I think for a period there I felt like we weren't making anymore progress, and that maybe we had reached a limit of what we were going to benefit from in the structure we were at, seeing my daughter individually and then us as parents, and then sometimes occasionally us together, all three of us. I felt like we were kind of covering the same ground, and ... [long pause] ... and again, this is my personal opinion, maybe missing the mark a little bit on maybe what the current issue should be, and then we kind of moved in that direction. So, for a while it was just consistently a positive experience—productive, not all necessarily positive, but productive. Then there was a lull there, after a year or so where I felt like, "You know, I don't know we'll get much more out of this, the way it is now." We still had some more focused things that I think needed to be addressed, but not this same thing.

Jared, likewise, expressed how difficult therapy had been for his wife

> She got upset, because a lot of time during the therapy session they would say, "Do you really think you're suffering from depression? I think you really need to talk to a doctor." It's like she either really resented it, or she didn't want to believe it. ... So finally, she said she wouldn't go anymore.

Overcoming that difficult experience was a significant barrier to his family's engagement in therapy again. Miles also expressed concern about how his wife could handle the difficult process of therapy:

> I was a little concerned about how my wife could handle the therapy. In fact, she expressed to me just a couple of nights ago, we were about to go to our last session that our youngest son was feeling a little alone, whenever we would all go off to therapy and leave him home alone. She was concerned and talked to him about it and basically said, "Do you think the two of you could go to therapy alone so that I could stay home with him?" And I said, "Sure, and I'll talk to therapist and see if she's okay with that." And she was she admitted later that it's hard for her to sit through the sessions and she was glad that I was doing it with him.

By acknowledging the difficulty and pursuing therapy despite those difficulties, Miles helped his wife remain connected to a solution in the family while maintaining his own engagement in therapy.

The fourth in-session barrier was simply the cost of therapy. Although each father expressed that helping their families interact better was a priority for them, many of them also expressed that the time and money that therapy takes gave them pause when determining whether or not to engage in therapy. Joseph stated:

> I think the biggest barrier might have been time and money, from the sense that every time you have a therapy session, you write a check and I don't want to say that we say, "All right. Do we need more benefit from therapy, or do we need this money for something else?" It's just a matter of probably had it been more accessible, we might have engaged in more sessions and more time.

Miles had a similar experience:

> The time when [participating in therapy] was more of a bigger issue was just after our youngest son was born and financially we really didn't feel like there was an option there for us, because I was working and she was not there, and there just was not a lot of play in that account. The way we understood it, it was going to be relatively expensive.

Sam also stated that time and money were still preventing him from being more engaged in therapy.

> [Therapists need to have] more flexible hours, and I don't know if my insurance covers that or not. Pretty much that and the hours, that's the only thing. So being able to fit it into my schedule and finding a way to pay for it.

In-Session Facilitators

Just as the in-session barriers sometimes provide the fathers pause when engaging in therapy, or sometimes prevent engagement altogether, the in-session facilitators represent the ideas and events that make engagement much

easier. This study elicited four primary facilitators that make therapy a meaningful and positive experience for fathers, thereby encouraging them to become even more engaged in therapy: (a) Seeing meaningful changes in the family or child, (b) the personal benefits of therapy, (c) a prior positive experience in therapy, and (d) the extension of therapy beyond the therapy room.

The first in-session facilitator is whether the father sees and appreciates meaningful changes in the family or child or not. Many of the fathers cited specific milestones of improvement that helped validate and reinforce therapy as a worthwhile engagement. Joseph, for instance, says, "She has been able to channel many of her more destructive kinds of behaviors and channel them into either something else or just reducing those kinds of behaviors altogether. So I think it has helped her." He later says:

> I am probably being more likely to recommend therapy to people who are undergoing family stresses than I would have before. I probably would only have recommended it for the real dire circumstances in the past. I think that there is a whole range of problems that can't be helped that I probably would have said that the family can work it out, read some books, do some self-help stuff in the past, but now I think I would be more willing to open it up to a wider range of problems.

Likewise, Miles expresses that the improvements he sees in his son have been so drastic and impressive that he is beginning to examine issues in himself:

> I think I see improvement in him. I see that he's getting a little more control over his issues. It's not entirely there, but it's getting better. He is getting help. In some sense, that's led to the difficult part for me, which would be that I have to think about some issues of my own self, as I go through it, that I need to deal with.

Jerry had noticed marked improvement as well, which helped him become more invested in the therapeutic process:

> We had a problem with our daughter in that she was cold shouldering me. I don't know what I did or didn't do, I don't know what I had done. But I just let it go. [Since she started therapy,] she has been more loving towards me ... We used to not be able to get her to sit in the living room with us and watch TV, or read a book or anything like that. She was eating separately from us. She would go to her room. She wouldn't close the door, but she would go her room. Being very distant. But there has been a big change in her ... It seems to be working, and I think she understands that we aren't there to harm her. We're there to help her.

For some fathers, the milestone may have been a specific breakthrough moment in therapy. Dave talks about that breakthrough moment for him, which actually occurred in his own individual therapy while he was still ambivalent about therapy in general.

> I went, and she listened for the first six sessions or so, and ... she just listened. And I could talk forever. I really didn't think it was going to work, but I was bitching and complaining about how was I going to work and I can't believe I spent the money for this, and this is stupid and blah blah blah. And on the seventh time she dropped a bomb on me and I just sat there with my mouth wide open. It was the greatest thing in the world. Honestly, I could feel the emotion inside. She had sat and listened to all of these things that had happened and realized that I was the guy who sat there and didn't say anything for the longest time while people bashed me, and then said, "You have this really, really long fuse, but you allow it to burn up and it explodes. What you need to do is stop the fuse before it gets down to the end. When you realize that people are starting to direct things at you that hurt, you need to just simply explain to them that this is affecting you." And I need to remove myself from the situation before it gets away from me ... and that had a huge impact on me ... I left out of there with this huge feeling for myself.

Seeing the effect that therapy can have really affected these men and helped them see therapy as a valuable resource for them and their families.

The second in-session facilitator is whether or not the father can begin to see how therapy can be helpful to him personally. By seeing the personal benefits of therapy, fathers become invested in the change process, not only for the good of the child, but for their own good as well. Jim expressed these

sentiments saying, "I think that it's helped me become a better parent, and it's probably also helped my communication with my spouse, with regard to parenting, mainly." Joel explained how he had begun family therapy in order to get his kids and his wife to see things differently, but he experienced changes as well:

> [Therapy] certainly helps me clarify some of the things, but yeah, it is changing me. It's helping me to understand myself better, and where I'm coming from, and maybe where I've been lacking in areas that I need to work on with my own kids ... When they're young, you're all hands-on as they get older, you become more hands-off. I guess it's helping me to work through that.

Dave also represented this perspective but coming from the opposite end. He had began individual therapy as a skeptic, but once he saw how it had benefited him, he wanted to engage his family in therapy as well.

> [Bringing the family to therapy] was really a big thing I wanted to do, because now I knew that it worked, and that it helped some of the problems and getting a different perspective really, really help. So I was overly excited about getting them involved ... I can respect myself and care about myself and not have to deal with exploding. And I leave [therapy sessions] with this huge feeling for myself. So after I started therapy and got that, it was fantastic ... It gives me avenues. It really, really does.

The third in-session facilitator actually mirrors one of the in-session barriers, and that is having a positive prior exposure to therapy, which helps create a favorable idea of therapy in the father's mind. Jared mentioned that his past education in psychology made therapy a reasonable option in his mind. Additionally, Joseph, who is an attorney, said that his experience in family law had left a favorable impression on him about therapy in the way that he had seen it help some of his clients. For other fathers who had prior exposure to therapy, their exposure had happened in the context of seeking therapy for other reasons

in the past. They expressed that those prior experiences had made the decision to engage in therapy this time a much easier decision. Martin's experience typifies this, "The fact that I was involved in therapy sessions [when my son was younger] early on ... really softened me to the whole concept of therapy." Joel's prior experiences also helped him engage in therapy:

> We were in counseling with my daughter for a while. My daughter, my wife, and myself went, although I was moved away from counseling and it was just the two of them. Basically they worked through their own conflicts. But I've never been afraid of counseling, and even with my first wife. We tried to counseling and tried to make it work. So I've been to counseling there as well.

The fourth and final in-session facilitator actually extends beyond the therapy. Some of the fathers in the study expressed an appreciation for the way they were able to extend the therapeutic benefits of the work being done in therapy directly to arenas outside of the therapy room. Jim, for instance, related how he and his family were able to specifically implement techniques they had learned in therapy to their home life, "We almost always came away [from a therapy session] with one or two new things that was helpful that we could implement or see how it could help us, you know, give us something to work on." Joel also expressed how his listening and observing skills, learned in therapy, have translated to his home life, "I really spend more time watching how the rest of the family reacts to questions or topics that are brought up in therapy so that I can better understand how I can re-present those topics and ideas later on, and to deal with those humps." Ben was also impressed with the way that conversations from therapy often extend beyond the therapy room:

> Usually when we adjourn, we go get a bite to eat someplace, since its dinnertime, and often it's a little Italian restaurant, and that's usually a very

> good meal, usually lots of positives to explore after the session and an increasing number of them in the more recent months, centering around the next step following the session or related to the session we just had. Often very positive, particular, and I say, more so now.

So by seeing the benefits of therapy as they pertain to themselves and their families and the ways those benefits transfer to other arenas in their lives, these fathers exhibit greater engagement and greater investment in therapy.

Child's Enthusiasm about Therapy

Many of the fathers explained that at least some of their enthusiasm for therapy could be tempered or enhanced based on their child's level of enthusiasm about therapy. If the child seemed to enjoy or get something out of the sessions, then the fathers expressed a greater level of enthusiasm for therapy. Jared explained his child's acclimation to therapy in this way:

> I think my oldest son, when we first started, got really frustrated and he didn't want a come, but then we started meeting with the therapist one on one as well as the family therapy. I think he started developing a better rapport with the therapist and he got more comfortable because he knew that he could talk to her and it wasn't the rest of the family.

Likewise, Joseph stated:

> I think she sees it as very beneficial, and it gives her a chance to talk to people in what she would consider to be a safe setting. That it's someone who is not going to, in her view, judge her, but would rather listen to her and her concerns and offer advice or suggestions as to what could be solutions to particular issues that come up. I think she sees that as very positive.

Some fathers also expressed some experiences in therapy that were distressing or unsatisfying for the child, and they were very quick to pull the child out of those therapeutic relationships. Jim, for instance, explained:

> We went to meet with this counselor for while. Our daughter did not take to that counselor, hated it, and refused to go. I thought it was helpful because it was helping both my wife and I to realize that it wasn't

> necessarily something wrong with either one of us. We may have contributed to it, but it wasn't a failing of some kind necessarily, but that didn't work long term because my daughter said she didn't like the counselor, and we weren't going to force her to go.

Although Jim and his wife had a good experience with this particular therapist, they did not want to subject their daughter to a therapeutic relationship that she did not want to continue. Some fathers were also encouraged by what they considered their children's future receptivity to therapy would be. When asked if their child would consider therapy as adults for problems in their own families, almost every father answered yes. Jerry explained:

> You know, I believe that she has [had a good experience in therapy], to tell you the truth. I think she has because again, if she didn't believe in what we were doing, we wouldn't be able to get her to come in. It would be, "I'm not going," and there's nothing I can do to make her ... I really do think [she would seek out therapy]. I think she would. Of course she might do what we did, and try to handle it on her own first, but I think she'd realize that, "Hey, I was in therapy, and it helped me. So hopefully it will help my child."

Martin also expected his son to utilize therapy if necessary, "I think he would use as a role model, the quickness—we don't have any hesitation reaching out for help. I don't think he would hesitate to use this kind of tool. I would say he's very convinced [in the value of therapy] because he will recognize his own improvements and his old faults." Although Miles, generally agreed, he also added a caveat to his explanation:

> I absolutely think he would be willing to engage in therapy. The only thing that I could see as a potential negative, and this is something that I've seen as well, if for some reason, for example, in the insurance records, to be in there that you had therapy, and for some reason he lives with some sort of stigma of this experience later in life, he might try to avoid it.

Of course, this also speaks to the psychosocial stigma of therapy which is covered in greater detail in the next section, Socio-Cultural Influences.

Father's Role in Therapy

While the child's level of enthusiasm in therapy goes a long way towards the father's level of enthusiasm in therapy, the father's enthusiasm is even more dictated by how he sees his own role in therapy. For some men, their roles changed over time; they might have begun their involvement simply to make sure that their opinion was heard. In other words, they wanted to make sure that the therapist did not instigate change that they disagreed with. Joel, for instance, expressed that perspective:

> I listen a lot, if we were trying to work through the issues at home, I might be talking more, but now I just sit back and basically help clarify, I guess is what you would say, I clarify the issues or confirm or deny what I feel is going on.

Miles expressed the same sentiment:

> If he doesn't tell the whole story, I feel that there are times when I have to come step in and say, "Do you think that that's the whole story? Do you feel that you are telling us everything?" And he'll say, "yeah, but there was this other thing." I try to bring the two together to make sure that he's completely honest with the therapist, and on top of that I let her know that these are our expectations as parents, where they are met or not met, to make sure she's aware of the boundaries in his life and whether or not he's being honest with himself, and in turn, honest with her, if that makes sense. So I think that I bring a perspective and I feel responsible to make her aware of what's going on, that she can't see, the area that she doesn't have any insight into, and make sure that she feels confidence as our therapists that we as his parents are doing our role to make him well.

Other fathers, however, explained that they wanted to set a good example for their children by attending therapy.. Jim expressed this idea, "I guess setting the example that therapy's okay for [my daughter], to let her know—if I'm asking her to do it, and I'm doing it too, I guess it might not be too difficult." Martin also thought it important to set an example

> As much as providing information and insight for her to evaluate and try to get to the bottom of what was going on, I thought it was real important for me to be there as an example . I always feel that way with anything that we engage in life that was therapy oriented. Like in this [adolescent substance abuse] program, for instance, there are quite a few mothers who come without the father. I know that they are operating at a disadvantage because their kids are getting a message that mom's a little wacky and so we'll go along with this, but if both parents are engaged, then it's serious.

These fathers understood that many people, especially men, are not always open to therapy. By attending and engaging in therapy, they hope to show the viability of therapy and the importance of the situation to their children.

Socio-Cultural Influences

Psychosocial Influences

As the fathers decided whether or not to become engaged in therapy, weighing what they believed to be the pros and cons, in-therapy influences certainly had an impact, but arguably just as influential were psychosocial influences. These influences came from within the individual, reflecting their beliefs and assumptions about therapy, fathering, and co-parenting. They did not develop in a vacuum, however. They often came out of the social and familial contexts that the father lived in. Although many of the fathers had changed their beliefs, drastically in some cases, they still identified these factors as influencing, either positively or negatively, their decision to engage in therapy. Six sub-themes emerged related to the psychosocial influences: Social Stigma of Therapy, Independence, Machoism, Minimization of Problems, Lack of Control over Children and Situations, and Thoughts and Concerns about the Future. These sub-themes and their probable effects are summarized along with the in-session barriers and in-session facilitators on Table 4.2.

Table 4.2 Summary of Therapeutic and Psychosocial Barriers and Facilitators

Influence	Influence Type	Probable Effect	Sample Quote
Cost of Therapy	Therapeutic	Barrier	**Joseph**: I think the biggest barrier might have been time and money, from the sense that every time you have a therapy session, you write a check and I don't want to say that we say, "All right. Do we need more benefit from therapy, or do we need this money for something else?" It's just a matter of probably had it been more accessible, we might have engaged in more sessions and more time.
Difficult Nature of Therapy	Therapeutic	Barrier	**Jared**: [My wife] got upset, because during the therapy session they would say, "Do you really think you're suffering from depression? I think you really need to talk to a doctor." It's like she either really resented it, or she didn't want to believe it. ... So finally, she said she wouldn't go anymore.
Negative Prior Experience	Therapeutic	Barrier	**Jim**: Honestly, when I met the guy and we sat through the first session, I was just thinking to myself, "This guy's definitely a quack. This guy's really off the wall." He was suggesting some things that just didn't make any sense to me at all. Like with anger, take it out. Punch somebody. Just some things that I totally didn't agree with.
Therapy Unknown or Mysterious	Therapeutic	Barrier	**Dave**: I really didn't see the point of going to a stranger, explaining what was going on, and they were going to be able to help you. Because my thought was, "They're not going through it, they're not going to understand and what are some words going to do" Someone's going to say, "Hey, you should do this, and then you're going to go home and deal with the same type of thing and so I didn't want to do that at all.
Improvements of Family from Therapy	Therapeutic	Facilitator	**Joseph**: She has been able to channel many of her more destructive kinds of behaviors and channel them into either something else or just reducing those kinds of behaviors altogether. So I think it has helped her. I am probably being more likely to recommend therapy to people who are undergoing family stresses than I would have before.

Table 4.2 (cont'd).

Influence	Influence Type	Probable Effect	Sample Quote
Personal Benefits of Therapy	Therapeutic	Facilitator	**Joel**: [Therapy] certainly helps me clarify some of the things, but yeah, it is changing me. It's helping me to understand myself better, and where I'm coming from, and maybe where I've been lacking in areas that I need to work on with my own kids.
Positive Prior Experience in Therapy	Therapeutic	Facilitator	**Martin**: The fact that I was involved in therapy sessions [when my son was younger] early on ... really softened me to the whole concept of therapy.
Therapy Extending Beyond Therapy Room	Therapeutic	Facilitator	**Ben**: Usually when we adjourn, we go get a bite to eat someplace, since its dinnertime, and often it's a little Italian restaurant, and that's usually a very good meal, usually lots of positives to explore after the session
Social Stigma of Therapy	Psychosocial	Barrier	**Miles**: I didn't want to see it lead to medications for him, because I really don't think he that's necessary, and the idea of him going into some kind of extended psychotherapy experience.
Independence	Psychosocial	Barrier	**Jerry**: I did think years ago, like I said, that families ought to be able to take care of that on their own. They don't need an outsider to tell him that you need to do this or this. We should be able to see that.
Machismo	Psychosocial	Barrier	**Miles**: It points the light at them, and says I'm not a good father. There's something wrong with what I've done with my child, and it also reflects on them as a parent and as a husband. It reflects on them in a lot of different areas.
Minimization of Problems	Psychosocial	Barrier	**Martin**: I have boys so I can relate to boys and I will always play back to when I was their age, and I can continuously come up with examples where I think I was just like them or perhaps worse, so it's really easy to brush things aside.

Table 4.2 (cont'd).

Influence	Influence Type	Probable Effect	Sample Quote
Lack of Control over Children and Situations	Psychosocial	Facilitator	**Joseph**: We seemed to be less and less able to have our daughter to just act and be the way that we believe she should be, whether it was discipline-wise or whether it was the fact that she seemed to be very oppositional and very defiant
Thoughts and Concerns about Future	Psychosocial	Facilitator	**Ben**: When we see those plates fall, we know that, hey, can we send this kid off to college without him having them all crash? What's it going to take to get him to that point when we can let him out on his own?

Social Stigma of Therapy

Three fathers expressed some reservations about therapy due to the stigma it could have on them or their children. Their concern largely came out of the belief that therapy was primarily for major psychosis, and others might judge them and their families for participating in therapy. Martin, for one, was very concerned in the beginning of therapy about how his family might react to their involvement in therapy.

> One of the big [reservations about beginning therapy] was the family knowing that we were going to see somebody. That evokes notions of, 'Oh, we're going to deal with the crazy one of the family, who needs a psychiatrist.' That kind of thing.

Miles, however, was more concerned about whether or not his experience in therapy might lead to medications or some kind of long-term therapeutic engagement:

> I didn't want to see it lead to medications for him, because I really don't think that's necessary, and the idea of him going into some kind of extended psychotherapy experience. I want to make sure it doesn't get out of control and I think that might lead it to getting out of control.

Miles also expressed concern initially about how his experiences in therapy might limit his opportunities in the future, particularly with regards to jobs that might inquire about his mental health history:

> There is a history with medication or therapy that could affect him in many areas later in life, whether that be career or whatever. I think people could ask, have you ever had medication or treated for this and you could lie and say no but if you're honest, it could be something that you have to overcome. ... I know it affects the way I look at it.

Jared, on the other hand, spoke more in terms of how mental health treatment is seen in society in general, but he decided to pursue therapy anyway, given the dire circumstances that he saw his family in:

> I think before now, [mental health treatment] wasn't so open in society. Mental illness and those types of thing, I think there is a stigma attached to it and people were hesitant to go to therapy and to confirm it. For me, it was the only option because I wanted to help my family and improve my marriage, so it was like either do that, or the consequences.

Essentially, these men expressed concern about therapy based on how they understood society's perspective of therapy. Despite these reservations, however, they made the decision to enter therapy anyway.

Independence

Although this study focused on the personal experiences in and around therapy of the particular fathers interviewed, I also wanted their perspectives about why more men do not participate in therapy, knowing that they largely represented the exception. In responding, their answers usually began with one response: independence. The fathers described the general tendency of men to handle problems on their own as being a primary barrier to father engagement in therapy, even a barrier for many of the research participants themselves. Jim described independence as a factor that initially kept him away from therapy, saying, "I might have had more of a standard view I guess as a male, someone who thinks they can work things out on their own, and doesn't need the extra help." Joseph also admitted feeling this way:

> It was more the idea of although I have faults, there is nothing that is basically wrong, and nothing that really needed fixing that we couldn't fix ... I think that there is a whole range of problems that can't be helped that I probably said that the family can work it out, read some books, do some self-help stuff in the past.

Additionally, he admitted that he continued to harbor some of those beliefs, despite his admission that therapy had helped:

> There's a lot to [the idea of my independence hindering me in therapy], that it is the "I will be able to handle things on my own." Still, there is a part of me that says that we ought to be able to handle this on our own. It's the idea that I think I can handle everything myself.

Jerry expressed similar thoughts and concerns, but he also mentions that he believes that there may be a sense of emasculation in going to therapy, essentially foregoing independence and the freedom to address family problems alone:

> I did think years ago, like I said, that families ought to be able to take care of that on their own. They don't need an outsider to tell him that you need to do this or this. We should be able to see that ... "I can handle this. I can handle that. I don't need somebody telling me this or that." ... I think that we think that leadership is taken away from us, and my spouse does not look up to me.

Instead of seeking therapy, therefore, these fathers believe that many men would rather handle problems in their own way in a sometimes drastic effort to maintain order and control. Miles described his struggle with that:

> I just want to go and—when he talks about the issues that he's still going through, and there's a part of me that just wants to grab him around the shoulders and say, "okay cut it out." But you don't do that, but you feel like it, and there are a lot of fathers who would do that or they don't want to confront that feeling. So, let's just pretend there is not a problem I'll take him fishing or I'll take him hunting and we'll talk about it and we'll put it to bed. And if not, I'll take the paddle to him.

So by engaging in therapy, he says that fathers have to admit that they cannot take care of the problem simply using the internal resources of the family, a difficult admission for many fathers.

Machismo

The fathers in this study also talked about how men's desire to remain independent may derive, in part, from their ideas of what it means to be a man. Therefore, some men may avoid engagement in therapy because of what that

engagement says about himself as a father, husband, and man. These fathers said that going to therapy represented a significant failing on his part. By admitting to problems in the family, regardless of the cause or nature of those problems, it makes a statement about the job he doing, in the minds of some men. Miles expressed this idea clearly:

> It reflects on them as a parent. It reflects on them as a man ... It points the light at them, and says I'm not a good father. There's something wrong with what I've done with my child, and it also reflects on them as a parent and as a husband. It reflects on them in a lot of different areas.

Martin too expressed that to some men, participating in therapy challenges their ideas of what it means to be a father:

> [Fathers avoiding therapy] is really a true throwback to the traditional role model where the wife raises the kids and the guy brings home the bread and brings home the bacon, whatever, which is clearly a copout ... If it's more serious or an emotional problem or even an ADD type thing, I can see a traditional man going, "Oh, that's just a bunch of hokey pokey. If you want to pursue that, go ahead, but don't involve me."

As Martin describes, some fathers see such serious attention to family problems as being primarily the responsibility of the mother. Jerry even calls it "a macho thing" and explains, "I think that they think that their leadership is taken away from them ... I think a man, you can't say loses his manhood, but I just think it's his machoism."

Minimization of Problems

The psychosocial influences addressed to this point have largely come out of men's fear of something: fear of a social stigma, fear of the loss of independence, or the fear of emasculation. The Minimization of problems relates more to the non actions of fathers than their fears. Many fathers indicated that part of their hesitancy to engage in therapy wasn't because they necessarily had

anything against therapy, even for their own families. Rather, they simply did not see the problem at hand as anything to be concerned about. Jerry said, "My wife had mentioned, 'Do you think we need to go to a therapist?' And I said, 'No, it'll blow over, and we will handle it.' That was my initial thought." Martin appealed to his own experiences as an adolescent boy as a barometer for the seriousness of the situation, "I have a boy so I can relate to boys and I will always play back to when I was their age, and I can continuously come up with examples where I think I was just like them or perhaps worse, so it's really easy to brush things aside." He went on to discuss how he believes that many men minimize and deny problems that may come up:

> I think that women are more emotionally aware, so they might see something as a problem that the man just doesn't even buy into. "That's what kids do," that kind of thing, just dismisses it. And it's tied a little bit to, what do you call it, denial. Who wants to deal with problems when you can make believe it's not there? Men are more likely to be in a state of denial.

Miles supported this argument of denial being a major factor:

> [For] the bulk of [men], it's more of an issue of having to deal with the problem. They want to run away from the problem. They just wanted it to go away ... if you come to therapy, then you are face to face with the reality that there is a problem.

He even admitted minimizing the problems with his son himself:

> There are things that I was aware of with our son that were an issue that I never thought you were as bad as it was. And I didn't tell my wife everything that was going on because I didn't think it was a big deal, and I knew what upset her.

Perhaps an even more telling example of how minimization can lead to a lack of therapeutic engagement comes from Sam. Sam was by far the most disengaged father interviewed for the study, as evidenced by his own claims that he was not often around and was happier when he was away from his family. Although he

did not oppose therapy for his son, he did not see much need for his own involvement. Additionally, he minimized his own lack of involvement with the family:

> She often says that I'm not there. I'm never there. I never take care of them. It's always never, never, never, never, never. I'm there maybe 30% of the time. [My wife] claims that's never. The more she says that, the less I want to be there... She turns negative, and I try to stay away from that. When she's being negative, I just leave, I just run.

Sam does not see his own lack of involvement as much of a problem, despite his claims that his wife and children see it as a problem. Moreover, that lack of involvement makes him less inclined to engage in therapy as well in an effort to "stay away from that". Later, Sam indicates that this same minimization has prevented him from following through on marital therapy for him and his wife:

> I almost went through my work, you know the work helpline, you know, to get a marital counseling. Things started going pretty well, and I forgot about it, and now things have just kind of dropped off the edge. So it's not going to happen now.

So while the minimization of problems may simply be a matter of perspective or denial, it can also stand to keep fathers out of therapy when therapy would really be helpful.

Lack of Control over Children and Situations

Not every psychosocial influence serves as a barrier to engagement in therapy. The final two sub-themes highlight influences that might actually serve as facilitators to father engagement in family therapy. The first of those two is the father's lack of control over children and situations. In addition to valuing their independence, many of the fathers interviewed expressed distress over a lack of control over their children. Sam expressed this concern, stating, "It's mainly been

one day at a time. If I get to this day it'll be good. Just one day at a time right now." Miles also mentioned:

> We saw issues with my son that were a little more serious than we felt like we could handle. ... I want to make sure it doesn't get out of control and I think certain things might lead it to getting out of control, and with that comes guilt and maybe even fear, like losing control. A lot guys I know are real control freaks.

Jerry expressed this concern as well:

> Other people would talk to my daughter and she would tell them a little more. So I felt that there might be nothing better to do than to go to a professional. So that's why we went to a counselor ... Our daughter is at the age of 18, and I'm just lucky that she still comes to the therapist because she could easily say, "I don't want to go." And we couldn't make her and we couldn't make her talk to the therapist.

Jerry's inability to control his daughter's behavior is essentially what brought him to therapy. He recognized the real limitations of his own control, and in an effort to help his daughter, and perhaps apply some indirect influence as well, brought her into therapy. Even in therapy, however, he recognized how little of her he can really control. Ben too came to this conclusion:

> It was obvious that what we were doing with my son wasn't working. So, it was very clear to both of us that what we were doing here—we weren't able to predict these things until after the fact; we weren't able to control them at all. The biggest statement I can make is we knew what we were doing wasn't working, and it wasn't—and we didn't know how to figure out what would work. We had tried multiple things. We tried me trying to control it, we tried my wife trying to control it, we tried both of us ... There've been a couple of points at it where I realized in therapy, I can't try to control things. It's to my detriment to try and control things.

As he and his wife attempted to deal with the problems with their son on their own, they eventually came to the conclusion that they were not making any progress. He described that this lack of control eventually brought his family to therapy. Through his experiences in therapy, he even came to see his desire to

control as harmful at times to the change process and harmful to his relationship with his son. Additionally, Joseph understood that there is a point at which a parent can no longer control the child. There are parts of the child, including genetics and their own free will, that parents simply have no hope of controlling entirely, or even partially, in some cases. This revelation, which eventually helped lead him to therapy, was freeing for him. Joseph stated:

> We seemed to be less and less able to have our daughter to just act and be the way that we believe she should be, whether it was discipline-wise or whether it was the fact that she seemed to be very oppositional and very defiant ... some that we hadn't thought of, some that we could do better, and some of that we had no control over. ... Do we try? Yes. Do we have it all pretty well under control? No. ... There is some amount of genetics that the child is pre-wired and pre-programmed to act in a certain way, but there's also that component that the parent is able to influence and to mold, and the environment is, like you said, the nature versus nurture, what percentage and how much can you change? I don't know, and that is one of the things that we have tried to do throughout the last few years, sometimes more successful than others, and that is to realize that there are some things that we can influence and can change. There are some things that we can't change, and sometimes we don't even know what they are. So, we try to do the best we can.

So while the feeling of losing control can both distressing and a little freeing, it can make fathers more likely to engage in therapy as they come to the conclusion that the manner in which they are addressing the problem is not working on its own.

Thoughts and Concerns about the Future

Another psychosocial influence that sometimes may serve as a facilitator to father engagement in therapy is the father's thoughts and concerns about the future of the family. Some of the fathers in this study cited a great concern for their child's future as being prime motivators for them to come to therapy. Ben explained:

> Clearly when I think the kid is routinely lying to us, I've got some concerns about not only the behavior, but the person and the character behind that. ... When we see those plates fall, we know there's a need to—particularly as the kids get older, and the plates are still falling—we know that, hey, can we send this kid off to college without him having them all crash? What's it going to take to get him to that point when we can let him out on his own?

Ben went on to explain that he was "hopeful that we'll react in much more helpful ways when the plates break," indicating that he believes that therapy has helped him understand his role in his son's life better. Miles too expressed how he hoped that therapy could help shape his sons into the kind of men that he wants them to be:

> Above all else, my two boys, I think of making them—getting across to them, communicating to them what it means to be a godly man in our current culture. Some people might roll their eyes at something like that, and I don't mean someone that grows up to be someone who's pointing the finger at everybody. I mean someone who grows up and their word is their bond. When they say something, there is thoughtfulness and encouragement and all of the moral and upright things that go in behind something like that. They are honest people and fair, and that they are compassionate. And that's what I think about when I think about raising two young boys and two young men. That's the way I think about it, and I think therapy has helped us move more in that direction.

So as these fathers engaged in therapy, at least part of their concern was about how their children would grow and develop without some kind of intervention. In their minds, therapy provided an alternative to what they had been doing and gave them another set of resources to help their children.

Other fathers, however, talked about the optimism of the future that they have because of the helped they have received in therapy. Dave said, "I don't feel like things that we are going to say or things that are going to happen between us three are going to pull us apart, but I think we can get through anything." Jared said, "I'm very proud of the fact that we stuck it out and kept

loving each other and kept moving on." Joel said, "We'll see when it all comes out in the end I'm sure it'll all come out well. ... I've always got hope. Until it's gone, I've always got hope." These men saw their children's future with hope, due in large part to their roles in therapy. They are also more invested in therapy because of that hope.

Issues of Gender

Related to the psychosocial influences that fathers identified, issues of gender emerged from the interviews as being particularly important to how the fathers understand their role in the family and their role in therapy. Beliefs about gender are certainly embedded in psychosocial beliefs and a cultural context. Because of the pervasive ways that gender shapes the understanding of family roles, however, not only for these fathers but in society at large, I thought it was particularly appropriate to separate the issues of gender as a separate theme. This theme, therefore, identifies four sub-themes that emerged regarding gender as it relates to father engagement in therapy: Equality of Mothers and Fathers, Differences between Mothers and Fathers, and Parenting Boys and Girls Differently.

Equality of Mothers and Fathers

In general, all of the fathers in the study professed some level of belief that mothers and fathers are or should be equals in the family. All but one participant expressed a strong belief that both mother and father should be engaged in family therapy when a child is the identified patient. The one who did not believe so, Joel, explained that it depended on the nature of the problem, and he

believed that it was necessary for him to be involved in therapy with his son because of the nature of the problems they were experiencing. With that only exception, however, the fathers expressed a unified belief that both mothers and fathers should be engaged in therapy to encourage and support each other.

Some of the fathers also talked about a blurring of roles that has occurred in what is expected of mothers and fathers in society. Joseph stated, "I think the role of a father now is much less the authoritarian figure that he used to be, and he is much more of an equal partnership than everyone seems to think families used to be. ... There is an equal partnership in parenting. And I think that that is good." Jared explained the expectations that he had of an equal relationship with his wife:

> It's kind of the way I grew up, not that the father is the breadwinner, and the mother's the homemaker. I never really was quite that way. I always was kind of open-minded. I just thought it would be a little more of a partnership more of equal responsibility type thing.

Joel too expressed a sense that gender roles had blurred, although his assessment was with a slightly more conciliatory tone than a proactively egalitarian one, "These days you don't have a stay-at-home mom as much as you use to. ... A father needs to be able to work with the wife, now that the roles are kind of mixed up as far as who makes meals and who takes the kids to this or that." So while none of them believed that men and women were completely equal, as described in the next sub-theme, many of them believed that mothers and fathers had to work together in an equal manner to address both the issues within their families and the changes in culture regarding gender.

Differences between Mothers and Fathers

Despite the fact that all of the fathers expressed some belief about the equality of mothers and fathers, they all had some ideas about how mothers and fathers are different. The fathers in the study overwhelmingly described mothers as needing to be caring and nurturing. When asked about the most important job of a mother, 7 of the 10 fathers interviewed specifically mentioned the words "caring" and "nurturing. Martin said, "I personally like a nurturing touch." Sam said the primary job of a mother was to "provide care, food, warmth, affection, that kind of thing." Jim said, "Just supporting the kids. Nurturing, encouraging, helping them." Jerry said, "I think mothers are to be confided in and console. ... I think the mother is very supportive with their children." Jared said, "Being there for the kids and letting them know that you care about them." Joseph said, "I still think the mother should be caring and nurturing." Ben said, "I think the mother is more concerned about caring for them in the moment, what it takes for them day by day and in the moment." Of the three fathers who did not specifically mention the words "caring" and "nurturing", Joel mentioned that mothers should be "loving enough to do whatever needs to be done to make sure the family is covered," essentially agreeing with the other seven fathers in the study who are quoted above.

When asked about the most important job of the father, however, seven out of the ten fathers in the study, although not exactly the same seven, described the necessity of leadership and setting a positive example for their children. Sam said that father should "be a role model to his kids." Dave stated

that a father must "prepare that child to be a father himself, absolute most important, to be an adult themselves." Jerry stated, "I would think set examples. I really do. I think that the father makes the decision ... I think that a father should be a disciplinary person, that and leadership." Jim said that a father should "help prepare them for the real world." Joel said that the father should be "the strong backbone. You are the one they looked towards—especially the boys—setting their values, but also the girls saying "this is the type of guy I'd like to marry." Martin said, "I think the most important thing is to role model the attributes that you expect your kids to have." Miles said, "I think of making them—getting across to them, communicating to them what it means to be a Godly man in our current culture." So as a group, the fathers in this study favored the belief that mothers should be nurturing and caring above all else, and fathers should be strong leaders and set a good example above all else.

They also achieved a small consensus on how fathers and mothers should work together from each of these differing perspectives. Ben described it this way:

> I think to great extent, the mother lives more in the present, and the father lives more in the future, ... You're trying to lead your child to adulthood, and I think the mother is more concerned about caring for them in the moment, what it takes for them day by day and in the moment, and the father is more concerned about what it takes to turn them into responsible adults, and I think that probably tends to makes the father push them to develop too fast,

So as the father is looking to the future and attempting to guide the child towards what is in the child's best interest in the long term, the mother is looking at what needs to happen in the day-to-day life of the child, looking primarily from one moment to another. Miles supported this perspective:

> I kind of look at a father as more of a big picture guy. And I hate to say that way because it makes it sound like he's not going to do anything but look at the big picture with the remote in your hand. I look at a father as someone who has a vision of what the family should be and where they are going and whereas the mother looks at what needs to happen today, right now, this week, and is taking care of more the immediate needs, maybe not for long term needs.

Joel also expressed a belief in the father as "more of a big picture guy":

> I always saw the dad as being real, real strong. When something needed to get done, dad was the one that stepped up and said this way and that way and that way and mom was right behind him going, "Okay, you do this and you two do that." Dad was saying we need this done and that done, and mom was grabbing kids and putting them in the direction that they needed to go. Dad was making more of the decisions about what needed to be done, and mom made a lot of the decisions about how all of it was to get done. Men are more general and women are more detail minded.

In general, the fathers described the differences between mothers and fathers as significant, but not necessarily reflecting an inherent disparity in the level of power or influence within the family.

One interestingly different perspective on the differences between mothers and fathers, however, came from Joseph:

> I would say that overall more people expect—and I think it is happening with the therapy—that there is an equal partnership in parenting. And I think that that is good. It causes dad some problems because in many ways, dad is still considered to be, for whatever reason, the head of the household in our culture and in our society, but it gives dad some problems because they can no longer say and expect that when dad says it's going to be this way, that is going to be that way. It's like an identity crisis for fathers today. Women have done a better job of liberating themselves from things that were artificial than men. We don't know what we are anymore. The woman can now go out and earn a living that is not the same as a man, but it's pretty close. A woman can have a family and never have a man involved. Men tend not to have that same freedom. We have caused some of our own problems, however, now we have solved less of ours than women have.

He stated that men essentially are very confused about their role in the family because of the positive changes that women have made in their own status in

society, the workplace, and the family. Although women do not yet have equal status with men, as Joseph points out, women have done a better job of breaking the oppressive bonds of gender roles than men. According to Joseph, therefore, that difference has afforded mothers slightly greater security in understanding what is expected of them and what their goals as parents and people should be. Fathers, he argues, have not achieved such security.

Parenting Boys and Girls Differently

In addition to discussing some specific differences between mothers and fathers, the fathers in this study also described differences that fathers and mothers parent their children based on the gender of the child. Six of the ten fathers expressed some belief that fathers should take a more active role in therapy, discipline, and other aspects of parenting with boys, and mothers should take a more active role with girls. Although none of the fathers expressed the belief that the opposite gender parent should be completely detached from any single aspect of parenting, there was a clear consensus that fathers tend to work better with boys and mothers tend to work better with girls. Martin stated this belief very clearly, also indicating that he wished his wife would recognize the gender differences in parenting their sons:

> I have a lot more tolerance. [My wife] might be applying a daughter's standards in a lot of cases to the boys. And sometimes I point that out to her, and I would be the same way if we had daughters. I would be scared to death, and I would have them locked away about everything. I'm always very grateful that I didn't have daughters. If a girl gets pregnant, their life is screwed up bad. You don't have quite as much of an issue with the boys in that realm. Of course, they have a role and responsibility in it. ... There's just a lot more relatability to the boys, whether it's hunting or fishing or sports, whatever, but just being on the same plane as far as the thought pattern goes. Like the impulses that you might have and the

> natural desires. If I had a daughter, I would feel like delegating a lot of that to my wife because I don't understand.

Jerry agreed with that perspective:

> [Any differences in parenting] depends on the kid, if it's a boy or a girl. I know that our daughter confides in her mom a lot more. ... It really would have been [different if she was a boy]. I think a father can talk to their son a lot easier than they can talk to their daughter.

Jim agreed, but he also discussed the parenting differences for boys and girls with regard to a specific task that should take the gender of the child into consideration:

> My wife deals with specifically other issues with our daughter than I would. Obviously, you know, sex education, that kind of thing, kind of varies, I mean, my wife with my daughter for the most part. And, I don't know, counseling on boyfriend stuff, whatever they're going through, at whatever stage they're at.

Miles described the differences specifically related to his involvement in family therapy:

> I probably would have said in my certain case that it's more important that I am involved because of the issues involving the son. It would have been different if the problems we're experiencing were with a daughter because I would have had a harder time figuring out what to say what to do. ... I see myself as being more involved and needing to be more involved and [my wife] somewhat less. I don't see it as an even kind of thing, mainly because of the topic.

Joel also talked about the inherent differences between boys and girls, and how parenting should adjust accordingly, but his assessment was more of a statement about the social prescriptions for boys and girls:

> Do you know what the Cinderella syndrome is? When you were brought up and played with Barbie dolls and get married and have a baby and all this kind of stuff. Guys are grown up to be tough and to be able to do things on their own, and it's the responsibility of the fathers to teach that to sons and mothers to teach the daughters how they should be.

So even though most of the fathers in the study expressed a belief of equality between the mother and father in terms of the power and involvement in the family, they also described that the specific tasks of parenting are different for mothers and fathers, depending on the normal tendencies of mothers and fathers (i.e. detail-oriented versus big picture) and the gender of the child. These issues drew clear lines of responsibility for mothers and fathers along gender lines.

Family Influences

Father Involvement in Parenting

Each father who participated in the study brought a different perspective and experience of father involvement to the study. The participants' perspectives on father involvement ranged from Sam, who was extremely detached and distant and acknowledged his lack of involvement, to Jared, who described himself as being the primary parent with very little help from his wife, who suffers from Major Depressive Disorder. The common thread, however, was that they all saw father involvement in parenting as important to their children's development and helpful in their relationships with their spouses, whether or not they were as involved in parenting as they wanted to be. Within this theme of father involvement in parenting, five primary sub-themes emerged as particularly pertinent to father engagement in family therapy: motivation for father involvement, elements of direct involvement in parenting, frustrations in parenting, lack of father involvement, and the father's influence over the child. Before addressing those sub-themes, however, I address the quantitative data generated by the Inventory of Father Involvement (IFI).

Inventory of Father Involvement

After participating in the interview, each father completed the IFI, which was used to verify and triangulate the qualitative data. The descriptive data generated by the IFI, including raw scores, means, and standard deviations, is displayed in Table 4.3. It is generally consistent with the qualitative data regarding father involvement. The overall trends of the data, both within and across cases, are consistent with the qualitative data addressed later in this section.

Within the nine sub-scales, the Providing (Prov) sub-scale had the largest mean by a wide margin, with seven of the ten participants giving themselves a perfect score. This was expected, given the value that they placed on their roles as provider of financial resources for the family. Sam and Jerry had the lowest individual score on the Providing sub-scale, even though their scores were still quite high. Jerry's score on the Providing subscale was expected, however, since he expressed a desire to be able to work and help more with the family income. Reading and Homework Support (RHS) had the smallest mean. That may be explained in that most of children of the fathers interviewed were of high school age and may be less likely to want help from the fathers. As expected based on the qualitative data, Sam had the lowest Global Father Involvement (GFI) score, which represents overall father involvement. Joel had the highest GFI. The GFI of all of the fathers except Jim and Sam were within 1 standard deviation of the mean. Jim and Sam were within 2 standard deviations of the mean. Overall, the scores for the subscales and the GFI were consistent with the qualitative data.

Table 4.3 Inventory of Father Involvement Raw Scores, Means, and Standard Deviations

	DR	SE	MS	Prov	TTT	PA	DT	RHS	Att	GFI
Jim	4.00	4.00	4.00	6.00	2.67	3.83	4.00	2.50	4.67	**3.94**
Dave	5.33	5.00	3.33	6.00	5.00	5.33	5.33	4.67	5.00	**4.96**
Ben	4.33	4.33	5.00	6.00	3.67	4.67	5.67	3.67	4.00	**4.54**
Sam	4.67	4.67	3.00	5.00	3.67	5.00	1.50	2.33	2.33	**3.60**
Joel	5.67	5.33	4.33	6.00	4.33	5.33	5.33	4.33	5.33	**5.08**
Miles	5.00	5.00	4.67	5.50	5.00	5.00	5.00	4.50	4.67	**4.92**
Jared	4.33	5.00	5.67	6.00	5.00	5.33	4.67	3.67	5.33	**4.96**
Martin	4.00	4.67	5.00	6.00	5.67	5.00	5.33	3.50	5.33	**4.96**
Jerry	5.00	4.33	5.33	6.00	4.00	5.00	4.33	4.00	5.33	**4.77**
Joseph	3.33	5.00	3.33	5.00	3.33	4.00	5.33	4.33	5.00	**4.27**
Mean	4.57	4.73	4.37	5.75	4.23	4.85	4.65	3.75	4.70	**4.60**
SD	0.705	0.410	0.923	0.425	0.930	0.535	1.223	0.8027	0.935	**0.505**

DR: Discipline & Responsibility
SE: School Encouragement
MS: Mother Support
Prov: Providing
TTT: Time & Talking Together
PA: Praise & Affection
DT: Developing Talents
RHS: Reading/ Homework Support
Att: Attentiveness
GFI: Global Father Involvement

Scale: 0 (Very Poor) — 6 (Excellent)

Motivation for Father Involvement

As each father talked about their involvement in parenting and the day-to-day duties of raising children and running a household, they quickly began talking about their motivations for doing so. Whether they recognized it before the interview or not, the fathers all had specific motivating factors that impacted their decision-making processes and the issues that they determined to be important as a parent. For many of these fathers, those issues eventually led them to therapy with their child, even if they may not have seen the benefit of engagement in therapy at first.

Jared seemed to express the strongest motivation in the beginning, although he certainly was not the only one who expressed this sentiment. He said his motivation was:

> I love my kids and I love my wife. So I'm going to do whatever it takes to keep the family. ... My wife was wired [to not be very helpful at home], and I try not to let this stuff get to me or anything because I love her. I love my family, and I've seen how much pain we've gone through, the stress. I've seen how much [therapy] can help. ... For me, therapy was the only option because I wanted to help my family and improve my marriage, so it was like either do [therapy] or the consequences.

Very simply put, his motivation was that he loved his family. More than any other motivator, he wanted to do all he needed to do in order to improve his family's relationships and improve their future together. Although he may not like the inequity with regards to parenting and household duties, both of which he was more involved than his wife, he recognizes what he must do for his wife and his children, whom he loves.

Jared's thoughts were shared by Dave, who loved his son but also saw himself as his son's protector:

> Me and my son have developed a relationship since the time that he was born, that we are very, very close, and I want to make sure that he has everything that he needs for me. ... He'll still be around, and that's the most important thing. Even if he gets to be 30 years old and still thinks that I'm such a jerk, but he's still walking the face of the earth then I did my job. He's still safe enough to be around. ... I think the big thing is that he feels secure. He feels like he's in a place where I'm constantly to be there and make sure he's taken care of."

In addition to the care and concern that Dave feels, he also sees himself as providing a level of security to his son's life that he did not have and his son can recognize. Jim, however, offers a different kind of motivation:

> We're dealing with some resentment that my daughter's had towards my wife, and maybe me too, I don't know. But I really want my daughter to have a good relationship with her mother as she grows up because I think that's important, and I think that for my wife it will be important too because that's all she'll have, you know, is her two kids, at least until they have kids, I suppose.

Although he describes love and caring as motivating factors at other times, here he describes his motivation for participation in therapy as residing with his concern for the future of his daughter's relationship with him and his wife. By addressing their issues presently, he hopes that they may still salvage a positive relationship in the future.

Direct Involvement in Parenting

Although the fathers' motivation for father involvement was interesting to discuss, the context of their lives with regard to father involvement provided a wealth of information about how they fit into the day-to-day operations of childrearing and the tasks of being a parent. Most of the fathers were fairly involved in the lives of their children, but they described that involvement as primarily residing in three different aspects of their lives as parents: the tasks of involvement, teaching life lessons, and addressing problems with the children.

These aspects describe how the fathers understand the nature of father involvement in terms of how they actually execute the role of father.

The first aspect, the tasks of involvement, involves the particular jobs of parenting that each father described that they did. These jobs involved mundane tasks, such as Miles describing:

> It's not unusual for me to be in the kitchen cleaning up after a meal or cooking a meal or washing the clothes. ... I would come in and I would take on a lot of those roles, just because she was getting worn out. I would come in and it wasn't unusual for me to do dishes, and cook dinner wash clothes.

The tasks of parenting also involves the meaningful experience that they develop through those mundane task, as described by Jerry:

> She is in FFA, and this is her fourth year. And every year they have to go up and build the stalls or put them together. Of course, I go up there, and I told her, "You can lean against me. I'm a good leaning post." But I go to all of the booster meetings, but I just can't get involved like I would like to. ... Even though I take the time to go to these functions, I can't do the brisket barbecuing because I can't get up on the trailer. I can't set the pens up. So I just do what I can. I go there and I sometimes help in the concession stands when they have overflow or whatever.

Jerry does not have the physical ability to do everything that he would like to do, but he gives his time to his daughter as best he can. He explained that because he is retired, he does most of the household chores, although his wife directs most of what needs to be done. Yet, his involvement in his daughter's life is very profound.

The second aspect, teaching life lessons, represents the responsibility that all of the fathers felt to provide a good example to their children and make sure that they learned some of the crucial lessons in order for them to be healthy, productive, and happy members of society. Although many of them admitted

falling short on this task, they all described it as very important. Ben, for instance, really struggled with the difficulty he felt he had getting some of those lessons across to his son. Talking about his son, he said:

> When you overcommit and intentionally promise more than you can realistically deliver, you set yourself up in a place where you're going to fall, that you know you're going to drop all those plates. There's a level of integrity missing in that, and teaching responsibility to the children is a hard thing to do.

Jared felt the same responsibility to teach his sons about the value of their relationship together:

> One of the things I kept telling the kids was, "Look God's important, the most important thing basically are families and we're important. One of these days when I'm not here, and mom isn't here, you're only going to have each other. You need to remember that and get along with each other." Especially when the kids are fighting and arguing.

At the same time, some of the fathers felt that one way to teach these lessons was to live the lessons out in their own lives. This was especially true regarding the way that the fathers approached therapy. Martin said, "If a lot of mothers are there and the fathers aren't, that sort of sends a message. I feel sorry for them. I tried to fill in that gap." Jim also saw setting an example in therapy as important, "Setting the example that therapy's okay for [my daughter], to let her know—if I'm asking her to do it, and I'm doing it too, I guess it might not be too bad."

The third aspect of the tasks of parenting, addressing problems with the children, deals with how the fathers in the study approach issues related to discipline and reacting to children when they do not act appropriately or live up to the parents' expectations. None of the fathers had trouble expressing the ways that they were firm with their children, even when it was difficult to do so. Dave,

for instance, described how he handled it when his son uses his status as a divorced father against him in order to get what he wants:

> He said, "My mom let me move in with you because I was so bad that I got on her nerves and she had let me go. So I figure if I can do the same thing to you, then I can go to my mom's house." It's a brilliant move. It's checkmate, the only thing that I can do to combat it is not get frustrated, but it's not that I don't it's just that I hide it very well. ... I usually don't have arguments with my son. We've already established that we are not going to have arguments. You can discuss what you're going to discuss, I will discuss what I'm going to discuss but we will not be in an argument.

Even though his son was intentionally misbehaving in order to get a desired reaction, Dave was able to moderate his reaction by understanding where his son was coming from and setting clear boundaries on how they would deal with difficulties. Jared, however, expressed more difficulties handling problems with his son:

> He's a loving person he's a caring person, but he can be a real pain in the rear. You try to deal with him and you can't until he calms down, and me, I want to resolve things. I want to resolve it and deal with it. So I'll keep pushing, and he will either, one, withdrawal or he will resent it. And I feel guilty and end up saying I'm sorry, I feel like I have to apologize.

Even though he held the authority as the parent, his son sometimes could hold the upper hand in controlling the pace and tenor of conflicts. Jared, then, feels as though he has pushed too far, and that balance has been difficult for him to navigate. Of course, each punishment was discussed by a number of fathers in the study as well, often leading to confusion and helplessness if the punishment did not bring about the desired results. Ben described his philosophy of punishment as a form of motivation:

> The punishment was all about trying to motivate him. He didn't recognize it as that; he just recognized it as punishment, and how to deal with that, how to keep on top of that, how to have him report to us honestly, we tried all kinds of things. ... There wasn't anything there that was working, and of

> course my perception was that I had a kid that was a liar, and that was tearing me up because I work with too many people in marketing and sales who won't tell the truth, the whole truth, and nothing but the truth, and seeing my son fall into those patterns was really getting to me.

Of course, it was those dead ends and a sense of helplessness that brought them into therapy. Joseph expressed a similar process of exhausting everything he and his wife knew about punishment before engaging in therapy:

> We tried timeouts. They didn't work. You had to spank her to get her to stay in the timeout, and you've probably heard that before, but that was literally our amount of success in doing timeouts, and I think we probably both look back and say, does some of our relationship now have to do with the way that our daughter was disciplined when she was younger? I don't know.

So while their attempts at addressing problems and disciplining their daughter at the time seemed like the prudent thing to do and in their child's best interest, he later wondered whether or not those attempts may have done more harm than good. Again, it was that helplessness and confusion over addressing those problems that eventually led them to begin therapy.

Frustrations in Parenting

Although each of the fathers expressed great joy and excitement in their roles as fathers, they also expressed a great deal of frustration, often at the lack of appreciation that they received from their children and occasionally their wives. Jim said, "I don't know how much they recognize what I do to provide for them. I mean, kids take it for granted." Dave too admitted feeling frustrated when his son didn't appreciate what he did for him, "It's hard, and there are some times when I really had to take a step back and go for a short little walk after he's doing what he isn't supposed to do and he thinks that it didn't affect me. Sometimes it's real hard."

The fathers also talked about problems rising to the levels of frustrations because of the way he responded to the situation. Many of them expressed some regrets how they had dealt with particular situations. Dave mentioned a regret he had early on as a parent:

> I would spank my son behind for doing something wrong when he was a baby like I'd be diapering him. I can remember him crying out in the room and it'd be 15 minutes later, and he'd still be crying. And I go, "Do you want me to give you something to cry about?" And I just sat there, and I was like, "Man this isn't cool."

Joseph also expressed a regret he had about how he had handled the situation when he caught he daughter attempting to cut herself:

> I recall grabbing it and wrestling the knife out of her hands, which was stupid on my part one of us could have gotten stabbed. It was dumb. But you see someone taking a knife to themselves and you think wait minute this doesn't make sense at all. So I grabbed it and I said, "Why don't you just go ahead and stab yourself," as I am wrestling it away from her. Wrong thing to say. I have regretted saying that a thousand times since then. I should have either said nothing and tried to wrestle it away from her, but I had no business suggesting to her either in anger or otherwise that she should harm herself. That was wrong.

Even though he felt that he was doing the right thing in general, he regrets how he reacted and what he had said. He went on to reflect on the impact that those words had on him and his relationship with his daughter:

> There are certain things that I am not sure—given certain relationships and given what was said—that can ever take away from the results of what was said. There is some permanence to that, and that will be there 30 years from now, and I can't take it back.

Those things that they did not feel could be fully repaired seemed to provide the most frustration for the fathers. The same idea was expressed by Sam, who expressed guilt about his lack of involvement:

> I feel bad when I'm there, but not doing what I should be doing and not involved like I should be. ... I feel irresponsible. I feel like I should be doing

> [more things with my kids], but—like homework—I know I need to be doing that, but I'm not. ... When I'm not there, I want to be there, and when I'm there, I don't want to be there. I want to be somewhere else. That's not good.

Some of the fathers' frustrations came from what they saw as areas of their family that they would like to improve. Some of those improvements were simply in the areas of the activities that the father would like to do together, such as Joseph, who said, "We don't do as good athletically, and I was hoping that athletics would be something that we could enjoy together, but it has become more of an area of tension than a positive thing between my daughter and me." Other fathers said that they simply wished their families did more things together or had fun together. Jim said, "It'd be nice to have a more closer relationship with each of my kids, where they can confide in you, and you can help them more." Jared said:

> What I feel bad about my family is that we don't do more things together and part of that is just the difference between my wife and me. I like to go to lots of things, and she's—I like to go to museums and stuff like that she doesn't enjoy that kind of stuff. So, I wish we did more things together.

Joel, however, presented a somewhat more modest wish for his family:

> I don't like that we can't be more forgiving of each other's faults. Unforgiveness is the thing that has torn my family all part at times. Mom always brought us back together, but being so mad or so un-understanding of the way someone else felt or the way that they did something just rips the family apart, and I wish we could be more forgiving.

So whether it was wishing for a family who did more things together or a family who could simply forgive, each father expressed frustrations because of some aspect of their families that was lacking.

Lack of Father Involvement

Even though most of the fathers in the study expressed a good deal of involvement in their families and in the parenting duties, many also expressed times when they may not be as involved as they should have been. Ben, for example, said, "In regard to laundry and cooking, no, I'm not there for them in those areas. Have I done my fair share? Probably not, but I've done more than zero." He went on to describe a significant period of time when his children were younger where he was away for work much of the time and the toll that took on the family, "The weekend was about me dropping. What they wanted was involvement, but it wasn't working for me to be very involved. We did what we had to at the time." Many of those who expressed a lack of involvement explained it by saying that work kept them away. Joel said, "I come in from work and I'm a 10-hour a day worker, so I'm dead when I walk in the door a lot of times, and getting involved is hard, but I'm learning." Joel also talked about how he sometimes found it difficult to motivate himself to be very active at home because he didn't feel his involvement would be appreciated as much as it was at his church, where he led youth activities:

> At home when I would do things I would typically do them by myself, and the boys would want to play their games or go do something else. At church, you've got a group of kids who have to be in the room anyway. It's "what is he going to do next?" I might do anything. I could do that same type of thing at home, but it isn't as appreciated. It's just, "Oh that's just dad." So it was different.

Sam was even blunter about his reasons for not being more involved:

> I just don't feel happy being there. If I had a choice of where I wanted to be, it wouldn't be there right then, but I don't point that out. I don't even care. I just leave. [10-second pause] It's like a scar. I'm desensitized, I guess. ... I know it's bad, but it doesn't even faze me.

This description of his lack of involvement highlights the ease with which a father can develop a "desensitized" pattern of distancing from the family. Sam was an exception, however, because the other nine fathers expressed a strong desire to be involved, even if they were not always involved in the ways that they wanted to be.

Father's Influence over the Child

The fathers in this study each valued their influence over their children, which was why they could become so frustrated when that influence waned, as described above. They described that influence, however, in comparing who had the most influence over the children, the father or the mother. Dave, Jared, Jerry, Jim, Martin, and Miles all claimed that they had more pull and influence over their children than their spouses had. They each described their influence differently, but the net result was a greater level of influence than their spouses. Dave remarked, "I don't believe any of the garbage that he tries to throw out, and he knows it. So he can't get anything over on me much." Jared said that the influence is manifested "because I had to take such a lead role [in the family]. Plus, I won't let them walk all over their mom." Likewise, Jim claimed, "I think I definitely have more influence on my daughter. If she sees that I want her to do it, or it's okay with me, then she sees that it's okay, or at the very least, I'm able to persuade her." He went on to say that this father/daughter dynamic was key in getting his daughter to come to therapy.

Of the four fathers who did not claim to have greater influence, however, Joseph gave an interesting description about the influence that he does have. Joseph looked at his influence from a very philosophical point of view:

> Everybody to an extent has some free will and they make their own choices, and you can't beat up yourself if your child turns out bad, whatever that means because some of those choices were made by them. You may have had an influence, and you may have done a lot, but there is also a component of their own choice.

Joseph reconciled what appeared to be a relatively small amount of influence with the fact that no matter how much he may try to control what his daughter does, she still has the ability and choice to make her own decisions. He understood the limitations of his influence in those terms, and that helped him reconcile some of his frustrations and guilt surrounding his daughter's behavior. He was even impressed when he found that he actually did carry some influence. He remembered when his daughter had worked at his office over the summer:

> My assistant said "You know, she really respects you," which was news to me, because she would talk with my daughter and it was something that I would not have expected because of the disrespect, really, that I feel like I was getting, but she had given away all of my business cards, and she seemed to be very proud of that.

On the other end of the spectrum, however, Sam described his influence in a negative way from his daughter's perspective:

> Sometimes I'm around, but if you talk to the kids, they don't want to be around me because I'm boring because all I do is play with guns, and I'm on the computer, that's what my daughter told me actually yesterday. She said I wasn't a family dad. I wasn't the kind of dad she could come talk to about her problems.

Even though he was not around his family much and when he was there, it caused a lot of difficulty, he and his daughter both recognized the void there.

They saw that Sam was not involved in the way that they believed a father should be involved. Later, Sam discussed feeling bad but resigned to that fact.

Emotional Connection

As fathers talked about their families, their struggles, and their joys, one theme that kept jumping out at me at different times during the interviews was emotional connection. Each father addressed the topic of emotional connection, either longing for it to be stronger or immersed in the multitude of feelings that accompany emotional connection within the family. Frequently, they expressed both. As the interviews progressed, however, it became clear that the emotional components of their relationships with their families are what grounded their experiences in therapy. As is usually the case in therapy, the issues, processes, and problems addressed in therapy were largely manifested emotionally. The fathers in this study experienced this along with the other family members. Therefore, it is not surprising that their discussions about their families and experiences in therapy often involved their emotional processes, as a manifestation of their familial bonds. This involves their ability to internalize and share the concerns and joys that that they feel in their relationships. Four sub-themes emerged as especially relevant to their emotional processes and their engagement in family therapy: Positive aspects of their families, desired improvements to father involvement and connection, communication with the family, and learning from past mistakes.

Differentiation of Self Inventory

In addition to completing the IFI, participants also completed the Differentiation of Self Inventory (DSI). I had hoped that the DSI would help inform how each father understood and recognized emotional connection in the family, but as mentioned in Chapter 3, the information generated by the DSI was not particularly helpful or informative (see Appendix I). This may have been because the DSI is still a relatively untested instrument with little empirical validation. Even its authors admit that much more validation and reliability testing is required. The lack of helpful information generated by the DSI may have also been because the participants were not entirely honest with their responses.

Positive Aspects of the Family

Much of each father's interview was spent discussing the difficulties of therapy, parenting, raising a family, and living in a situation that was often distressing and troublesome. When the fathers discussed the positive aspects of their families, however, they often spoke with great pride, mentioning aspects of their families that they believed set them apart. Most of them, however, spoke about the activities and events when they work and play together. Joseph mentioned making music with his family. Jerry mentioned traveling with his family. Martin mentioned his family's athletic ability. Miles mentioned playing games with his family. Even though the details were different, they all discussed their families' abilities to come together and enjoy each other's company as being very positive aspects of their families.

I also asked them specifically if they felt that they were emotionally connected to their families. Nine of out the ten fathers claimed that there were emotionally connected to their families, with Sam being the only exception. Out of those nine, however, six of the fathers said that the emotional connection was not as strong as they would like for it to be. They expressed distress and a bit of distancing within the family, primarily due to the issues that they were dealing with in therapy.

Despite any kind of disconnection they might have felt, each father also expressed the ways that they showed their love and care to the members of their families. Dave explained how his son saw his love and care, "I think the big thing is that he feels secure. He feels like he's in a place where I'm constantly to be there and make sure he's taken care of." Jared offered similar thoughts of love and security:

> I spend time with them until I love them. I think that it sends a message because it's easy for you to get tied up doing other things, especially in the business I do. There are 101 excuses that you can find not to do that. But to spend time with them for me is the most important thing, and to let them know that I love them. And that I'll be there for them, no matter what. I think, to me that's just being there for them being supportive of them.

Jerry also talked about spending time with his family, despite his physical limitations:

> I want to go places with them. They would go to the mall, as an example. And of course I can't walk to the mall with them. So I will go and sit on the bench, "When y'all get through with this part of the mall, just come get me and we will find another bench." I think they understand that I want to be with them, but I can't be there every step of the way. So that's the way that I show them.

Joseph expressed his love in time spent with his family as well:

> They can tell by the fact that I am available. I am not out doing other things. I tend to be a homebody in many instances. If someone needs something like, if my daughter needs a ride she needs a ride somewhere I'm available to take her. I'm available to do those kinds of things.

Each of these men saw their families as important to them, and they took pride in the positive aspects of their families. They expressed their emotional connection to each family member in different ways, but the reason returned to the emotional connection that they felt for the members of their families.

Desired Improvements to Involvement and Connection

Despite the emotional connection that most of the fathers claimed to have with their families, they each expressed areas of involvement and connection that they wanted to improve upon. Many of the fathers expressed wanting to spend more time with their families. Jim took that a step further and said that he wanted more "positive time" with his kids, meaning less time doing mundane tasks, discipline, and negotiation. He also recognized something that he could do better himself, "Just finding ways to recognize them in a positive way. Sometimes we take for granted the good things they do, but we're quick to jump on them when they're not meeting expectations." Other fathers expressed similar sentiments. Joseph, for instance, said:

> I still tend to forget that our daughter is not, for lack of a better word, cured of whatever her problems may be. And I tend to fall back on the old ways of dealing with her. ... I do not do well in actually putting into practice things that we may have discussed or things we are trying to work on.

The progress in therapy, therefore, has somewhat raised his expectations of his daughter to the point where he expects more out of her, and he is giving less. He recognizes this as his responsibility to correct, however. Jim, Ben, and Joseph expressed disappointment about the lack of common interests that they had with

their children. Jim, in particular, saw this lack of commonalities as impacting the way his children respond to his parenting:

> They don't think I ever went through anything they're going through. They think probably I have no basis to give them any perspective. ... They're not following you around idolizing and emulating you every step of the way like they were when they were little kids. And so they grow to have their own interests, they get their own friends, and really there's not a whole lot in common. It's tough to find things in common you both like to do, and you like to do with each other, that they wouldn't rather do with their friends. So, that's a challenge.

So there is a marked disconnect that Jim sees as somewhat impassable, simply brought on by his children's natural maturation process. That disconnect is represented by Jim in the challenge of finding common interests with his children when they no longer view their father with the same awe and wonder that they once did. Even if a father did not feel that disconnected, however, they did commonly express the theme of desiring a closer relationship with their children. Dave described what he considered to be the perfect parent-child relationship, which he had not yet achieved:

> Both parents should have a very close relationship with the child. They should have deep intimate knowledge about what is going on with the child, how they are feeling, and they should be loving and caring, and they should be friends—friends with the definite, clear, "I am a parent."

Other fathers expressed a desire for such a close relationship, with a clear parental hierarchy, but also with an amicable, affectionate friendship that would allow the parent and child to confide in each other and seek each other out for help and advice.

Communication with Family

The fathers often talked about their levels of emotional connection with their families in terms of how well or how poorly they were able to communicate

with the other members of their families. Although communication may have been an area that some of the fathers wanted to improve, the significance of communication as both a measure of overall emotional connection with the family and a practical tool of co-parenting and overall involvement meant that communication should be presented as its own sub-theme.

Table 4.4 identifies dominant features and patterns of communication for each father in the study. Looking at the table case-wise, certain patterns begin to emerge regarding how each father communicates on the whole. For instance, Miles expressed a strong desire to listen to his family, but little desire or ability to actually communicate himself. Also, many of the fathers expressed a strong belief in "open communication," which they collectively define as the ability for their family members to feel free to discuss anything at any time with them. Yet, many of those same fathers also expressed a tendency to bottle up their feelings until they burst or snap, meaning that they may not practice the same open communication that they desire of their family members.

Table 4.4 Trends in Communication with Family

	Communicates with spouse[6]	**Communicates with children**[7]	**Spouse open to communication**[8]	**Children open to communication**[9]	**Communicating problems**[10]
Jim	Therapy has helped communication about parenting	"Respects their privacy" by letting kids come to him	Forthright; not as expressive as he would like, but she's getting better	Wants kids to be more open with him, but "friends are the first option"	Finds the right time, but doesn't push too hard
Dave	Able to talk about most issues without discussion getting too contentious	"Long, in-depth conversations"	Open communication	Open with father, even when father doesn't like the content	Tries to stay calm, but sometimes "snaps" and yells
Ben	Shares everything, but can't talk about work/ retirement	Better communication with daughter than son	"Free flow" of communication; very open	Sometimes apprehensive because of temper	Let's family know immediately
Sam	Communicates only logistical issues with spouse	Tries to talk to them, but they have little in common	Attempts to avoid all communication with him	Very apprehensive	Rarely communicates problems
Joel	Hasn't "figured out" how to talk with wife about issues	No Data	She doesn't communicate as much as or in a style he would like	Older son is reluctant, younger son more open	Tries to overcome tendency to try to jump in to solve issues immediately

6 Identifies how each father views his ability and comfort communicating with his spouse, particularly about parenting and relationship issues.
7 Identifies how each father views his ability and comfort communicating with his children.
8 Identifies how each father views his spouse's ability and comfort communicating with him, particularly about parenting and relationship issues.
9 Identifies how each father views his children's ability and comfort communicating with him.
10 Identifies how each father views his ability to effectively communicate problems to his spouse and/or children.

Table 4.4 (cont'd).

	Communicates with spouse	Communicates with children	Spouse open to communication	Children open to communication	Communicating problems
Miles	Shared values helps strengthen communication	Communication with kids shows he cares about them	Enjoys listening to wife without speaking much	Let's them talk, but sometimes has to pull it out of them	Avoids conflict, gets emotional
Jared	Good parenting communication; Reasoning doesn't always work	Says "I'm sorry" and "I love you", but says "I'm sorry" too much as parent	Tends to hold back because of depression	They know they can talk to him if an issue pops up	Addresses issues after a "cooling off" period
Martin	Communicates better about parenting because of therapy	No Data	Wife very assertive with her wishes	Older son will "cocoon himself"; younger son is more open	Bottles up feelings, then explodes
Jerry	Talks with wife in bed for 1-2 hours at night	Let's daughter know about "open communication"	Assertive, but accommodating	Hesitant to talk; "Normal teenager"	Uses insults and evasive comments
Joseph	Daily conversations about personal and parenting issues	Messages sometimes get "garbled"	Will preface with "Now don't get defensive"	Apprehensive; afraid father will disapprove	Gets "overtly" upset and all see his frustrations

Each father discussed how he feels that he succeeds or fails at his communication with his family. Jerry, for instance, remarked that he will often say things that he does not mean simply to hurt someone's feeling when he gets upset. Although that is something he is trying to change, he finds it difficult to know what to do instead:

> Sometimes I will say things when I get mad that I don't mean to say, even when my wife and I have arguments I'll say something like, "You're hair is ugly." [Laughing] or if I didn't say anything at all, I'll go for a quiet period for a long time. ... I'll get quiet. I've learned that the hard way, especially with my wife, because I'll tell her that her hair is the wrong color or whatever, and I will get quiet and won't say anything, and after about an hour or two she will say, "Are you going to say anything?" Because she wants to get it over with and get through with it. And I'll say nope. We will go to bed that way, and may go a day or two like that.

Martin also struggled with his patterns of communication that may not have been as open as he would have liked his family to be with their communication:

> If it's a recurring pattern of a problem, it will stay below my threshold until it reaches my threshold, and then I will generally overreact. So I guess I'm just not the kind that wears his heart of his shirt sleeve or whatever. You can't always tell that something is necessarily bothering me and then I might explode, because it has accumulated.

Allowing feelings and problems to accumulate to the point of exploding seemed to be a problem for Dave and Jared as well. Despite these problems, many of the fathers expressed an active effort to improve communication with their family and prevent some of the mistakes they had made in their past communication.

Learning from Past Mistakes

Learning from past mistakes, both in regards to communication mistakes and other mistakes, also emerged as a significant sub-theme of emotional connection. Each father reflected to some extent on the mistakes they had made in the past and indicated a strong desire to learn from those mistakes, largely

because of the presumed effect they had on the relationships with members of their families. They wanted to learn from those mistakes and rectify, if possible, the damage done by those mistakes.

Joseph seemed to express the greatest amount of regret regarding the mistakes he had made. He reported growing up as a fairly compliant child who rarely gave his parents trouble. He wrongfully assumed that his child would be the same. When she shows more rebelliousness and stubbornness than he had as a child, he found that he was not very well prepared:

> I would have to say that now, looking back, the seeds of that were sown a long time ago when she was younger, and we were either oblivious to it or didn't do anything to help that at a very early age. She still may have become defiant, but I think had we been involved earlier, we very well may have avoided some of the things that we have experienced. ... We were late coming to the game on a lot of those issues, when we probably should have learned more and done some things differently.

He recalled getting into bitter arguments and fighting difficult feelings of anger towards his daughter, sometimes reacting in ways he regretted. He learned more about his role in her resistance, however, and has attempted to correct himself:

> I think throughout this whole process we have probably come to a realization that that same dynamic that goes on between my wife and me goes on with us and our daughter. And that is, we are way too critical of her. Perhaps if we were less critical of her, she would be less rebellious and less resistant to what we have to say.

Miles, however, expressed the opposite in terms of the mistakes he made with his son:

> I think about how I am obviously too trusting of him with certain things that he has had access to in his life. I grew up in a whole different world. So I have a lot of regrets about that, but I'm working through that. It's still a little hard.

Instead of being less critical of his son, Miles realized that perhaps he had been too trusting of him, giving him freedoms and responsibilities that he may not have been ready for. It was difficult for him to move slightly out of the role of his son's friend to become more of an authoritative role, as he later described, but he realized he had to do so for the good of his son and their relationship.

Spousal Influences

Regardless of the father's level of investment in family therapy, their spouses very often played a crucial role in the initiation and organization of their therapeutic involvement. Additionally, parenting duties often necessitated some form of collaboration and cooperation between the fathers and their spouses. Throughout the interviews, the fathers often discussed the parenting and collaboration issues that they have with their spouses, both difficulties and successes. Therefore, their spouses quickly emerged as extremely important factors in the ways that the fathers both understand and execute their roles as father, both in and out of therapy. Four sub-themes also emerged as particularly descriptive of how the spouses influence the fathers' roles in parenting and in therapy: the co-parenting relationship, maternal gatekeeping, barriers to connection with his spouse, and collaboration with his spouse.

Co-Parenting Relationship

The nature of the co-parenting relationship quickly emerged in the interviews as an important factor both in therapy and in the designation of the structure of the home. While most of the fathers expressed a desire for equality in the co-parenting relationship, they also admitted that there was often a definite

hierarchy in terms of who has the power and who executes the parenting tasks. Sam explained that dynamic in his family:

> If everything's going smooth, I don't say anything. Then they can pretend like they're the boss or whatever they want to call it. When something critical comes along or they make a decision I don't like, I'm involved. ... During the day when I'm working, decisions around the kids in regards to where they're going and logistics and all that doesn't affect me at all. There's no need to communicate with me.

Miles also described a specific hierarchy, albeit a more cooperative one, based on his and his wife's different levels of vigilance about the children:

> She wants to know what's going on because she looks at those things as something that's just dragging the kids down and it's a distraction to them. She wants them to be more focused on the straight and narrow.

Despite this difference in perspective, however, Miles and his wife have made specific efforts to counteract the effects with the children:

> We actually try to go out of our way to make sure that if there are some negative consequences when we're both there, whether I'm mad or not, I'm the one that has to be the bad guy. And we've always tried to do that. ... We really do try to make me the bad guy often as possible.

Even though there is some inequity in the parenting perspective and the level of priority that Miles and his wife give to various parenting issues, they make sure that Miles is the "bad guy" with regards to discipline and decision-making so that the children do not perceive his wife as always being negative, as is the concern.

Jerry, on the other hand, presented his co-parenting relationship that reflected a more consistent level of vigilance and a more unified perspective, in addition to a unified execution of parenting:

> It's sort of like ESP. I'll say something or she'll say something, and she'll tell me after our daughter's out of the room, "I was just thinking that. I was going to make the same decision." I'll tell her the same thing. "I was thinking of that, but I didn't know how to put it into words before you did." ... It's not like [my daughter] could whine to mom a little bit and get by with

> it, or mom will let it float and she gets tired of hearing it. My wife will tell her something and she will look at me and I'll go "no!"

Jerry was very proud of the fact that even if his daughter tries to play one parent against the other, he and his wife present a unified front. This both supports their decisions with their daughter and gives them a stronger bond as well. He consistently expressed appreciation for his wife, and that appreciation helped them support each other, even when they may not agree.

Maternal Gatekeeping

Maternal gatekeeping refers to a phenomenon where the mother moderates father involvement in parenting and household matters, either directly or indirectly. Although no father identified maternal gatekeeping by name, five of them described their spouse as moderating the father's parenting or involvement in household duties at least somewhat. Jim and Ben did not specifically address moderation of parenting by their spouses, while Dave, Jared, and Jerry specifically rejected the idea that their wives moderated parenting. Of the five fathers who did describe maternal gatekeeping, however, only two (Sam and Joel) expressed some level of frustration and resentment towards their spouses for this behavior. Not surprisingly, the two fathers who expressed resentment about the maternal gatekeeping were also the only two who believed that their spouses had a negative opinion of them as fathers. This dynamic is shown for each father on Table 4.5.

Table 4.5 Summary of Spousal Influence in Co-parenting[11]

	Level of Spouse Involvement[12]	Level of Father Involvement[13]	Level of Maternal Gatekeeping	Level of Father's Resentment of Gatekeeping	Level of Collaboration with Spouse on Parenting Issues	Spouse's Opinion of Father
Jim	More	3.94 (Fair)	No Data	N/A	Moderate	Positive
Dave	Less	4.96 (Good)	No Data	N/A	High	Positive
Ben	More	4.54 (Fair)	No Data	N/A	Moderate	Generally Positive
Sam	Much More	3.60 (Avg.)	High	Some	Low	Negative
Joel	Same	5.08 (Good)	Some	High	Low	Generally Negative
Miles	Same	4.92 (Good)	Little	None	Moderate	Positive
Jared	Much Less	4.96 (Good)	None	None	Moderate	Positive
Martin	More	4.96 (Good)	Some	None	High	Generally Positive
Jerry	Little More	4.77 (Good)	None	None	High	Positive
Joseph	More	4.27 (Fair)	Some	None	Moderate	Generally Positive

11 Based on father's self-report, unless otherwise noted
12 Compared to the father's involvement
13 Based on Inventory of Father Involvement (IFI), which accurately corresponds with each father's qualitative expression of father involvement

What may be surprising is that Sam and Joel had the lowest and highest scores respectively on the IFI (see Table 4.3, p. 130), which accurately corresponded with their expressed levels of involvement in the interviews. Yet, they both felt shutout of parenting duties to some degree by their spouses. Sam expressed this frustration as a paradox he often found himself in:

> She'll call me in there, and I'll look mean, and she'll start screaming at me not to hit them or whatever, like I would hit the kids. She likes to use me as an authority figure, and then yells at me as how to discipline them. I tell her that if she's going to ask for my help, don't tell me how to help her.

Sam describes his wife and primarily in charge of the children and very controlling over how and when Sam is involved in parenting. (He also describes an incident when she hid their son's report card from him.) He relies on her to include him in the parenting as needed, but his involvement is paradoxical because she criticizes him for how he is involved. Joel expressed a similar paradox:

> There have been the times when the kids were doing something wrong, and I was getting upset. Instead of coming out and finding out what the issue was. She would jump straight on me. She doesn't like yelling and so if my voice raises up, then that's the end of it. I'm wrong no matter what happens. ... She's often commented that she has three boys. She doesn't have a husband and two boys. She has three boys.

Although Joel describes taking more active initiative in parenting, he expresses the same problems as Sam in that he sees his wife as attempting to tell him how to parent.

None of the other fathers expressed the same frustration as Joel and Sam, but they nevertheless described some level of maternal gatekeeping. Joseph describes a level of maternal gatekeeping that he has resigned himself to, whether it is what he wants or not, "I wanted to be as involved as my wife

would let me be in the parenting. It just appears that the dynamic between us is such that she doesn't want me to." Martin remarked about his reactions to some of his wife's gatekeeping, "I generally have a gut feeling that I should always consult with her, but clearly thirty percent of the time, I just roll the dice and make my best guess and decide. It's hard to tell when I'm right, though, because she's usually mad that I haven't consulted with her." Instead of feeling that he can make a parenting decision when necessary without consulting his wife, he remarks that simply consulting with his wife in her role as primary parent is necessary, regardless of his confidence about the quality of the decision he has made.

Barriers to Connection with Spouse

Although it is not always the case, maternal gatekeeping can be a significant barrier to connection with the spouse, as illustrated by the fathers, especially Sam and Joel, in the previous sub-theme. The fathers in the interviews also described other barriers that affected connection with their spouses.

For Jared, his wife's depression provided a major barrier between them. Although he expresses understanding about the nature of depression, and he recognizes the limitations that an emotional disorder may have on his relationship, he also expressed grief about the lost hopes and diluted expectations that he once had for their relationship:

> Basically, my wife was having these crying spells, and she was depressed. It kind of happened after our third child, so I was just at my wits' end because she would just start crying, and I couldn't talk to her, and she would withdraw. ... I did think my wife would be more of a homemaker, but I didn't expect her to be supermom, but she's just not wired that way.

His wife's depression, something he did not cause and had little to no control over, presented a major barrier to connection and cooperation between him and his wife. This has had an effect on their ability to parent together, and while Jared claimed he does what he can to maintain a positive relationship with his wife, he admitted that it could be discouraging and lonely at times.

On the other hand, Ben admitted that he often presented his own barriers to connection with his wife. He readily admitted that he was not as involved in the day-to-day parenting duties as his wife. When asked if that was ever a source of tension between him and his wife, he said:

> No. I don't think it ever has [been a source of tension], surprisingly. What has been a source of tension is more what I do instead of that. If all I'm doing in sitting in front of a computer screen playing with music, or doing something like that, or sitting on my ass watching TV, then there's an issue.

It was surprising to Ben that his lack of parenting was a source of tension between him and his wife, but rather the activities he did instead of parenting seemed to cause more problems, presumably because they represented leisure time that his wife did not think he should take when there were parenting duties to be done.

Other fathers, such as Miles, had a more difficult time describing the barrier that kept their wives at a distance. Miles said

> I feel emotionally connected to her, but it is a weird question for me. I do feel emotionally connected, yes. But if I had to quantify it's a little harder to quantify as I guess that's what I'm struggling with. It's a little more complex.

He went on to explain that it may be the difficulty that he has with conflict and confrontation coupled with what he described as her short temper that gives him

the greatest unease and distance in their relationship, although he was tentative in his response. Essentially, the barriers to the fathers' connection with their spouses provides some level of distress for the fathers that they would like to address, but only Jared expressed that this emotional distance rose to the level that it might need therapeutic intervention. They all expressed, however, that it made engagement in therapy with their children more difficult because of the necessity of collaboration with their spouses in therapy.

Collaboration with Spouse

Even though the fathers described some amount of emotional disconnect between themselves and their spouses, most of them expressed a greater amount of collaboration with their spouses on issues related to parenting and the general running of the household. This provided the fathers with a significant source of peace and security about their roles and responsibilities in the family, even if that peace and security was tempered somewhat by the barriers discussed in the previous section.

The fathers expressed that the collaboration with their spouses usually takes root in the things that they have in common. For instance, Ben and his wife both work in the same career field, so they can each relate to the problems and successes that go with their careers. He also describes shared interests in other areas that help in their collaboration:

> We do consult each other, but there's not often very much contention about those type of thing. Our values are very much the same. ... We're very much alike in what our interests are, in our shared interests, that those things that differentiate us weren't very big or very big issues.

Other fathers described the collaboration process as needing to be much more deliberate and direct. Miles described a clear negotiation of roles and expectations when his wife went back to work, an event that could have caused great strain in their relationship:

> With both of us working, the agreement has changed, but when she was home with our small children, she would do most of it, and I would help out where I could. ... As the kids have gotten older, and she's gone back to work, we've had to make some adjustments, but we make it work.

Miles described a clear agreement between him and his wife regarding parenting and household chores, which changed over time as their circumstances changed, but it was always a deliberate, collaborative change.

Regardless of how they collaborate, however, all of the fathers described a mutual trust in the other as imperative to effective collaboration. They all said that he has to believe that she respects him as a parent and father for collaboration to work. Logically, then, the fathers who expressed the greatest amount of satisfaction with the collaboration with their wives also believed that their wives had a positive opinion of them as a parent (see Table 4.5, p. 155). For instance, Joel, who thought his wife had a negative view of him as a parent, said:

> I don't think we parent as a team. ... I feel that she's a lot colder towards me than at any other stage in our relationship. And I still haven't figured out how to get her to talk about what's going on. I can't figure that out. Perhaps that's why she's in therapy.

On the other hand, Jerry, who thought his wife had a positive view of him as a parent, reported a high level of collaboration between him and his spouse:

> So it's not just one of us contradicting the other with a yes or no, or mom said dad said we don't do that. Other than just what one says or does. That's what we do, as parents. We support the decision-making on each behalf.

While most of the fathers expressed some disconnect between themselves and their spouses, most of them also saw their relationship as largely collaborative. Those who did not view the relationship as collaborative, however, experienced a greater disconnect and viewed their spouse as having a lower opinion of them as fathers.

Family of Origin Influences

While the father's relationships with their children and spouses undoubtedly influenced how they understood their roles as men and fathers, both in and out of therapy, the formation of their familial identities began in their families of origin, where they learned how co-parenting relationships worked and how mothers and fathers were to be involved in the lives of their children, whether for better or worse. These influences that are based on the family of origin emerged out of the interviews with the fathers as well as the construction of their genogram, which proved to be an excellent resource for quickly identifying the roles and responsibilities that each family member had in the father's childhood and sometimes continued to have into the present. Four sub-themes emerged out of the data as particularly influential to the formation of their familial identities and subsequently their engagement in family therapy: the co-parenting relationship of his parents, his father's involvement in parenting, the impact of his family of origin on his present self, and the therapeutic receptivity in his family of origin.

Co-parenting Relationship

With one exception, all of the fathers talked about the relationships of their parents as being "a very traditional 1950s/60s marriage," as Ben stated. They described a relationship where the mother was in charge of the home and the family, while the father worked and was involved in the lives of the children only to the extent that he desired to be and the mother allowed him to be. The only exception was Dave, whose father was very abusive towards him, his brothers, and his mother. Dave said that his father was cut-off from the rest of the family soon after Dave became an adult and still had very little contact with members of his family.

The other fathers, however, described a co-parenting relationship that seemed cooperative and productive, but with clearly delineated roles regarding family, household, and financial responsibilities. Jerry, Miles, Sam, Dave, and Martin described a clear hierarchy placing their fathers as the head of their families. Although some described their fathers as more benevolent than others, they were all clear that they saw their fathers as being in charge. Additionally, while every father described some amount of maternal gatekeeping, Sam described an especially strong level of gatekeeping that persists into the present. When asked if his father ever made dinner or did the laundry, Sam replied:

> Oh no. My mom insisted on doing that. She still does, because she wants it done her way, and if it can't be done her way, she doesn't want it done at all, so she does it her way. Stay out of her way when she's in the kitchen or the laundry room.

Even if Sam or his father wanted to be involved in the household duties, he believes that his mother would prevent them from doing so.

Own Father's Involvement

As each of the fathers in this study grew, they saw their own fathers as a significant model for how a father should be. Although many of these fathers diverged from this model in later years, they still reflected on the impact the model of their own father had on them. Jerry reflected on the level of punishment that he experienced as a child, "If they can't handle a problem, he was going to whip you until you understood the problem. I got plenty of spankings/ belt whoopings—today it would be child abuse, but back then, that was just part of discipline." Martin, Joel, Ben, Dave, and Jim all described their fathers as being the primary disciplinarian and mentioned that their mothers frequently used the phrase, "Wait until your father gets home" as a threat of punishment.

Miles, Jerry, Joel, Jim, and Dave, who all described their fathers as being distant, talked of grand attempts that they made to get their father's attention. Active, in-home parenting simply was not a high priority for their fathers. Their role was simply that of provider and parenting back-up to the mother only when absolutely necessary. As Ben described his own father, "The father went out to earn a living, and came together at night at the dinner table most evenings." Parenting was simply not much of a priority for their fathers. Of the fathers in the study, Sam was the only one to describe this as a beneficial relationship. Miles, Jared, Joel, and Martin admitted that while it probably was not the best arrangement, it was the best that their parents could do given the time and circumstances. Jim, Jared, and Martin even expressed that their mothers

probably harbored some level of resentment at their fathers' lack of involvement, although that resentment was described as largely silent.

Impact of Family of Origin on the Current Self

As each of the fathers in the study grew up observing their fathers and the relationships they had with their mothers, they began forming ideas of how they wanted their own co-parenting relationships to be. As adults, they described the kind of impact that upbringing had on their own identities as men, husbands, and fathers. Many of these men expressed a great amount of admiration for and a desire to emulate their parents, either in their co-parent relationship or their character. Joseph appreciated how his mother supported and encouraged him in various activities, and that was something he tried to bring to his relationship with his daughter. Joel appreciated the unity that his parents showed, even if they may have disagreed behind closed doors:

> I was brought up by a mom and dad who had equal share in administering punishment and if one was administering punishment the other would back them up. They might talk later about, you know, "I think you may have spanked them a little too hard that time." But that was something that I only gleaned later, and that was probably going on, but I didn't know about it. They back each other up in front of the kids.

They provided a structure that became familiar and comfortable for Joel. Later, he explained that he believed that unity was what was missing from his relationship with his wife. Martin, however, saw in his mother an extreme example of self-sacrifice, "I look at my mom as sort of a saint. And I think of her actions as very saintly and very—okay, a lot of crap's happening to her and she's just letting it bounce off. And that's the good guy." He saw this as a model of what "good guy" should be: resilient and immune to emotional injury. This definition

and self-prescription, however, was very difficult to live up to, especially as his family began dealing with his son's drug problems.

Just as some of the fathers in this study saw aspects of their parents that they admired, they also saw aspects that they intentionally tried to avoid as men and fathers. Dave, for instance, described living in fear for much of his adolescence and young adulthood that he was destined to be an abuser like his father. It wasn't until well into adulthood that he realized that he could diverge from that path and be his own person. Martin also realized that he did not have to live his father's life in the way that he and his wife relate:

> I think our path is going to be more conducive to a closer relationship as we go on in life. I see some fractures in their relationship that are as a result of those roles. He continues to be domineering and she's submissive. There isn't any real reason to do anything but carry through with that anymore, even if it's just causing problems.

He looks forward to growing older with his wife and enjoying her company more because of the closeness they have achieved through an egalitarian relationship. Seeing how his parents interacted and the toll it had taken on their relationship, Martin was able to avoid making some of the same mistakes they did.

Therapeutic Receptivity in Family of Origin

In addition to changing the way they worked the spousal and co-parenting relationships, many of the fathers expressed a difference from their families of origin in the area of receptivity to therapy. Many of the fathers in the study described their families of origin as ascribing to the dominant belief of the time that the family should be able to handle such problems on their own, without the assistance of a professional. Jerry, for instance, describes the seriousness of such a dynamic in his family:

> [My grandfather] was from the old country, and they preached, "You take care of your own family. And if you can't take care of your family, you come to me. And I will help you take care of your family." He was Italian. I just think that people from the old country preached to their kids, which was my father, just take it upon themselves that if they can't handle a problem, he was going to whip you until you understood the problem

Even if he had wanted and could have benefited from therapy as a child, his father would not have allowed him for the sake of the family privacy. Martin describes his father as still harboring such beliefs about therapy, "If ever I've offhandedly given him a description of what we're doing, he will make comments that that's a bunch of bull. The kid needs a few knocks in the head that's all." Likewise, Jared had difficulty getting his father to understand therapy, but he describes the success that he had in therapy as a major selling point to his father

> I think when I first started off, even before when I was younger, I was always under the impression, like my dad would say you know, "I don't understand why you need to go to therapy," like when I was younger, but I think he realized that it helped me and that kind of changed my attitude towards it.

So even though his father did not think highly of therapy, the success that Jared had helped to change his attitude about therapy, but Jared's father seemed to be the exception. Out of all ten fathers interviewed for this study, none of them believed that their fathers would have engaged in therapy. They expressed a strong sense of independence in their fathers, as well as a disconnection from the mental and emotional caretaking duties of the family. This, in addition to the even larger cultural stigma that once existed around mental health issues, provides the fathers' explanations for why their fathers were not interested in therapy and continue to be hostile to the idea of therapy.

Summary

The findings of this research are far-reaching and significant. They point to many different ideas and directions that speak to the many different factors that go into father engagement in therapy. The main sections of this chapter, therapeutic influences, socio-cultural influences, and familial influences, constitute three distinct but intrinsically linked areas of an individual's life. The therapeutic influences encompass the themes that directly relate to the experiences in the therapy room; the socio-cultural influences encompass the themes that directly relate to the father's socio-cultural setting and how that setting impacts his ideas of roles and responsibilities; the familial influences encompass the themes that directly relate to the father's unique family environment. I believe that dividing the themes into those sections accurately portrays how extensive the engagement process really is. The next and final chapter will discuss these findings in greater detail, including a discussion about the implications for theory and implications for practitioners. It with discuss the limitations of this research and future directions. The discussion will also highlight the complexity that exists in father engagement in therapy and how that complexity changed my personal therapy with fathers.

CHAPTER FIVE: DISCUSSION AND CONCLUSIONS

Revisiting the Purpose of the Study

The purpose of this study was to hear fathers' experiences and reflections of family therapy in their own words. One goal was to provide a forum for fathers with a child in family therapy to describe their experiences in and around the therapeutic process. Another goal was to identify barriers that often prevent fathers from fully engaging in the change process of therapy as well as the facilitators that encourage engagement of fathers in the therapeutic process. The final goal of this study was to discuss the implications of the findings for therapists, which is discussed later in this chapter. The first three goals were achieved by interviewing 10 men who had one or more children in family therapy. In support of qualitative interview and genogram data, additional data were gathered from a demographic questionnaire, the Inventory of Father Involvement (Hawkins et al., 2002), and the Differentiation of Self Inventory (Skowron & Friedlander, 1998).

The concept of therapeutic engagement is central to the change progress of therapy. Successful outcomes depend on clients actively engaging in the process of therapy, discussing and thinking through their own issues as well as the cultural and familial context in which they live, rather than passively taking advice from a therapist (Jackson & Chable, 1985; Shay & Maltas, 1998). Prior research has suggested that father engagement in the change process of therapy is highly correlated with successful outcomes in family therapy with children (le Fave, 1980; Walters, 1997). Unfortunately, fathers are often the least

engaged members of the family in family therapy (Berg & Rosenblum, 1977; Shay & Maltas, 1998; Walters et al., 2001). This constrains the therapist and the rest of the family to operate in therapy without a prime resource that could help facilitate greater, lasting change in the family. This research suggests that the process of father engagement in family therapy has implications for family therapists in how they pursue therapy with fathers and implications for how therapists might be able to overcome some of the challenges regarding the non-therapeutic factors of engagement.

Three overall thematic categories supported the influences to father engagement in family therapy: Therapeutic Influences, Psychosocial Influences, and Familial Influences. The implications of these categories and their supporting themes are discussed in the remainder of this chapter, which is divided into seven sections: Revisiting the Research Questions, Implications for Theory, Implications for Practitioners, Limitations, Future Directions, and Personal Reflections.

Revisiting the Research Questions

One primary question guided the development and execution of this study: What do fathers put forth as primary influences (i.e. barriers and facilitators) to their engagement in the therapeutic process? The question permeated all of the interview questions and prompts, and it was crucial in the decision to include genograms, the DSI, and IFI in the data collection process. It also served as the basis for the seven major research questions posed, which were a starting point for constructing the interview questions.

Because all of the fathers who participated in the study were also engaged to some degree in family therapy, none of the research questions had data to compare a group of engaged fathers and a group of unengaged fathers. Although I wanted and actively recruited fathers who were disengaged from therapy, none responded, and I had to find a way to work within this limitation. However, I was able to draw tentative conclusions about the research questions because of the richness of data that the participants provided. They identified what helped them engage in therapy and what gave them cause for concern about engaging in therapy, essentially their personal facilitators and barriers.

Table 5.1 shows the relation of the major research questions with the themes and sub-themes that emerged from the data. Each research question was addressed by one or more themes, with the exception of Research Question 7, which dealt with family triangles. Although family triangles were certainly present and often created a fair number of alliances and emotional distance within the families of the fathers interviewed, the data did not specifically point to how those triangles affected father engagement in family therapy. For instance, Sam described the presence of an emotional triangle between himself, his wife, and his mother. His mother frequently involves herself in the lives of Sam's children. Although Sam did not clearly indicate who instigates her involvement, it seems that this is done in the midst of the intense anxiety between Sam and his wife. By taking care of some of the basic childcare functions of the family, Sam's mother is moderating some of the anxiety in the marriage relationship.

Table 5.1 Relationship between Research Questions and Themes

Research Questions	**Thematic Sections**	**Themes**	**Sub-Themes**
1. How do fathers' preexisting ideas about family therapy influence their engagement in family therapy?	Therapeutic Influences	Therapeutic Influences	1. Role of the Therapist 2. Structure of Therapy 3. In-Session Barriers a. Cost of Therapy b. Difficult Nature of Therapeutic Work c. Negative Prior Experiences d. Therapy Unknown or Mysterious 4. In-Session Facilitators e. Improvements in Family from Therapy f. Personal Benefits of Therapy g. Positive Prior Experience in Therapy h. Therapy Extending Beyond the Therapy Room 5. Child's Enthusiasm About Therapy 6. Father's Role in Therapy
	Socio-Cultural Influence	Psychosocial Influences	1. Social Stigma of Therapy 2. Independence 3. Machismo 4. Minimizing of Problems 5. Lack of Control over Children or Situations 6. Thoughts and Concerns about the Future
2. How does the mother's possible role in mediating parenting (i.e. maternal gatekeeping) influence fathers' engagement in family therapy?	Family Influences	Spousal Influences	1. Co-parenting Relationship 2. Maternal Gatekeeping 3. Barriers to Connection with Spouse 4. Collaboration with Spouse

Table 5.1 (cont'd).

Research Questions	Thematic Sections	Themes	Sub-Themes
3. How do fathers' attitudes and beliefs about gender and parenting influence their engagement in therapy?	Family Influences	Father Involvement in Parenting	1. Motivation for Father Involvement 2. Direct Involvement in Parenting 3. Frustrations in Parenting 4. Lack of Father Involvement 5. Father's Influence Over Child
	Socio-Cultural Influences	Issues of Gender	1. Equality of mothers and Fathers 2. Differences between mothers and fathers 3. Parenting boys and girls differently
4. How does the parental power structure influence fathers' engagement in therapy?	Family Influences	Father Involvement in Parenting	1. Motivation for Father Involvement 2. Direct Involvement in Parenting 3. Frustrations in Parenting 4. Lack of Father Involvement 5. Father's Influence Over Child
5. How does a father's emotional distance within the family influence his engagement in family therapy?	Family Influences	Emotional Connection	1. Positive Aspects of Family 2. Desired Improvements to Involvement and Connection 3. Communication with Family 4. Learning from Past Mistakes
6. How does the family projection process influence father engagement in family therapy?	Family Influences	Family of Origin Influences	1. Co-parental Relationship 2. Own Father's Involvement 3. Impact of Family of Origin on the Current Self 4. Therapeutic Receptivity in Family of Origin
7. How does the presence or absence of family triangles influence father engagement in family therapy?	N/A	N/A	Findings do not identify the presence of Family Triangles as particularly relevant to this particular sample's engagement in family therapy.

It is not clear whether or not this or any of the other family triangles identified in the data collection process affected father engagement in therapy in any way. I was not able to specifically identify the presence of family triangles in some fathers, but because of the ambiguous and somewhat subjective nature of triangles, existing triangles may have simply gone unnoticed. Even with the triangles that were identified, such as the one involving Sam, his wife, and his mother, neither the interviews nor the genogram provided a method for identifying links between the family triangles and the father's engagement in therapy. The participants were familiar enough with the concepts related to the other primary components linked to major research questions (i.e. preexisting ideas about therapy, maternal gatekeeping, etc.), even if they weren't familiar with the specific terms, that they could talk about their experiences with those components. Family triangles presented a different challenge because of their highly theoretical and abstract nature. Therefore, attempting to draw any link between existing family triangles and father engagement under the current research structure was not possible.

Upon further reflection of this research question, it occurred to me that it was probably out of place in this study to begin with. The primary research question was what do fathers identify as the barriers and facilitators to their engagement in family therapy? Family triangles would not be something that fathers would necessarily identify as influencing their engagement in family therapy, even if they are present and unknowingly influence engagement.

The sum of the remaining research questions, however, presents an adequate picture of the barriers and facilitators from the fathers' point of view. Table 5.2 shows a summary of the barriers and facilitators for each father in the study. As the table illustrates, despite the range of engagement at the time of the interview, each father had expressed at least one barrier and one facilitator. This shows that no one barrier identified in this study could be identified as a barrier that completely prevented the father from becoming engaged in family therapy. At the same time, no one facilitator identified in the study could be identified as a facilitator that ensured therapeutic engagement. Some barriers and facilitators, however, proved to be more relevant to this sample of fathers than others. This indicates that there may be key elements of engagement that can be applied to different fathers in different contexts. It also indicates that therapeutic engagement is a process, rather than an event, that begins with the formation of how a father conceptualizes his role as a father, a husband, and a man and continues throughout the therapeutic process.

Table 5.2 Stated Barriers and Facilitators to Engagement for Each Participant

Participant	Barriers	Facilitators
Jim	• Difficult Process of Therapy • Negative Prior Experience • Independence • Minimizing Problems	• Personal Benefits • Therapy Extending Beyond Therapy Room • Therapist competence/ authority • Lack of Control • Concern about the future
Dave	• Negative Prior Experience • Therapy Unknown or Mysterious	• Personal Benefits of Therapy • Therapist as Listener
Ben	• Difficult Process of Therapy • Minimizing of Problems	• Child's Enthusiasm • Positive Prior Experience • Therapy Extending Beyond Therapy Room • Therapist as Listener • Lack of Control
Sam	• Cost of Therapy • Therapy Unknown or Mysterious • Independence • Minimizing Problems	• Therapist competence/ authority • Therapist as listener
Joel	• Maternal Gatekeeping	• Improvements of Family • Personal Benefits • Positive Prior Experience • Therapy Extending Beyond Therapy Room
Miles	• Cost of Therapy (time only) • Difficult Process of Therapy • Machismo • Minimizing Problem • Social Stigma	• Child's Enthusiasm • Improvements of Family • Concern about the Future
Jared	• Difficult Process of Therapy • Negative Prior Experience • Difficulty finding a good fit with a therapist • Machismo • Social Stigma	• Improvements of Family • Positive Prior Experience • Therapist competence/ authority • Lack of Control • Concern about the Future

Table 5.2 (cont'd).

Martin	• Difficult Process of Therapy • Negative Prior Experience • Therapy Unknown or Mysterious • Maternal Gatekeeping • Minimizing of Problems • Social Stigma	• Improvements of Family • Therapy Extending Beyond Therapy Room
Jerry	• Independence • Machismo • Minimizing of Problems	• Child's Enthusiasm • Improvements of Family • Positive Prior Experience • Finding a good fit with the therapist • Therapist competence/ authority • Lack of Control
Joseph	• Cost of Therapy • Negative Prior Experience • Therapy Unknown or Mysterious • Independence • Minimizing of Problems	• Child's Enthusiasm • Improvements of Family • Positive Prior Experience • Therapist as Listener • Lack of Control

Revision of the Conceptual Map

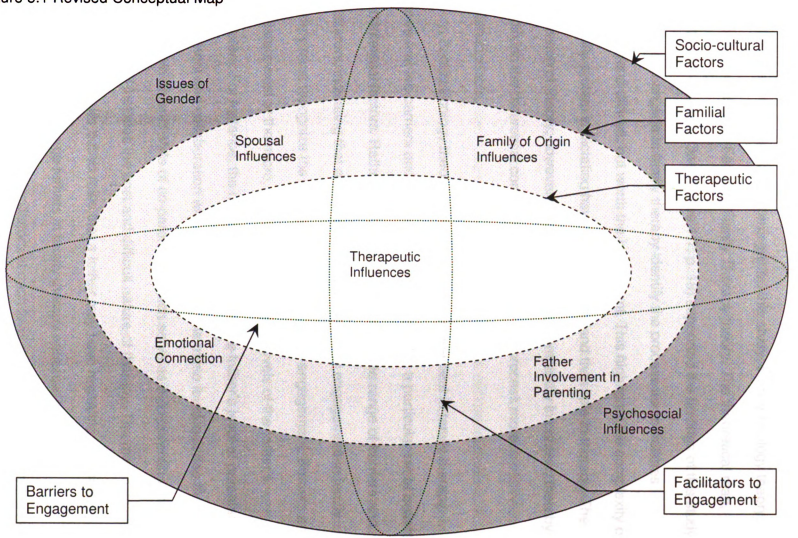
In light of the research findings, I decided to take another look at the conceptual map (see Figure 1.2, p. 24). Figure 5.1 shows the revised conceptual map, which is similar to the original conceptual map but reflects the themes and ideas that emerged in the research better. The first change was to exchange the original factors listed for the emergent themes. Because the themes and not the specific factors identified on the original map capsulated the most important ideas from the study, I decided that they better reflected the revised conceptualization of the topic. The original factors were not lost, however, even though they are no longer specifically represented on the map. They are simply embedded within the themes as part of the tapestry of each theme.

The three concentric circles from the original conceptual map remain in the revised version because they are essentially the same as the categories of themes (therapeutic, socio-cultural, and familial), which were used to organize the discussion of the themes. These categories highlight the breadth of the findings as well as demonstrate the complexity of therapeutic engagement. The concentric circles highlight the embedded but reciprocal significance of the categories. They are distinct categories, but they are not completely closed. All of the categories influence each other. The therapeutic factors are determined and influenced by the familial factors, which are determined and influenced by the socio-cultural factors. Likewise, the embedded categories can affect how the external categories influence the individual. For instance, therapeutic intervention and its accompanying influences can change the way an individual thinks about

the self in context. The fathers in this study certainly described the way that therapy had changed the ways that their familial and socio-cultural influences affected them.

The greatest change to the conceptual map, however, is the addition of the two dotted ovals that overlap the conceptual map and each other. The ovals represent the barriers and facilitators to therapeutic engagement. They overlap each of the three categories to indicate that barriers and facilitators do not come from only one category. Rather, engagement is affected by every category. They intersect each other because of the many influences that could be both a barrier and a facilitator, depending on the particular context of the individual and the situation. For example, Miles expressed that he feels a strong conviction to be involved in therapy with his son, but would feel less inclined to do so with a daughter. That illustrates gender as an influence that could be a barrier or a facilitator.

Figure 5.1 Revised Conceptual Map



Implications for Theory

Three theoretical foundations guided this study: Family Ecology theory, Bowenian theory, and Feminist Family Therapy theory. The theoretical map, discussed in Chapter One (Figure 1.1, p. 18) supported the findings of this study. Fathers who engage in family therapy identify the process as sometimes uncertain and difficult, but worth the investment. This highlights the complexity of the family system in dictating how fathers understand their role in therapy. The application of theory, however, helps to place the complexity in context, thereby identifying the theoretical constructs and making the process more understandable.

Family Ecology theory applied to father engagement in family therapy shows that the barriers and facilitators are not limited to a particular set of beliefs or contextual factors. Rather, the fathers identified a wide range of barriers and facilitators, indicating that any attempt to address father engagement in family therapy must recognize the eco-systemic nature of his engagement. Barriers and facilitators exist at the micro, meso, exo, and macro levels of the father's ecosystem. For instance, the micro level includes the father's level of parental involvement and collaboration with the spouse. The meso level includes the father's own parents style of co-parenting, which serve as a co-parenting model. The exo level includes the cost and difficult nature of therapy. The macro level includes the gender-based roles that a father may have regarding parenting. Working to better engage fathers in family therapy necessarily involves addressing the barriers and facilitators at each level. Additionally, the fathers in

this study were all engaged in the process of family therapy to some degree. There was relatively little variation in their levels of engagement, which suggests that the barriers and facilitators for the larger population of fathers with a child in family therapy may cross an even wider range of systemic factors. Addressing these barriers and facilitators should address each microsystem, mesosystem, exosystem, and macrosystem that affects the father's life.

Bowenian theory applied to father engagement in family therapy shows the role that the fathers' personal anxiety plays in the engagement process of therapy. The results of this study clearly showed that the anxiety of the fathers regarding their roles in the family and their own feelings of insecurity played a strong role in the decision of whether or not to engage in therapy. Although that anxiety did not completely prevent engagement in any of the fathers in the study, it certainly appeared to be a factor in their level of engagement. Fathers with higher levels of anxiety and emotional distress within the family expressed lower levels of engagement and more distressful experiences in therapy than the fathers who did not have such levels of anxiety and emotional distress. Because this was a small, non-representative sample, I do not mean to assume a direct correlation between the two. Rather, I am suggesting that the father's anxiety about himself and his family did indeed play a role in the engagement process. At the outset of this study, I assumed that this anxiety would serve as a barrier. While that was certainly the case, it was also identified as a facilitator in fathers who wanted to engage in therapy to make sure that their voices and opinions were heard. The anxiety that they felt in their family relationships actually helped

bring them into therapy, as their anxiety would have been higher had they not engaged in therapy while their spouses and children did. This clearly shows that the ways in which fathers process and handle their anxiety is complex and cannot be simplified as something the fathers want to avoid at all costs, despite the fact that many fathers would rather avoid it.

Feminist Family Therapy theory applied to father engagement in family therapy shows the role that the fathers' ideas and assumptions about gender plays in the engagement process of therapy. With the level of engagement in family therapy so drastically divided along gender lines (Shay & Maltas, 1998; Walters et al., 2001; Wood & Repetti, 2004), I assumed that gender would be a factor. The data does indeed support gender as a factor in engagement, but not entirely in the way that I thought it would. At the outset of the study, I thought gender would manifest itself primarily in the roles and responsibilities that the fathers believed were pertinent to their roles as fathers and as men. For instance, if the fathers held certain environmentally-constructed gender ideologies, which theoretically might detach them from therapeutic matters, I assumed that it would serve almost exclusively as a barrier to engagement. While the data did support gender issues as a potential barriers to therapeutic engagement most often, it also showed that such ideas about gender could serve as facilitator to engagement if the father saw the relevant issues of therapy as manifesting itself along gender lines. For instance, Miles saw his engagement in family therapy as more important because of the particular issues that his son was dealing with. Miles understood these issues in terms of his son being a male instead of

female. He readily admitted that he might not have been as motivated to engage in therapy if he had a daughter dealing with the same issues; he would have seen it as more a problem for his wife to address. Regardless of the net effect, however, the study adequately shows that issues of gender play an important role in the engagement process of family therapy. By addressing issues of gender and the issues of power that are inherently tied to gender, therapists have a better chance of engaging fathers in family therapy.

Implications for Practitioners

The findings of this study demonstrate that fathers understand their roles in the family and society in different ways, but there are particular areas that therapists should pay special attention to when attempting to engage fathers in family therapy. There are many factors that affect father engagement in family therapy. Therapists have a fair amount of influence over some of these factors, and there are other factors that therapists should at least be aware of, even if they cannot directly affect them. Despite their various levels of engagement, each father's engagement process was affected in some way by the family therapist he encountered. The fathers in this study clearly identified how their life experiences prior to therapy and their experiences in therapy influenced their engagement.

Fathers identified themes that relate to their in-session experiences. They highly valued the connection that they and their family members developed with the therapist. They appreciated seeing objective, positive results of therapy. These and other themes that helped or hindered their engagement in therapy are

all elements that the therapist can influence. Because fathers do not always make their expectations and reservations about therapy known at the outset of therapy, therapists must be deliberate in their attempts to assess where fathers stand in relation to their engagement in therapy. Even fathers who want to be engaged may have strong feelings about what they are looking for in the therapeutic experience, but they may not present those feelings immediately. The therapist must attempt to engage the father directly and identify how their past experiences and current expectations effect their current engagement. Because of the psychosocial influences that often permeate a father's conceptualization of his role in therapy, it may also be necessary for the therapist to approach father engagement by normalizing therapy and the events that may have brought his family to therapy. This might mean overtly identifying therapy as a beneficial and reasonable response to family problems, rather than a failure on the part of the parents. Once engaged, fathers may be more willing to make the individual changes necessary for success in treatment, but that willingness may not be there in the beginning. Making therapy as non-threatening as possible may help bridge that gap.

Additionally, therapists cannot overlook the connection between engagement in therapy and preexisting ideologies surrounding gender roles, fathering, and co-parenting, despite the fact that those ideologies are deeply ingrained long before the fathers' first therapeutic encounter. Each father in the study took his role as father very seriously. Each father also had different ideas of what it means to be a father, both in society and in his particular family. If a

therapist makes the mistake of ignoring these ideas or assuming that all fathers hold the same beliefs, they run the risk of erecting additional barriers to engagement, regardless of other attempts they might make towards engagement. For instance, therapists should recognize the co-parenting context that a father and mother share. If the mother in a particular context is the primary parent and engages the child in therapy by herself, the therapist might handle engagement differently than if the parents shared co-parenting duties equally. Likewise, therapists must also recognize that while getting the father in the therapy room is the first step, the engagement process does not stop there. The therapist should consistently check in with both parents to identify their expectations and reservations about therapy, creating an open environment that helps them feel comfortable to express such ideas. Finally, instead of seeing the disengaged father as simply resistant to therapy, therapists could attempt to better understand the nature and meaning of his resistance. In doing so, the therapist may learn how the resistance functions, and he or she might be able identify effective strategies for engaging the father in the therapeutic process.

Limitations

The goal of this study was to identify what the fathers saw as the barriers and facilitators to their engagement in family therapy. Although the study achieved that goal, it was not without its difficulties and limitations. First, the sample was not representative of all fathers (See Table 3.2, p. 67).This sample was largely Caucasian with only one African-American participant and no Hispanic/Latino fathers. Every father who claimed a religion was Christian, and

no gay fathers were in the sample. All of the fathers were also middle to upper-middle class. Although there was some marginal geographic diversity, with two participants in Michigan and the other eight in Texas, all of the participants lived in suburban areas. None of the participants lived in urban or rural environments. Also, all fathers in the sample were married with full custody of their children. Populations not represented in this sample would have to be represented in any study that hoped to develop a more accurate account of fathers' barriers and facilitators.

Another limitation of the study was that each of the fathers was engaged in therapy to some degree already. None of them were actively opposed to therapy. Most of them were as engaged in therapy as their spouses, which is in direct contrast to what the existing literature says about the rate of father engagement in family therapy. A truly representative sample would have had more disengaged fathers than engaged fathers. The reason why such a high number of engaged fathers participated, as opposed to disengaged, is because this sample was largely self-selecting. Their therapeutic engagement significantly increased the likelihood that they would also engage in the research. Even though the research recruitment advertisements specifically mentioned that fathers need not be involved in therapy, a father who was engaged in therapy was probably more likely to hear about the research study through their therapist and therefore more likely to volunteer for the study. Because of the nature of this self-selecting sample, the results are likely skewed to describe fathers who are engaged in therapy, rather than those who are not.

A third limitation was that the data that was generated reflects the fathers' thoughts and feelings after having been engaged in therapy. It could be assumed that the amount of therapy they had already engaged in had some effect on their responses. I wonder how their responses would have been different before they began therapy, whether they began willingly or begrudgingly. Although they attempted to respond to this retrospectively, their answers had the benefit of hindsight. It would have been beneficial to get responses to the same questions from fathers who had not yet begun therapy. This would be especially relevant to therapists who would want to identify and address fathers' barriers to therapy early in treatment or even before treatment begins.

A fourth limitation was that I was the only person who conducted the interview, coded the data, and analyzed the data. Even though the data collection and analysis were reviewed and scrutinized by other researchers at different points in the process, the vast majority of the work was left to me. Of course, this has its advantages in that I became intimately familiar with the data and the process of data collection, thereby allowing me to see every part clearly from beginning to end, but it was also limiting because there was no one else as familiar with the data as me. The audit trail only gives a limited representation of the process, which means that some themes and conclusions may have been overemphasized or missed entirely. In qualitative research, the more people who look at the data and extrapolate information from the data, the more valid the research is (Miles & Huberman, 1994). By having a limiting number of people

evaluate and scrutinize the data, I risked a less accurate and less complete analysis than I could have had otherwise.

Finally, the way the interviews and data collection process evolved placed certain limitations on the research. As is common in qualitative research, the questions and prompts of semi-structured interview were modified with each new participant (Holstein & Gubrium, 1997). Additionally, the questions of each follow-up interview were specifically drawn from the information generated in the initial interview. Therefore, each interview was different and generated very different results. There were even some questions that some fathers were asked, but other fathers were not asked. The fathers may have given different responses if every participant had been asked the same questions in the same way. This was a trade-off, however, because tailoring the interviews for each individual allowed the interviews to fit each father's particular context and address the issues and processes that were most relevant to him.

Future Directions

The results of this study contributed to the advancement and understanding of the engagement of fathers in family therapy asking fathers about their experiences in and around the subject of family therapy. However, this is descriptive research, and there is still much left to be learned about father engagement in family therapy.

Future studies should expand the relative homogeneity of the sample to include populations of fathers absent from this study. There are almost certainly different kinds of barriers and facilitators for fathers of different ethnicity,

nationality, ages, sexual orientation, levels of income, cultural contexts, and family structures. Future research should seek to better understand the ways that therapeutic engagement varies with fathers in different contexts. From this and other studies, then, researchers should begin to determine how well the barriers and facilitators identified apply to fathers who are not engaged in family therapy at all. Although I wanted to include fathers who decided to not engage in therapy in this study, I was not able to identify an adequate method of recruiting such fathers, and it quickly became clear that all of the fathers in the study would be engaged to some degree. Researching the barriers and facilitators of non-engaged fathers would provide excellent opportunities for comparison and contrasting. Research comparing and contrasting fathers who are engaged in therapy with fathers who are not engaged in therapy could help determine the primary factors at play, allowing researchers to begin generalizing to all fathers.

Ultimately, research should begin paying closer attention to the role of the therapist in engagement. The findings of this research confirm the pivotal role that the therapist plays in engagement. While most family therapists want to engage fathers in family therapy and may attempt to engage fathers, they may not fully understand the role that they play in the engagement process, including recognizing the social and familial factors that they cannot control but should still be aware. Future studies should look specifically at the therapist's role in engagement, identifying the ways that the therapist helps and hinders the engagement process. From this line of research should evolve a model of father

engagement that can illustrate the ways that therapists may better work with fathers who may find it difficult to engage in family therapy.

Most importantly, the fact that no other qualitative studies of fathers in family exist highlights the necessity of more studies into how fathers understand family therapy and its role in their lives. This study helps fill the gap somewhat, but it is merely a drop in the bucket of what is needed. My hope is that this study will be the first step in a string of studies aimed at finding innovative ways of engaging fathers in family therapy. This study brought to light the extremely complex nature of father engagement in family therapy, and showed it to be much more than simple resistance or a macho reaction to emotional matters. Rather, a father's decision to engage or not to engage in family therapy involves processes that get to the heart of the father's identity. Much research is still needed to better understand how the intricate interplay of a father's identity, social-cultural context, and family context may be best used to engage fathers in family therapy and reverse the trend of their absence from the therapy room.

Personal Reflections

I developed the idea for this study shortly after my first child was born. I was so deeply engrossed in my son that I did not understand how some fathers could be so detached from the lives of their children. In my marriage and family therapy studies, I learned about the lack of engaged fathers in family therapy with a child, but noticed the lack of research into the subject. Although it made sense in light of the improving but still limited ways that many fathers were involved in the lives of their children, I wanted to know how I could better engage fathers in

my practice as a therapist. This study provided the first steps towards understanding that process better.

Once I began the research process, however, I quickly learned how difficult such an investigation could be, beginning with the recruitment process. Just as many fathers are reluctant to engage in therapy, they proved to be just as reluctant to engage in research concerning father engagement in therapy. More surprising, however, was the difficulty I had getting fellow therapists to help recruit fathers for the study. Very few family therapists responded to my inquiries for help.

Once I began meeting and interviewing fathers, however, the process became much more rewarding. The fathers became much more three-dimensional and complex. They were no longer represented in my mind as simply engaged or disengaged, involved or uninvolved, present or absent, active or passive. The real contexts of their lives quickly began impacting the way that I saw them and understood their life circumstances, including their levels of engagement in therapy. I no longer saw engagement or disengagement as simply a choice that a father made; it became clear that engagement, or the lack thereof, was part of a natural process that each father went through in becoming an adult and a father. Those who do not engage with their child do so because of very real reasons, even if they cannot articulate those reasons. They may even recognize how that disengagement creates a great deficit in their relationships with their families, but the solution is not as simple as stepping out of disengagement and into engagement. Rather, it may involve a process of

reevaluating beliefs and restructuring roles, a process that is not lightly undertaken or easily accomplished.

The fathers who participated in this study demonstrated that they are still struggling with that process, despite their relatively high levels of engagement at the time of the interviews. As a therapist, I have developed a great deal of compassion for fathers in family therapy, especially those who find engagement to be difficult. I now have a greater respect for those fathers who are not engaged because I have a glimpse into the complexity of their disengagement. I am proud of the fathers who come into therapy for help, and it makes me all the more concerned for those fathers who may want to be engaged in the lives of their children but do not see engagement as an option, for one reason or another. For those fathers, it may take stronger social change that alters the ways that society understands therapy and the roles and responsibilities of both mothers and fathers. If this study helps social science, therapy, or individuals move ever so slightly in that direction, then it has been a great success.

APPENDICES

APPENDIX A: INITIAL LETTER TO THERAPISTS

Dear Family Therapist,
My name is Jason Martin, and I am a doctoral candidate in Marriage and Family Therapy at Michigan State University. I am contacting you because I need your help recruiting participants for research concerning the **engagement of fathers in family therapy**. It is an important issue, and I am hoping to contribute to the knowledge base of Marriage and Family Therapy by conducting a qualitative investigation of what fathers view as barriers and facilitator to their engagement in family therapy. The purpose of this study is to provide valuable information to the field of Marriage and Family Therapy about how therapists can better engage fathers in the change process of therapy.

My hope is that you, as a family therapist, may be able to connect me with fathers in your practice who meet the following eligibility criteria:

1. **The father has one or more biological children as the Identified Patient (IP) in family therapy**
2. **The father has legal custody of the IP child.***
3. **You, as the therapist for the IP child, have presented family therapy to the father as treatment option. NOTE: It is not required that the father be involved in family therapy, only that you have presented it as an option. In fact, I hope to get a mixture of fathers who have accepted and declined participation in family therapy.**
4. **Neither the father nor the IP child has been diagnosed with a serious developmental disorder (for example, mental retardation).**
5. **The father speaks fluent English.**

I have included a flyer that you may distribute to potential research participants who match the eligibility criteria. If you let me know that you are willing to actively help me recruit participants, I will send you more flyers to distribute to your clients.

Once you have identified a potential participant and presented him with the flyer, he should contact me directly to set up a time and place for an initial interview. The interview will last no more than 2 hours. A follow-up interview at a later date, lasting no longer than 30 minutes, will help clarify information generated in the initial interview. For more information about the research and what I need from you and your clients, please contact me.

If you are willing to help recruit participants for this study, even if you do not currently have any fathers in your practice, please contact me by phone: 517-974-3322, or email (preferred): marti682@msu.edu.

Thank you for your time,
Jason Martin, MMFT
Clinical Therapist/ Doctoral Candidate in MFT
Family Therapy Connections/ MSU
2815 S. Pennsylvania Ave., Suite 2
Lansing, MI 48910-3490
Phone: 517-974-3322
Email: marti682@msu.edu

APPENDIX B: INFORMATIONAL FLYER

Attention Fathers!!

Earn a $50 gift card to BEST BUY for participating in Family Therapy research

You are eligible if:

- You have one or more biological children in family therapy
- You have legal custody of the child in therapy
- The therapist has presented family therapy to you as a treatment option. ***Note:*** It is not required that you be in family therapy, only that the therapist has presented it as an option.
- Neither you nor your child in therapy has been diagnosed with a serious developmental disorder, such as autism or mental retardation.
- You are able to meet either in person or over the phone for an interview.
- You speak fluent English

What I need from fathers who choose to participate:

- Participate in a 1-1 ½ hour interview, which will ask for your honest opinions and experiences about family therapy and your role as a father.
- Complete 3 assessment instruments about yourself and your role as a father
- A 30-minute follow-up interview, which will clarify information from the first interview

For more information, please contact:

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APPENDIX C: RESEARCH CONSENT AUTHORIZATION FORM

Fathers' Perception of Family Therapy Research Study

My name is Jason Martin. I am a Doctoral Candidate at MSU studying Marriage and Family Therapy, and I want to thank you for your interest in the Fathers' Perceptions of Family Therapy Research Study. This research study will explore the experiences of fathers who have a child in therapy. I am conducting this research to help better understand how fathers understand their role in therapy and what may help or hinder their engagement in therapy. If you choose to participate, this study will be conducted only with you, the father. No other family members will be contacted or present during the study. It will not include interactions with your children or other family members at all.

This research is being conducted through the College of Social Sciences at Michigan State University. If you choose to participate, you will be asked to individually fill out a questionnaire about your father involvement and a questionnaire about how you deal with emotions. You will also be asked to complete a basic demographic questionnaire. The questionnaires should take between 20 to 30 minutes total to fill out. You will also be asked to participate in an audio recorded interview. This interview will ask questions about your impressions about therapy, your experiences with your own parents and family, and how you and your partner parent together. The interview will be conducted by me, Jason Martin, at your convenience at the office where you or your child receive therapeutic services. The interview portion will last no more than 1 ½ hours, for a total of 2 hours for the initial meeting. There will also be a follow-up interview at a later time to address questions and comments that you might have or questions that I may have since the first interview. The follow-up interview will last no more than 30 minutes and will simply clarify responses from the first interview. No new lines of inquiry will be initiated in the follow-up interview.

Potential risks of participating in this study: Talking about relationships and life experiences can be helpful for you. However, topics may come up in the interview that are difficult to talk about or cause you some distress. In case such issues should arise and you would like to talk about them with a professional, I have included a list of resources that you may utilize. You may also talk to me about any issues you may have resulting from the interviews or the research process.

Potential Benefits of participating in this study: As compensation for your time, you will receive a $50 gift card to Best Buy Electronic Stores at the completion of the follow-up interview. I believe that the greatest benefit, however, might be the opportunity to learn more about you as a parent and as a person. Additionally, your participation in this study may help therapists better understand what prevents some fathers from participating in therapy, thereby helping therapists find ways to better understand the role of fathers in the process of family therapy.

Your participation in this study is completely **voluntary**, and you may choose to withdraw or not answer questions at anytime. You will still receive the gift card, even if you withdraw from the study early, and your information will not be used in the study. All information and audio recordings will be kept **confidential**. Information

from your interview and survey will only be viewed by myself, my assistant, and my dissertation committee members (7 people in all). All involved will sign confidentiality agreements to keep all information confidential. Your name and contact information will be kept in a locked file drawer, separate from the data. I (Jason Martin) will be the only one with access to your name and contact information.

Electronic data (i.e. interview transcriptions, digital audio recordings of interviews, data coding, etc.) will be stored on the researcher's personal laptop computer. This laptop is password-protected. The data itself will be password-protected as well. All hard copies of data (i.e. assessment instruments, researcher notes, etc.) will be kept in a locked file drawer at the researcher's home. Only the researcher will have a key to access the file drawer. All hard copies of data will be stored for a maximum of three years when it will be destroyed. Electronic data will be stored for 5 years or until it has outlasted its empirical usefulness, whichever comes first.

If you have any questions about this study, please contact:

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If you have questions or concerns about your rights as a research participant, please feel free to contact Peter Vasilenko, Ph.D., Director of the Human Subject Protection Programs at Michigan State University: (517) 355-2180, fax: (517) 432-4503, email: irb@msu.edu, or regular mail: 202 Olds Hall, East Lansing, MI 48824. You do not have to leave your name to contact Dr. Vasilenko.

If you agree to participate in this study, please sign and date here:

Name _____
Date_____

If you agree to allow the interview to be audio recorded for this study, please sign here:

Name _____
Date_____

APPENDIX D: INTERVIEW QUESTIONS AND PROMPTS

1. Tell about what you thought of family therapy prior to you or your child becoming involved with it.
    - What did you think about family therapy before your child entered therapy?
    - What has been your experience with family therapy in the past? How have those experiences affected your perception of family therapy?
    - What made it difficult or easy to become involved in family therapy?
    - Tell me about how the decision was made to come to therapy.
2. Since your or your child's involvement in family therapy, how have your perceptions about therapy changed?
    - What has your current experience with family therapy been like?
    - What is your role currently in family therapy? Do you consider yourself to be an important part of the therapeutic process?
    - Are you very active in the therapeutic process? If not, what would make you more likely to take a more active role in family therapy? If you are, why and how did you become involved?
    - Do you think family therapy will help/ has helped your child and your family? Why or why not?
3. Tell me about how you and your wife support each other as parents.
    - What does your wife do to encourage or discourage you with regards to your parenting?
    - What do you think your wife's opinion of you is as a parent?
    - What does your wife think of your involvement, or lack thereof, in family therapy?
    - Do you ever feel your wife is overly critical of your parenting? Can you give an example?
4. Do you believe that you and your wife parent together as a team? Why or why not?
    - Of you and your wife, who would you say is more active in parenting duties? Why is that?
    - When you disagree about parenting issues, how are those issues typically resolved?
    - Overall, are you satisfied with the way you and your wife divide parenting responsibilities? Why or why not? Do you think your wife would agree?
5. How is the role of the father different from the role of the mother?
    - What is the most important job of a father?
    - What is the most important job of a mother?
    - Is it more important for the mother or the father to be involved in family therapy? Why?
    - How did your parents divide parenting responsibilities? Was that a good arrangement?

6. Who would you say is in charge of your family? How do you know that?
    - Who has the most power in your family? How do you see that power?
    - Who is in charge of the household (i.e. "Head of House")? How was that decided?
    - Is this your preferred arrangement? Why or why not?
    - Of you and your wife, who has the most influence over the children? (i.e. who do the children listen to more?) Why is that?
7. Who in your family makes most of the decisions having to do with the children? How does that process work?
    - How do you know when you can make a decision by yourself and when you need to consult with your wife?
    - Do you think your wife uses the same criteria?
8. Do you feel emotionally connected to your family? Why or why not?
    - Are your children or your wife apprehensive or tentative to talk to you?
    - How can you tell when something is wrong with your wife or children?
    - Do you believe that your wife understands you most of the time?
9. When you get upset with or worried about your wife or children, how do you react?
    - How does a typical argument begin, and how does it progress?
    - Do you say or do things that you later regret? Can you give an example?
    - What about your family makes you feel good? What makes you feel bad?
    - How can your family tell that you are care about them?

APPENDIX E: CONTACT SUMMARY

To be completed by the researcher within 1 hour of completed interview

Participant #:_____ Interview Site:_____

Date:_____ Interview Start Time:_____

Follow-up interview:_____ Interview End Time:_____

A. What were the main issues/ themes that impressed you about the interview?

B. Summarize the information you got (or failed to get) regarding each RQ:

RQ	**Information**
1. Preexisting ideas about FT	
2. Maternal Gatekeeping	
3. Gender and Parenting	
4. Parental Power Structure	
5. Emotional Distance	
6. Family Projection Process	
7. Family Triangles	

C. What were your personal, emotional reactions to the interview?

D. If this was the initial interview, what are some questions to address in the follow-up interview?

E. How might you need to modify the interview protocol/ prompts for the next interview?

APPENDIX F: DEMOGRAPHIC INFORMATION SHEET

All information on this form is strictly confidential and will not be for any purpose not directly related to the current research. Please fill in every blank.

Participant # (researcher use only): _____

Age: _____ Marital Status (check one): □ married □ widowed □ divorced □ never married

How long have you been married, or if not married, how long have you and your current partner been together (in years)?_____

Ethnicity (check one):

□ Caucasian (non-Hispanic) □ Black/ African American (non-Hispanic)
□ Hispanic/ Latino □ Asian-American □ American Indian □ Middle Eastern
□ Mixed ethnicity □ Other (specify) _____

Religious Affiliation (if any): _____

Highest Education Achieved (check one):

□ Grade School □ High School grad □ Technical/ Trade School
□ Some College □ Bachelors Degree □ Masters Degree □ Doctorate

Current Occupation:_____

Gross yearly household income (check one; if unsure, give best estimate):

□ Under $20,000 □ $20,000 to $30,000 □ $30,000 to $40,000
□ $40,000 to $50,000 □ $50,000 to $60,000 □ $60,000 to $70,000
□ $70,000 to $80,000 □ Over $80,000

Number of children: _____

Sex and Age of Children and their **current** involvement in therapy:
Only list the children that live with you and list oldest child first.
Use the back if more room is needed.

Age: _____ Sex: _____ Involved in therapy? Yes No

Age: _____ Sex: _____ Involved in therapy? Yes No

Age: _____ Sex: _____ Involved in therapy? Yes No

Age: _____ Sex: _____ Involved in therapy? Yes No

Age: _____ Sex: _____ Involved in therapy? Yes No

APPENDIX G: INVENTORY OF FATHER INVOLVEMENT (IFI)

Think of your experience as a father over the past twelve months. Please rate how good of a job you think you did as a father on each of the items listed below. If an item is not applicable to your situation, circle "NA" for not applicable.

	VERY POOR						EXCELLENT	
a. attending events your children participate in (sports, school, church events)	0	1	2	3	4	5	6	NA
b. encouraging your children to read	0	1	2	3	4	5	6	NA
c. providing your children's basic needs (food, clothing, shelter, and health care)	0	1	2	3	4	5	6	NA
d. praising your children for being good or doing the right thing	0	1	2	3	4	5	6	NA
e. giving your children's mother encouragement and emotional support	0	1	2	3	4	5	6	NA
f. being involved in the daily or regular routine of taking care of your children's basic needs or activities. (feeding, driving them places, etc.).	0	1	2	3	4	5	6	NA
g. letting your children know that their mother is an important and special person	0	1	2	3	4	5	6	NA
h. praising your children for something they have done well	0	1	2	3	4	5	6	NA
i. encouraging your children to succeed in school	0	1	2	3	4	5	6	NA
j. being a pal or friend to your children	0	1	2	3	4	5	6	NA
k. accepting responsibility for the financial support of the children you have fathered	0	1	2	3	4	5	6	NA
l. encouraging your children to do their homework	0	1	2	3	4	5	6	NA
m. telling your children that you love them	0	1	2	3	4	5	6	NA
n. knowing where your children go and what they do with their friends	0	1	2	3	4	5	6	NA

Please rate how good of a job you think you did as a father on each item listed below (continued)

	VERY POOR						EXCELLENT	
o. spending time just talking with your children when they want to talk about something	0	1	2	3	4	5	6	NA
p. cooperating with your children's mother in the rearing of your children	0	1	2	3	4	5	6	NA
q. reading to your younger children	0	1	2	3	4	5	6	NA
r. teaching your children to follow rules at school	0	1	2	3	4	5	6	NA
s. encouraging your children to continue their schooling beyond high school	0	1	2	3	4	5	6	NA
t. disciplining your children	0	1	2	3	4	5	6	NA
u. helping your older children with their homework	0	1	2	3	4	5	6	NA
v. planning for your children's future (education, training)	0	1	2	3	4	5	6	NA
w. encouraging your children to develop their talents (music, athletics, art, etc.)	0	1	2	3	4	5	6	NA
x. spending time with your children doing what they like to do	0	1	2	3	4	5	6	NA
y. encouraging your children to do their chores	0	1	2	3	4	5	6	NA
z. setting rules and limits for your children's behavior	0	1	2	3	4	5	6	NA

APPENDIX H: DIFFERENTIATION OF SELF INVENTORY (DSI)

These are questions concerning your thoughts and feelings about yourself and relationships with others. Please read each statement carefully and decide how much the statement is *generally true* of you on a 1 *(nor at all)* to 6 *(very)* scale. If you believe that an item does not pertain to you (e.g., you are not currently married or in a committed relationship, or one or both of your parents are deceased), please answer the item according to your best guess about what your thoughts and feelings would be in that situation. Be sure to answer every item and try to beat honest and accurate as possible in your responses. **Circle one.**

Not at all true of me					**Very True of me**

1. People have remarked that I'm overly emotional.

   1 2 3 4 5 6

2. I have difficulty expressing my feelings to people I care for.

   1 2 3 4 5 6

3. I often feel inhibited around my family.

   1 2 3 4 5 6

4. I tend to remain pretty calm even under stress.

   1 2 3 4 5 6

5. I'm likely to smooth over or settle conflicts between two people whom I care about.

   1 2 3 4 5 6

6. When someone close to me disappoints me, I withdraw from him or her for a time.

   1 2 3 4 5 6

7. No matter what happens in my life, I know that I'll never lose my sense of who I am.

   1 2 3 4 5 6

Not at all true of me					**Very True of me**

8. I tend to distance myself when people get too close to me.

1	2	3	4	5	6

9. It has been said (or could be said) of me that I am still very attached to my parent(s).

1	2	3	4	5	6

10. I wish that I weren't so emotional.

1	2	3	4	5	6

11. I usually do not change my behavior simply to please another person.

1	2	3	4	5	6

12. My spouse or partner could not tolerate it if I were to express my true feelings about some things to him or her.

1	2	3	4	5	6

13. Whenever there is a problem in my relationship, I'm anxious to get it settled right away.

1	2	3	4	5	6

14. At times my feelings get the best of me and I have trouble thinking clearly.

1	2	3	4	5	6

15. When I am having an argument with someone, I can separate my thoughts about the issue from my feelings about the person.

1	2	3	4	5	6

16. I'm often uncomfortable when people get too close to me.

1	2	3	4	5	6

17. It's important for me to keep in touch with my parents regularly.

1	2	3	4	5	6

Not at all true of me					**Very True of me**

18. At times, I feel as if I'm riding an emotional roller coaster.

1	2	3	4	5	6

19. There's no point in getting upset about things I cannot change.

1	2	3	4	5	6

20. I'm concerned about losing my independence in intimate relationships.

1	2	3	4	5	6

21. I'm overly sensitive to criticism.

1	2	3	4	5	6

22. When my spouse or partner is away for too long. I feel like I am missing a part of me.

1	2	3	4	5	6

23. I'm fairly self-accepting.

1	2	3	4	5	6

24. I often feel that my spouse or partner wants too much from me.

1	2	3	4	5	6

25. I try to live up to my parents' expectations.

1	2	3	4	5	6

26. If I have had an argument with my spouse or partner, I tend to think about it all day.

1	2	3	4	5	6

27. I am able to say no to others even when I feel pressured by them.

1	2	3	4	5	6

Not at all true of me					**Very True of me**

28. When one of my relationships becomes very intense, I feel the urge to run away from it.

1 2 3 4 5 6

29. Arguments with my parent(s) or sibling(s) can still make me feel awful.

1 2 3 4 5 6

30. If someone is upset with me. I can't seem to let it go easily.

1 2 3 4 5 6

31. I'm less concerned that others approve of me than I am about doing what I think is right.

1 2 3 4 5 6

32. I would never consider turning to any of my family members for emotional support.

1 2 3 4 5 6

33. I find myself thinking a lot about my relationship with my spouse or partner.

1 2 3 4 5 6

34. I'm very sensitive to being hurt by others.

1 2 3 4 5 6

35. My self-esteem really depends on how others think of me.

1 2 3 4 5 6

36. When I'm with my spouse or partner, I often feel smothered.

1 2 3 4 5 6

37. I worry about people close to me getting sick, hurt, or upset.

1 2 3 4 5 6

Not at all true of me					**Very True of me**

38. I often wonder about the kind of impression I create.

1 2 3 4 5 6

39. When things go wrong, talking about them usually makes it worse.

1 2 3 4 5 6

40. I feel things more intensely than others do.

1 2 3 4 5 6

41. I usually do what I believe is right regardless of what others say.

1 2 3 4 5 6

42. Our relationship might be better if my spouse or partner would give me the space I need.

1 2 3 4 5 6

43. I tend to feel pretty stable under stress.

1 2 3 4 5 6

APPENDIX I

TABLE 6.1 DSI SCORES, MEANS, AND STANDARD DEVIATIONS

Participant	Emotional Reactivity	I Position	Emotional Cutoff	Fusion with Others	Overall DSI
Jim	3.45	3.18	4.42	2.67	**3.49**
Dave	3.73	4.64	4.83	3.11	**4.14**
Ben	3.09	4.09	4.75	2.44	**3.67**
Sam	5.00	5.18	4.00	3.67	**4.49**
Joel	3.73	5.55	4.17	1.67	**3.88**
Miles	3.00	4.36	3.67	2.89	**3.51**
Jared	2.82	3.55	4.25	2.89	**3.42**
Martin	3.27	3.82	4.25	3.22	**3.67**
Jerry	2.73	4.00	3.25	2.11	**3.07**
Joseph	4.00	4.55	4.92	2.11	**4.00**
Sample Means	3.48	4.29	4.25	2.68	**3.73**
Sample Standard Deviations	0.624	0.723	0.524	0.603	**0.406**
Population Means[14]	3.69	4.24	4.44	3.05	**3.87**
Population Standard Deviations[14]	0.88	0.90	0.77	0.89	**0.55**

14 These are the means and standard deviations of Study 3 in the original DSI development and validation research. Study 3 was the only study using the same version of the DSI that was used in this study and the only one that isolated gender (Skowron & Friedlander, 1998).

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