

## BOOKS

**Family Evaluation in Child Custody Litigation**, by Gardner, Richard A., Cresskill, N.J., Creative Therapeutics, 1982, 360 pp. \$19.75 cloth.

**Consulting in Child Custody: An Introduction to the Ugliest Litigation for Mental Health Professionals**, by Goldzband, Melvin G., Lexington, Mass., D. C. Heath & Co., 1982, 182 pp. \$23.95 cloth.

**Dilemmas in Child Custody: Family Conflicts and Their Resolution**, by Musetto, Andrew P., Chicago, Nelson-Hall, 1982, 216 pp. \$18.95 cloth.

The three authors agree that (a) children are hurt in child custody litigation, and (b) most mental health practitioners dread going to court, and won't if they can avoid it. Beyond that, they diverge in both scope and audience. Musetto has aimed for parents as well as clinicians, appealing to their wish to spare children entanglements in custody battles. Goldzband and Gardner, on the other hand, have clearly written for the mental health practitioner, though Gardner addresses attorneys as well. Both share the hope of bringing to this area competent clinicians who heretofore have avoided it. Together they provide an excellent and comprehensive view of what is entailed in custody evaluations and what the practitioner can expect from the court and the attorneys.

*Dilemmas in Child Custody* by Andrew Musetto is a book that attempts too much by addressing both divorcing parents and clinicians. It is too difficult a task to appeal to such different audiences. For example, in writing for clinicians he cites all his sources and discusses paradox and circular causality. But the need to mix audiences entails referencing commonsensical statements as well, viz. "Every child needs a secure, stable relationship with an affectionate and stimulating adult" (Goldstein) (p. 57). This practice makes the academic side seem trivial. At times this book becomes a self-help guide, with such advice as "No one should try to change another person; it doesn't work" (p. 182). Though perhaps helpful to parents, this is not what the experienced clinician wants to read. It is difficult to follow any essential theme in the book. Musetto offers a good historical overview on how the rights of children have evolved since the Middle Ages, but then follows it with a compendium of children's reactions and needs, what happens to them in contested custody disputes, a portrayal of family therapy for parents, what parents can do to help, and case studies.

Musetto believes that custody and visitation are family problems and should be treated with a family approach. This is something that is missing from the literature, but his approach is too eclectic and too inclusive to communicate a coherent way of working. He quotes mainly from Boszormenyi-Nagy, Spark, and Bowen but also uses Selvini-Palazzoli (paradox) and Weakland (feedback loops). In just nine pages of text we have citations from the aforementioned authors, a discussion of circular causality and reciprocal functioning, a Minuchin citation, and a discussion of "conscious and unconscious" mixed with popular clichés such as children as "bargaining chips."

Most annoying is the moralistic stance implicit in his definition of a "psychological parent." (When in doubt, the psychological parent should get the child.) Five pages are given to the definition of this ideal parent, who wants custody more for the child's sake than for his or her own, who does not overindulge the children, who never pushes beyond the child's appropriate age level. Psychological parents do not treat their children as parents; their personal problems do not prevent them from meeting the needs of their children; they have courage to be parents even when it hurts; they never ask their children to fight their battles; they tolerate and affirm differences. Furthermore, they see their children realistically, they admit mistakes, they tell the truth about the marital separation, and so on. Musetto makes the point that no parent has all of these qualities, but such a list can only make his mortal readers feel deficient. Musetto's view that the psychological parent should get the child pays little attention to the systemic effects of giving custody to one parent without regard to how the other will feel and then react, both toward the child and toward the ex-spouse.

Nevertheless, parts of Musetto's book can be helpful for parents. It does review how children of different ages react. The author demonstrates that custody fights are often the parents' way of fighting with each other and that they are always detrimental to children. He also provides a description of family therapy.

*Consulting In Child Custody*, by Melvin Goldzband, is a manual to guide behavioral scientists who "play in the law's ball park when they serve as consultants to lawyers and to courts." It is designed to teach the rules of the game and to alleviate fears of the courtroom that contribute to the clinician's avoidance of this arena. It is a counterpart of his practice guide for lawyers entitled *Custody Cases and Expert Witnesses* (1).

The practitioner will find *Consulting In Child Custody* useful because it provides a clear picture of what goes on in the courtroom, and outlines how to prepare for cross-examination. Useful examples illustrate what material should be included, and, just as important, excluded, from the clinician's report.

Goldzband feels that expert witnesses have one function in the legal process: "to teach the attorneys and the courts about

---

matters in which the expert witnesses have expertise and the courts do not"(p. 67). Within our adversarial system, it is the opposing attorney's job to see that the expert's message does not get across, if that message is seen as detrimental to his or her client. The mock trial in this book shows mental health practitioners how to present themselves effectively, despite these maneuvers.

Goldzband discusses the important distinction between the expert as an "impartial" witness and the expert as an "advocate" of one side. His own role in doing consultations for attorneys is "impartial" in that he does not promise that he will come out in favor of the attorney's client. " Whenever I enter a child custody case," he notes, "I adopt the inflexible and non-negotiable role of child advocate. I explain that role carefully to the attorney who initially calls me, immediately after thanking him or her for referring the case to me. I point out to the attorney that I may not find for his or her client, even though that client is paying me for my workup...I function as a totally independent evaluator, free to see all pertinent parties...and I am necessarily the recipient of all significant material about everyone concerned" (p. 61). His evaluation reflects what he sees as the best interests of the child. One of the goals of his book, in fact, is to "reduce the incidence of such courtroom battles, in which experts with apparently equal competence and credentials testify in mutual opposition, to the frustration of the listeners and the likely detriment of the children" (p. 16).

Whether he has accomplished this goal as an author is less clear. After stating the theoretical need for one clinician to evaluate *all* family members, the mock trial and most of the case studies mainly provide examples of the one-sided situation. In the mock trial, for example, there are two expert witnesses, one hired by each side, and one of them certainly seems an "advocate" for the side that hired him. Goldzband's own cases reveal the impossibility of evaluating a family when half the family is missing, but the fact that so much of the book illustrates "incomplete" family evaluations works against his point that such evaluations are undesirable. To change this remains an unfinished job in the field of mental health and the law.

Richard Gardner's *Family Evaluation In Child Custody Litigation* suggests a way to ensure that the clinician will be accepted as impartial. Gardner's thesis is that "mental health professionals serve best as 'impartials' and that they should do everything possible to avoid serving the courts as advocates of either side" (p. 7). Gardner inhabits the future, and the result is an indispensable source book for any clinician who wants to do more efficient evaluations. Gardner offers detailed suggestions for what ought to be avoided and included in custody evaluations. His eye is always on the report's reception in court, giving the reader the feeling that here is a person who has really been through it. The author demonstrates a knowledge of courtroom procedure and is able to recommend specific lines of questioning for attorneys in cross-examining the experts.

It is clear that Gardner has learned much from experience and much, as he admits, from mistakes. It is a pleasure to see how well he has worked out every step in the procedure, from the attorney's initial phone call to completion of the evaluation. Among the many problem areas that he clarifies are how to ensure payment and how to avoid being considered an "advocate" of one side. Gardner feels that it is only humane to apprise the parents of his findings, because otherwise they may have to undergo a painful waiting period that could extend for months until the court hearing. He also feels that they have a right to try to change his mind; such an effort on their part also allows him to correct mistaken data in his report that, undetected, could be utilized against him in the cross-examination.

Although Gardner writes about recommending psychotherapy at times, he does not seem to understand how family therapy might be helpful to litigating families. The information he elicits is basically dyadic—the relationship of each parent and each child. His major evaluation is of the assets and liabilities of each parent, this picture informing his final opinion as to who is the "better" parent and consequently who should get custody. Though he pays lip service to what is in the family's best interest, he does not say much about it. Considering what courts expect from an evaluation, however, these criticisms are secondary. Gardner details what will work against the evaluator's credibility, and also how attorneys will utilize these errors, so if you do this kind of work, get to his book before the attorneys do.

These three books present a panorama of today's field of child custody litigation. Part of the problem is the evaluation process itself and the personality theories on which it draws. Most evaluations center on intrapersonal issues, with the parents seen as parents only. Certainly this is important, but it misses the systemic influence of the broader unit—the total world of the child— and particularly the central effect of the couple's ongoing fight. We need new ways to assess the commitment of each parent to cooperate with the other and to promote the other's relationship with the children. We should assess the willingness to engage in a dialogue about the children and to share crucial parenting information, as well as the willingness to curtail the destructiveness that so often accompanies divorce. Every clinician is familiar with situations in which the more "psychological"-appearing parent overtly or covertly blocks the child's relationship with the other parent. Also commonplace is the situation in which the child appears to cling to one parent, but further examination reveals that the child's clinging is mainly to save that parent from falling apart. In short, we need evaluation that moves beyond the issue of who is the better parent to an exploration of the total family situation. The books reviewed here disclose that the field is just beginning to tackle these issues.

---

## REFERENCE

1. Goldzband, M., *Custody Cases and Expert Witnesses: A Manual for Attorneys*, New York, Harcourt, Brace, Jovanovich, 1980.

Marla Beth Isaacs, PH.D.  
Philadelphia Child Guidance Clinic  
Philadelphia, Pennsylvania

**Normal Family Processes**, Walsh, Froma (Ed.), New York, The Guilford Press, 1982, 486 pp. \$25.00 cloth.

Much like the study of the individual, the study of the family has been skewed toward pathology. Now Froma Walsh has taken a significant step in righting this imbalance. Her book is divided into six sections: overview, research, temporal context, structural variations, and sociocultural context of normal families. Since most of the contributions have appeared in related forms elsewhere, readers who are hungry for new material will be disappointed. Nevertheless, by bringing them together in one volume, Walsh has created a useful textbook.

Walsh's opening chapter reviews how normality is defined in different schools of family therapy. The following section, on research, includes chapters by Beavers, Riskin, Reiss, Epstein, and Wynne. Beavers sorts families into the categories of healthy, mid-range, and functional. He uses a scale that evaluates systems orientation, boundary management, encouragement of autonomy, unresolved developmental issues, and other dimensions. Beavers' work points to the development of a family classification system that might guide interventions in therapy. Noticeably missing from the research section, however, is the work of Moos and Moos, whose family assessment scales are used with increasing frequency in family therapy research.

The section entitled "Normal Families in Temporal Context" addresses changes that occur in families over the passage of time. Norman and Betty Paul have written an interesting chapter about the effects of death on sexual behavior. McGoldrick and Carter summarize the family life cycle, and Whitaker elucidates family microevents. The most interesting chapter in this section was written not by clinicians but by two developmental psychologists, Cohler and Geyer. Their article, "Psychological Autonomy and Interdependence Within the Family," focuses on sociological studies as related to psychological processes. For example, the authors link adolescent girls' difficulties in separating from their parents to their mothers' going through menopause. "This unfortunate timing of the mother's menopause only increases her envy of her daughter's increasing psychological differentiation and, as a result of the mother's use of projection, may lead the mother to over-control of her daughter's activities outside the home" (p. 210).

The section entitled "Normal Family Structural Variations" covers disrupted families, the postdivorce family system, stepfamilies, and the effects of sex roles on family dynamics. These articles include little that is new, but they would be a good resource for therapists working with these kinds of families.

The book's final section, "Normal Families in Sociocultural Context," is the most interesting, because the relationship between family functioning and sociocultural issues is so often glossed over in the literature. These articles include McGoldrick's "On Normal Families: An Ethnic Perspective," Anderson's "The Community Connection," and Schwartzman's "Normality From A Cross-Cultural Perspective." The final and best chapter is by Tamara K. Hareven, a historian from Clark University. Her article, "American Families in Transition: Historical Perspectives on Change," places family development and change within a historical context. Hareven disproves many widely held myths about the changes in family life from the 19th to the 20th Century. For example, one myth holds that preindustrial households contained large numbers of extended kin. Hareven argues that, to the contrary, these households were filled by young men and women who had left their parents' homes and had migrated to new communities where they lived as boarders in households of people whose children had similarly left home. She also questions the alleged orderliness of preindustrial family transitions, arguing that today's decreased mortality rate actually allows for more orderly transition and overlap between the generations. Hareven also describes the gradual erosion of the family's responsibility for child-rearing and its replacement in this function by societal institutions. This chapter is a gem.

Apart from these highlights, I found most of *Normal Family Processes* to be slow and laborious reading. Much of the writing is mediocre and much of the material has been seen in other forms in the journals. The most enjoyable chapters were written by nonclinicians, and perhaps my disappointment also stems from the unrealized hope that this book would bridge the artificial gap between their study of normal families and the clinicians' study of the abnormal. But Froma Walsh is to be commended for starting the process.

Marc D. Rabinowitz, M.S.W.  
Eastern Virginia Family Therapy Institute  
Virginia Beach, Virginia

**Outreach Family Therapy**, by Clark, Ted, Zalis, Tracey and SACCO, FRANK C., New York, Jason Aronson, 1982, 387

---

pp. \$25.00 cloth.

The field of family therapy has rich and diverse origins, and its pioneers worked in settings with very different populations. Yet they shared a conviction that prevailing theory and practice had to change in order to permit effective work with difficult families. These were the severely disorganized, the impoverished, and those with difficult children and adolescents. These populations somehow forced clinicians to modify theory and practice in ways that led to the movement now known as family therapy. *Outreach Family Therapy* continues in that tradition. It is a highly original, innovative, and unusual work that describes a clinical approach to the low-income, culturally deprived family or LICD (pronounced licked).

The book describes a team approach to LICD families and outlines their unique characteristics. The LICD syndrome is one of severe deprivation and impoverishment with almost total dependency on, and hatred of, agencies. Family structure and behavioral predictability are lacking, associated with disturbed behavior and emotion, lack of differentiation, acting out, poor skills, generalized malnutrition, and a plethora of health problems. The family atmosphere is one of chaos and lack of privacy. Hostility is the primary form of relating, which results in abuse, neglect, rejection, and attack. Affection, if shown at all, is highly sexualized and collusively exploitive. These problems and the overwhelming resulting disturbances pass from generation to generation in a bizarre social heredity. And there is a general rejection of all outside intervention.

The authors point out that classic works in family therapy have not sufficiently described the enormity of this syndrome, nor have they attended to the pervasive psychological destruction implicit in it. The book's thesis is that such pervasive community, neighborhood, family, and individual pathology necessitates unusual and comprehensive treatment.

Outreach family therapy is a complex extension of the methods of social casework, individual psychotherapy, family therapy, advocacy, and community action. The approach blends professional and non-professional methodologies with the world of social action. Clients are viewed as part of a matrix of systems in which the family is but one factor.

The first section, "Foundation For Out-reach Family Therapy," consists of five chapters outlining the syndrome and describing the major components of outreach family therapy. These are (a) The Community Systems Model; (b) The Multilevel Assessment Frame; and (c) The Treatment Modality Continuum. These chapters are excellent descriptions of methodology and contrast it with traditional approaches. The second section, "Clinical Experiences," is a powerful series of clinical vignettes. Included in this section is an excellent review of the politics of the referral process and the pathological triangulation of therapist, client, and referral agent. This topic is often overlooked in texts that deal only with the therapist/family interface. The chapter on the difficulty of engaging these clients is a major contribution to the recent literature on resistance. The third section, "Staff and Supervision Issues" consists of four chapters about the impact of LICD families on the therapist as a professional and as a person. The context of treatment and its effect on therapy and client is addressed along with issues of burnout, recruitment, and training. Supervision of nonprofessionals is described in creative and innovative ways.

This book reflects the work of a team that dared to explore and create. Their document will be of use to any therapist, supervisor, or group challenged to work with difficult or resistant populations. There are implications in this work for all who have the responsibility for being of assistance to the alienated. Besides family therapists, this book will be useful to workers in family violence, abuse and neglect, community mental health workers, and educators of the disadvantaged. The authors are to be congratulated for reminding us of the necessity to cross bureaucratic and clinical boundaries and to abandon elitism as we participate in the treatment of families.

Harold A. Goolishian, PH.D.  
Galveston Family Institute  
Galveston, Texas

**Trearing the Remarried Family**, by Sager, Clifford J., Brown, Hollis Steer, Crohn, Helen, Engel, Tamara, Rodstein, Evelyn and Walker, Libby, New York, Brunner/Mazel, 1983, 388 pp. \$30.00 cloth.

*Treating the Remarried Family* represents four and a half years of intensive study and treatment of remarried (REM) families by Clifford Sage and a team of therapists of New York's Jewish Board of Family and Children's Services. An opening case example illustrates their model of the "REM suprasystem," the network of step-, blood, and in-law relationships surrounding and intimately involved with the REM family. This case eases the reader into a complex, multilevel conceptualization that draws on family systems, life cycle, and intrapsychic perspectives. The REM network is seen in the context of the various families of origin, family cultures, histories of losses and struggles for fulfillment, and points of transition and stress.

The conceptual base of the clinical model is developed in the next three chapters of Section I. Chapter 2 outlines REM family characteristics in contrast to those of the nuclear family. This is worth careful reading because it summarizes a tremendous amount of material in a few pages. (The reader who is new to this material is also referred to Visher and Visher (4), Einstein (2), or Wald (5) for elaboration of these basic concepts.)

Chapter 3 presents a conception of multiple life cycle tracks that interact in the REM family, complicating the web of needs and responsibilities for family members. The authors illustrate typical mixes of individual, marital (first and second

---

marriages), and family (old and remarried) life cycle tracks. It is proposed that congruence or conflict among the various life cycle stages is critical in leading to dysfunction or satisfaction in meeting needs and responsibilities. This material draws on and extends the work of McGoldrick and Carter (2) and of Ranson *et al.* (3) and is also in agreement with my own (6). Assessment issues are elaborated in a manner that is not only clinically profitable, but explicit enough to stimulate research.

Continuing a central assumption in the remarriage literature, Chapter 4 discusses the REM marital couple as pivotal in the structure of the REM family. Sager's concept of the marital contract is used as a framework for assessing the marital dyad, with his original categories revised so as to apply to the remarried couple. Again, a wealth of material has been condensed invaluablely for clinical reference and teaching.

The authors believe that clarity of discussion requires separation of marital issues from the broader concept of the REM suprasystem, but still one misses integration of this chapter with the life cycle concepts. Issues presented earlier in terms of multiple life cycle tracks and in terms of the special interactional constraints of the REM family structure are here relegated to "external manifestations of problems rooted in the expectations of marriage and the intrapsychic and biological needs" (p. 70). I would have liked to see the authors push further conceptually, defining how life cycle tracks and structural factors are in fact integrated into a congruent and realistic marital contract. In what way are contractual difficulties (stemming from incongruent and unrealistic individual contracts) related to the realistic incongruence of multiple life cycle tracks? What is the process of revision (over time) of both the first marriage contract and that of the REM couple? (The authors have given so much excellent material that I am hungry for more.)

Section II, on treatment, constitutes the most valuable portion of the book. The team has developed a treatment model that takes into account both the complexities of the REM suprasystem and its changes over time. In addition, they remain true to their framework by attending to the therapist in his or her context. Typically, remarried families have a high rate of premature treatment termination. Chapter 5 lends perspective to this fact by acknowledging the many demands these families characteristically make of the therapist. Powerful responses evoked in the therapist are illustrated, as are common ways in which therapist and family interact to short circuit change. Useful strategies are proposed for avoiding these pitfalls, and the therapist is not expected to handle overwhelming cases alone. Drawing on their own experience, the team proposes specific ways in which clinics can support therapists working with REM families. Expectations of "ideal treatment" for REM families are high, but, with the proper supportive network, they seem possible.

Chapters 6 and 7 beautifully illustrate the treatment of a REM family suprasystem using a case created by Tamara Engel. Goals of the treatment are "premised on the acceptance and enhancement of the effectiveness of the REM suprasystem." This process "affirms the integrity of the specific REM unit and that of the other bioparent's household unit" (p. 131). When the therapeutic alliance is made with the suprasystem, the therapist has flexibility in moving back and forth among the various subsystems; changes in one subsystem affect the others as all work toward effective family collaboration. This case example is involving and attends to the multiple ambivalences and contradictions that must arise. The therapist is skillful and caring, using role-playing, sculpting, and home visits, as well as standard family interviews. Assessment, beginning, middle, and termination stages of treatment are discussed from the systems, life cycle, and intrapsychic viewpoints.

The next three chapters continue to elaborate technical strategies, taking as vantage points the marital dyad, the child under 12, and the adolescent. Information from the marital and divorce literature is integrated into the broader context of the evolution of the REM suprasystem. Discussion of the adolescent life cycle tasks, and description of what they term "the extruded adolescent syndrome" fill a particularly important gap in the remarriage literature. The examples are well chosen to reflect a broad range of REM families, all of whom have common complaints but who vary widely in degree of dysfunction. Latent in these descriptions is a continuum of divorced and remarried families ordered in terms of their ability to consolidate a flexible and satisfying REM suprasystem. I believe this ordering would be more useful clinically and for research if it were made more explicit, rather than in the form of behavior profiles, which the authors preferred.

The final sections deal with the special issues of milestone events, the decision to have a mutual child, loosened sexual boundaries, adoption of a stepchild, mentally ill family members, and prevention. Although well written and important in their own right, they seem secondary to the central theme of exploring the clinical ramifications of the REM "system-cycle-psyche".

This is a comprehensive, clearly written, carefully organized, state-of-the-art text on treatment of remarried families. The model rings true to the experienced clinician and challenges both the therapist and the clinic to make changes so that they may more realistically meet the needs of these families. There is a gold mine of clinical observation and practical advice here, invaluable to therapists treating members of REM families whether they designate themselves as doing family, marital, or child therapy.

## REFERENCES

- 
1. Einstein, E., *The Stepfamily: Living, Loving, and Learning*, New York, MacMillan, 1982.
  2. McGoldrick, M. and Carter, E., "Forming a Remarried Family," in E. Carter and M. McGoldrick (eds), *The Family Life Cycle: A Framework for Family Therapy*, New York, Gardner Press, 1980.
  3. Ranson, J. W., Schlesinger, S. and Derdeyn, A., "A Stepfamily in Formation," *Am. J. Orthopsychiat.*, 49, 36-43, 1979.
  4. Visser, E. B. and Visser, J. S., *Stepfamilies: A Guide to Working with Stepparents and Stepchildren*, New York, Brunner/Mazel, 1979.
  5. Wald, E., *The Remarried Family: Challenge and Promise*, New York, Family Service Association of America, 1981.
  6. Whiteside, M., "Remarriage: A Family Development Process," *J. Marv. Fam. Ther.*, 8, 9-68, 1982.

Mary, F. Whiteside, PH.D.  
Ann Arbor Center for the Family  
Ann Arbor, Michigan

**The Sexual Relationship: An Object Relations View of Sex and the Family**, by David, E. Scharff, London, Routledge & Kegan Paul, 1982, 268 pp. \$27.50 cloth.

This fine book articulates the potential effects of early life experiences with parents upon adult sexual relationships. Its object relations perspective is most developed for childhood, but the author does address significant transitions of the entire life cycle. He writes very well, and is able to synthesize the contributions of Fairbairn, Bowlby, Klein, Winnicott, and others succinctly.

Object relations theory is an elaboration of classic psychoanalytic theory that stresses the quality of human attachments in personality development. Emotional health is seen as a result of well-timed, "good-enough" need satisfaction rather than neutralized and sublimated drives. Both the need-satisfying and the need-frustrating aspects of parents are thought to be internalized as good and bad objects that remain forever active in the unconscious.

*The Sexual Relationship* thus contributes to two important psychotherapeutic traditions: sex therapy and analytic theory. The author is both an experienced sex therapist and a psychoanalyst, and so in a unique position to synthesize these elements. No doubt he was affected by the mental health profession's "sexual revolution," as Masters's and Johnson's work overturned the analytic hegemony in explaining and treating sexual dysfunction. The host of task-oriented therapy formats that arose after 1970 came to be known as sex therapy, but many subsequent advances resulted from the large number of patients who *failed* to benefit from them. In the early period, sex therapists attributed dysfunctions to combinations of faulty education, conditioning, and poor communications. In *The Sexual Relationship*, however, Scharff presents newer hypotheses that are valuable in treating these dysfunctions. He shows that desire, arousal, and orgasmic problems can express defensive withdrawal from sexual intimacy. He attributes this withdrawal to transference from archaic, internalized parental objects. In addition to explaining many treatment failures, his hypotheses promote an understanding of the otherwise enigmatic motives for not having sex. The book is thus a landmark among the increasingly sophisticated efforts to help people with their sexual lives.

In another sense, Scharff's subject is the dynamics of family life—how ever-changing parents and children interact to shape one another. This book is rich in insight about universal, though subtle, developmental processes: (a) parallels between the psychosomatic partnerships of mother with infant and lover with lover; (b) the erogenous zones as a projection screen; (c) decoding of the symbolic function of sex—i.e., holding on to the good parent, fearing the poor one, and struggling to comfortably integrate the two; (d) the function of sex in marriage—i.e. repair of both the remote past and the present; (e) the transition to parenthood. The author's conceptual clarity will enable therapists to increase their understanding of some of the developmental underpinnings of adult sex. I do not know of a better exposition of the subject in any literature, including the works of the analysts liberally quoted and referred to by the author.

Yet, evensuperlative contributions have limitations that should be noted. *The Sexual Relationship* does not contain everything clinicians need to know about sexual development and adult sexual life (nor does it claim to do so). My own, more descriptive view, has been that adult sexual characteristics can be defined along five dimensions. There are evolutionary and dynamic shifts within each dimension (especially IV & V), but Nevertheless they are surprisingly constant during the adult life cycle:

- I. Gender Identity—sense of self described along the masculine \$ neuter \$ feminine spectrum
- II. Sexual Orientation—sex of fantasized or real objects that produce arousal
- III. Intention—the sexual behaviors the person actually wants to engage in
- IV. Functional Capacity—psychophysiological experience of sexual behavior
  - A. Desire
    1. biological urge to engage in sexual expression
    2. psychological motivation to engage in sexual activity

- 
- B. Arousal
  - C. Orgasm

V. Relationship Context—enables or prevents sexual behavior

Recent clinical work in sexuality has made its primary contribution by defining discrete aspects of adult sexual experience. Topics such as the development of normal and unconventional gender identity, constitutional contributions to absent desire, efficacy of various treatments for anorgasmic women, effect of successful marital therapy on sexual function, marital relationships of premature ejaculators, etc., can be delineated with a clarity that was not possible prior to sexual therapy. It begins at the "surface," the subtle interactions of the partners, and focuses on *conscious* sexual behavior. These conscious and relationship dimensions of sexuality have been underappreciated in psychoanalysis; the unconscious is always assumed to have etiological primacy. *The Sexual Relationship* conforms to analytical tradition in the main. It glosses over some enduring structures of the mind and their unconventional adult forms—e.g., gender identity (transvestism), orientation (homosexuality), and intention (perversion). It also does not come to grips with the determinants of difference among adults along dimensions IV and V. Most important, Scharff does not sufficiently concern himself with the limitations of object relations theory. Is it unreasonable to expect an author to delineate both the essential characteristics and limitations of his theoretical construct? I would have liked him to list unanswered questions raised by his otherwise fine contribution. Baffling patterns such as sexual responsiveness with one partner and lack of it with another abound in clinical practice. How do clinicians distinguish between a patient whose withdrawal from sexual pleasure is due to persistent failure to heal the bad internal object and one whose bad internal object is activated by a spouse's subtle failure of respect?

In some of Scharff's cases, the patients "discovered" things in therapy—e.g., homosexuality behind heterosexual jealousy, or the narcissism of their parents. The author does not seem to realize that his case histories are not objective facts but are combinations of patients' and his perceptions. Theory is helpful when it illuminates but simultaneously dangerous because it blinds. I feel we must remain deliberately uncertain and skeptical about even our most cherished ideas. Surely not every problem is caused by parents!

Nevertheless, Scharff's synthesis can help us to better understand some patients. For this we should be grateful, and I urge mental health professionals to spend ten hours or so experiencing his disciplined and fertile mind.

Stephen B. Levine, M.D.  
Case Western Reserve University Cleveland, Ohio

---

## OTHER BOOKS OF NOTE

**Conjoint Family Therapy**, by Virginia Satir, Third Edition, Palo Alto, California, Science and Behavior Books, 1983, 289 pp. \$8.95 paper, \$12.95 hardcover.

In the author's words, this third edition of her classic "is intended to prepare students for effective family therapy work and to refresh 'old pros' about parts that are easy to forget." A newly added section describes Satir's work with large community groups in an antidelinquency program sponsored by the State of Virginia.

**Family Breakup: Understanding Marital Problems and the Mediating of Child Custody Decisions**, by Marilyn Little, San Francisco, Jossey-Bass, 1982, 235 pp. \$15.95 cloth.

Forty divorcing couples and their children were studied, with emphasis on the interrelationship of couple and parental roles in the divorce process. Little's comments on custody and other legal issues are yet another contribution to the topic reviewed in this issue by Maria Isaacs. The author's tendency to invent her own jargon ("Fragile Bond family," "Shared Parenting family," etc.) is perhaps less welcome.

**The Dark Side of Families: Current Family Violence Research**, David Finkelhor, Richard J. Gelles, Gerald T. Hotaling and Murray A. Straus (Eds.), Beverly Hills, California, Sage Publications, 1983, 384 pp. \$29.95 hardcover, \$14.95 paper.

Twenty-three papers on this most serious issue emphasize sociological and psychological research. Although much of it may be of background interest to therapists, there is still nothing to contradict what Frank Pittman wrote in these pages in September 1982: "Judging from these books, family therapy for family violence is either undeveloped or unknown."

**Family Treatment: An Integrative Integrative Approach.**, by Judith C. Nelson, Englewood Cliffs, N.J., Prentice-Hall, 1983, 294 pp. \$23.95 cloth.

Another in the long list of how-to-do-it books. The dust jacket photograph depicts four generations at a family meal. One place is empty. Is that where Epistemology used to sit?

R. S.

---

---

---

## LETTERS

To the Editor:

We are writing this in response to the Review of our book, *The Tactics of Change: Doing Family Briefly*, in the March 1983 issue of *Family Process*. We understand that reviewers are given considerable autonomy in the exercise of their judgments and interpretations of the books they review, and we are experienced enough authors to expect that not all reviewers will approve of the ideas presented in publications. However, we hope that whatever the judgment of the reviewer, it will be based on a reasonably fair reading and understanding of the book before making the judgment. We do not believe this was the case in the review of our book, and we are taking the trouble to respond to the review, since we assume that *Family Process* has a responsibility to its readership over and above its responsibility to any individual reviewer.

We have no problem with the reviewer's [Jane Ferber] first two paragraphs, which summarize the format and content of our book. From there on, however, the review is mainly commentary, during which the reviewer appears to ignore, or fails to comprehend, our explicitly stated positions, so that the reader of the review will get only a distorted and confused impression of the book.

For instance, we state concisely, but explicitly, our basic model of problems and their resolution, to which all our specific techniques relate. The model is certainly not universally accepted. Yet the reviewer states: "For all its theoretical trappings, the book is best [best what?—best used?—best understood?] as a basic manual of how to do *any kind of therapy*, not just brief therapy" (italics ours.).

In particular, although we state plainly that we are presenting a model of therapy that is only a view and that we do not believe that "reality" is knowable, the reviewer's criticisms are repeatedly phrased in terms of reality. Two examples follow:

The book tends to shy away from a number of issues it raises. It discusses the therapist/patient relationship without really dealing with its complexities. For instance, the ability of clients to carry out therapeutic tasks is really dependent on how much the clients trust and love the therapist.

We did not "shy away," we expressed a different view, that it is important to influence the client to carry out tasks, and this compliance does not require positive feelings toward the therapist; even negative feelings can be utilized.

In relation to the verbatim transcripts of interviews, after many years of studying nonverbal communication, I find myself wondering what else is going on besides the words now printed and edited on the page. What is the dance *really* like? What are they *really* doing?

Again, we think it would be clearer—and fairer—just to observe that our model attaches importance to verbal communication, whereas the reviewer is ascribing importance to nonverbal communication.

"One wishes the authors would give some credit to such people as Harry Stack Sullivan and Carl Whitaker." We are confused, especially by the reference to Whitaker, since he has repeatedly warned against explicit statement of theory or principles of technique. Our own position is just the opposite. We have tried to avoid the obscure, mystical, and "profound" tone often found in writings on therapy and instead to simplify its complexities by being as plain and explicit as we could. Perhaps this has contributed to the reviewer's discounting of our whole work as a beginner's manual. Others, however, including other reviewers, have seen it very differently.

Richard Fisch  
John Weakland  
Lynn Segal