



## Fatherhood and family in the 19th and in the 20th Century

There has been fluctuation than sustained increase in the interest in fathering during the past century (Atkinson, et al, 1993). Without doubt, the examination of fatherhood and family in the nineteenth and the twentieth century have been explored from different academic disciplines with limited outcomes.

Here, our first emphasis would center on the general factors that trigger the rise on fatherhood rather than on individual opinions or collective biographies by self-effacing family scholars. This sustained rise portrays fathers in the light of obligation as family providers with diverse instrumental roles in their communities. Despite expressive role of being a family provider, fathers in this century demonstrate warm, increased nurturing and caring attitude to family members. Increased interest in family as well as in fathering has manifested more to my surprise in recent times. In this century, studies have identified a distinction between the roles of men in the family we live with, and the roles of men in the families we live by. The first distinction is the families as defined by the census and social survey research, namely co resident members of households who define themselves as related to one another (Gillis, 2001). On the other hand, the families we live by are not found in the census tables or any statistical analysis or surveys. These families not only occupy much larger space than the household, but are extended over time, belonging to the past and the present as much as the future.

Fatherhood and families in this century focuses much on behavioral patterns rather than past cultural lives of family members. In carrying out family responsibility, men in this century have disregarded how their own fathers handled issues like: disciple, moral turpitude, traditional belief values, death and after-life. Modern man no longer spans his children. Modern man no longer engage in serious punishment where by the black sheep of the family would rather do serious household punishment than living the village to the city for disciplinary measures in the house of an uncle. Today, discipline is no longer the sole responsibility of parents in modern families. Now the police, the school authorities and the church are now part of the disciplinary machine for modern families. As a result, the external dimension of family disciple which holds all things together is ignored. The abandonment of those family heritage and traditions has two ethical consequences. It takes away the responsibility of parents in shaping their wad. It neutralizes the power of parents as one in-charge at the home front. Focus on past family tradition /dimensions therefore provide rich and firm foundation in the conventional dimensions of family histories: the demographics of birth, marriage, and death, family economics, marriage patterns, class and ethnic diversity (Gillis, 2001). Contrarily, fatherhood and family in the 19th and 20th century focuses on recovery from loss of first marriage and entering the new



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relationship where men conceptualize and plan new marriages and families.

Several studies have traced the genesis of fathering before the 18th century. Scholars like Joseph H. Pleck and many others have expressed that at the beginning in the 18th century and carrying onto the early 19th century, fathers had the most responsibility in childrearing. To borrow Inouye's postulation and formulation, fathers in this century were the source of moral teaching and worldly judgment; thus they were the best candidates to raise and teach children. In raising children in this century, Carlson (1996) notes that paternal judgments are more likely to arise beginning with the preschool and school-age years, when childhood events (scouts, sports, dance classes, and so forth) present an endless challenge to fathers to come out of the cocoons to assist children in their journey toward independent development. In the 18th century, fathers were viewed mainly as nurturers. But more recently, they are considered both as a nurturers and financial provider. The results of this assessment indicate that men's interest in fathering has increased rather than fluctuated. It has increased in this century when compared to fatherhood and family in the 16th and 17th centuries.

By the early 19th century, the responsibilities of men and the idea of a good man radically changed. Until the middle of this century, men's role in the home had decreased dramatically as women's presence in their children's lives become more fascinated. The marked increase in ethnic minorities in recent years added further to the diversity of value systems, language, family structure and relationship systems in our contemporary families. In this contemporary time, studies have shown fathers as standing firm for children and family as they experience changing roles and family relationships. However, the industrial revolution affected men's ability to provide for families. Industrial revolution caused fathers to walk away from home and abandon their children in their own wake. After such drift, came the incidence of what family researchers called 'fatherless families', or what AFCC would call 'disfranchised fathers.' However, there are disparities between absent father, single parent household and fatherless families. Studies have shown that the most glaring differences between two-parent families and those of fatherless homes are the disparity in economic well-being (McLanahan & Sandefur, 1994). Two parents families in the 17th and 18th centuries have remained financially stable than single parent's families witnesses in this present time. Also two parent families in the 19th century are considered a strong household compared to divorced or visiting parents anywhere.

By mid 1900's, multiple views of fatherhood came to public and family literatures. But the significant view that comes into perspective stemmed from negative perceptions about women



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as mothers and men as fathers. Much of these negative perceptions are why most men walk away from homes unannounced, leaving the burden of family responsibilities to women alone. As result, Inouye's reasoned that the breadwinning role of the fathers would be affected at the moment they walk away from home. Walking away from home and lacking the financial strength to sustain family have been found among many other factors that cause higher juvenile delinquency among children. Studies have shown that walking away from the family is common to men in these contemporary times. Little stuff that does not matter such as: money, insecurity, unemployment, sickness, substance abuse and inability to serve food in time are capable of causing modern man to walk away from wives and children. Such actions challenge the interest of men in the family in this century. While scholars assert that men's interest in fatherhood has increased during the past century, we have virtually no evidence upon which to base such claim. The claim I can provide is founded on the fact that contemporary man marries a post-industrial women who has a topnotch job and career to help him in family financial struggles. Otherwise, there is no evident prove that justifies an increasing rise of fatherhood in the 19th and in this century. The only claim available today is that young adults in diverse cultures are now marrying early and raising children compared to what was evident in the last century. Sequel to the above, a growing interest in fatherhood can be assessed by the time and devotion men put towards child-rearing and division of labor in their homes. Assessment of this nature demonstrates that fathers do little child care as compared to mothers. Child care can be considered a new and a changing tradition that contemporary fathers are picking up from what used to take place in the past. Day & Mackey (1986) describe change in fathering as a paradigm shift toward fathers as competent parents. Any paradigm change however, must conform to the role of ideal fathering aimed at the development of children's potential and the establishment of peace and harmony at home.

During the first and second world war and after the industrial revolution, it was obvious that while fathers were in the labor force, women complained that fathers were spending less time with children and therefore are less involved with interacting time with children. This suggests why cultural interest in fatherhood has increased over the century which results in men becoming less involved in family matters rather than work related issues. In the post-modern perspective, child-rearing vary from culture to culture in this century. While the dominant Hispanic, Asian and African pattern is for parents to have shared primary responsibility, American families may rely on grand-parents and other extended family members to care for children (Goldenberg et al 2004). Among African families in this century, roles and boundaries in



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kinship network are not rigidly defined, allowing for considerable role flexibility. Beyond actual family relatives, other non-blood “relatives” (neighbors, family friends, Godparents, Preachers) may be intimately involved (Diller, 1999).

### Summary:

In the foregoing paragraphs, I have tried to explore factors that underline the rise in the interest of men in family and fatherhood in the nineteenth and twentieth century's. I have come to learn that what constitutes a sudden rise in fatherhood cannot be put into one category or brought into one lucid picture. But the globalization of world economy since the 70s and 80s has placed prior interest in fatherhood under extreme pressure throughout African and Western societies. Gillis (2000) acknowledged that such extreme pressure as well as at the low end of the social scale has affected men to fulfill the traditional breadwinner roles. Men at all times, think they know everything they need to know or everything they need to learn about marriage and family because they manage to make it at the altar, but it's not just so. Despite culture, men should be learning more about marriage and family tradition for the rest of their lives (Popcak, 2008).

While I adapt the opinion of Popcak, I still believe that men should still learn how to teach modern children their moral duty to elders, parents, family, society and respect of the sacred. Without doubt, if the father was educated and literate, it was his duty to pass modern skills that will lead to future careers onto his children, boys or girls notwithstanding. Inouye (2007) writes that a father is empowered to help his sons find an appropriate career because he had a key role in the courtship of both sons and daughters. As breadwinner and nurturer, the father is supposed to be physically present at the birth of his children. He is expected to be involved with his children even as infants or adolescents and even when married. A father is expected to be involved with his daughters as much as his sons even when they are preparing to leave home. Carter and McGoldrick (1999) describe this phase as “launching children and moving on.” A father must accept children's independent role and eventually the creation of their own families. Much of what we have known about fatherhood in the 19th and 20th century is the idea of the father being a great family man, a supporter and a breadwinner. Much of what we have explored so far is that society has criticized fathers unsympathetically for been too distant by focusing more on their own careers than on their families. They have been criticized for engaging in personal enterprise that estranges them from the welfare of their families. When this happens, family members suffer in the end. Common in both centuries are why families are suffering from



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different forms of depressive or mental disorders. These disorders always require assessment and treatment from healthcare providers.

### Family Assessments and therapies: A General Family Overview:

Lamb and Ralph LaRossa are two great family scholars of the 21st century. Both scholars have written extensively on family origins, family system theories, family's intergenerational patterns and subsystems. They have authored unlimited chronicles on parental boundaries and family systematic frameworks. No family researcher have written books or submitted multiple articles in international family journals and parental Quarterly than Lamb and LaRossa. Through their personal speeches, papers, books, manuscripts and chronicles, both authors have made enduring contributions on family issues, family strength and weaknesses, and parental obligations that were neglected in modern times. Sequel to the above, both researchers have encouraged families to develop initiatives in all family matters. In so many ways, both scholars have tried to empower parents to think positively about life, about family, about children, about relatives and about family emotional and social interactions. Despite these lofty contributions to family literatures, both scholars are unable to come up with decisive treatment option for modern families suffering from debilitating mental illnesses or depressive episodes. Both authors lack therapeutic knowledge in modern assessment and traditional therapies. Because they lack this knowledge, it is incumbent upon their critics to offer modern, meaningful assessments, and therapeutic models used in today's mental diagnosis and psychopathology (manifestations of a behaviors and experiences indicative of mental illness).a) Structural Family Therapy

In structural family therapy, the history of the patient's family is put into therapeutic context. In structural family therapy, symptoms of an individual father are rooted in the context of family transaction patterns, where family restructuring occurs before symptoms are relieved. In this context, triadic pattern of family enmeshment and disengagement involves family subsystems and family as a whole (Goldenberg et al, 2004) Assessment in structural family therapy, centers on the ongoing interaction maintained by un-adaptive family organization to deal with transitions in the family circle. During SFT, social workers and therapists try to strike decisive balance between stability and change. They try to identify hierarchy among individual family members, family subsystems and rules and interactions that governs the entire network. SFT espouse parent's subsystems, spouse subsystems and sibling subsystems. It looks into family boundaries whether they are: clear, rigid or diffused.



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### b) Strategic family therapy:

When we speak of strategic family therapy, we speak of the tools and techniques therapists use to deal with family's repetitive patterns of interactions that are linked to adolescent problem behavior, that are linked to the family's inability to come to therapy or treatment (Szapocznik, 2005). In strategic family therapy, redundant communication patterns offer clues to family rules and possible dysfunction: A symptom from the husband in the family represents a strategy for controlling a relationship while claiming it to be involuntary. Symptoms are interpersonal communications between two, and probably three participants in reciprocal relationships within the family. Symptoms or problems are maintained by ongoing repetitive sequences between the father, mother and the child. The repetition of the sequence is aimed to benefit the man, his wife and children and sometimes other members of the household who are adopted into the family. The method employed during assessment/therapy is joining: -working from within the family; Diagnosing-focusing on interaction and not content; Restructuring-specific techniques to bringing about change-changing from negative to positive, developing parent leadership, communication and conflict resolution skills (Szapocznik, 2005).

### c) Psychodynamic Family Therapy:

The father of this therapeutic theory was Ernst Wilhelm Brucke who was the supervisor of a first year medical student Sigmund Freud, at the University of Vienna in 1874. The primary focus is to reveal the unconscious content of a client's psyche in an effort to alleviate psychic tension. The theoretical foundation of psychodynamic therapy centers on unresolved family conflicts from the past that however continues to attach themselves to the current objects and family situations in the present. If for example one of the couples is involved in extra-marital affairs when they were dating before they got married, there is need for both couples to resolve issues of infidelity first before their romance gets deeper in the future. Some therapist would advise clients to resolve issues while they are dating before they get married as couples. If past issues are not resolved, the pain would continue to hurt the marriage even in the present and in the future. The reason is because; past early internalized family conflicts can lead to interpersonal conflicts within present day family joy (Goldenberg et al, 2004). Also, husband's intra-psychic conflicts can be brought to current family relations. Psychodynamic is an integrative treatment option. It can be used in individual psychotherapy, Group psychotherapy and/or family therapy etc.

### d) Psycho-Social Therapy:



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The psycho- social theory has always emphasis the use of positive techniques and procedures that have palliative and curative effects upon any mental, emotional or behavioral disorders. Erick Erikson in 1902 was a principal genius of this theory. He is a Freudian- ego Psychologist who adapted Freudian articulations and frameworks. Psycho-Social therapy therefore is a treatment practice that focus on social and cultural factors (such as family experience) and on psychological influences on patients. This mode of intervention is available to treat parents who experience violence and children who witness violence themselves. Intervention focuses on parent-child relationship. Studies have not identified if psycho-social therapy can be applied to siblings interaction in the family. However, parent-child interaction therapy (PCIT) - A relationship based intervention is a primary focus of psycho-social therapy. Parent-child interaction therapy has unique characteristics that make it a promising intervention with families (Borrego et al. 2008). These approaches include but not limited to cognitive, behavioral, and inter-personal methods. Studies reveal that when dealing with more serious depressive or bipolar conditions, combination of antidepressant medication and psycho educational family therapy represent our best efforts to date to reduce relapse (Goldstein & Miklowitz, 1995).

### e) Psychological-Physiological Assessment:

The psychological assessment and therapy aims at promoting and maintaining the psychological well-being and health of patients. It can be described as assessment and therapy that measures changes in the nervous system reflecting psychological or emotional events such as anxiety, stress and sexual arousal (Durand et al, 2006). In Psycho-Physiological assessment, therapist's, psychiatrists or psychologists are required to know the typical stages of child's cognitive, social, physical and emotional development. They are to know factors that might affect a child's physical or even cognitive development, or a change in family structure that might affect a child's social or emotional development. They are to know how each developmental area (Cognitive, social, physical, and emotional) can affect family and other children. Often times, psychological assessment may come early in a person's treatment- a person's living circumstances, mood, ways of coping with pain, health habits, and patterns of substance use (e.g. Cigarette smoking, alcohol consumption, overuse of analgesic medication) may be relevant to their headache condition. Psychological assessment is for facts gathering only and may include objective testing of a person's coping skills, ability, mood state, interpersonal problems, and cognitive difficulties (Pingel, 2009).



### f) Experimental Theory:

This theory calls for free choice, self determination, and growth of the self and human maturity achieved by the man in overcoming impasse in the process of gaining personal fulfillment. Problems arises from flawed interactions and communication lapses between family members especially the husband and wife is the target in any experimental analysis. Assessment data centers on the here-and-now from immediate ongoing interactions between the husband and any other person in the household. Experimental treatment model is frequently used for Cancer patients. This therapy involves a “membrantrophic drug” combined with diet and exercise. Experimental therapy has been found to cure patients with skin cancer. It was believed that a man who was suffering melanoma who engaged in experimental melanoma treatment at the Fred Hutchinson cancer treatment center in Seattle received healing after a short period of time. And after an infusion of his fortified immune system T- cells, the melanoma, which had already spread to the lungs and to the lymph node in his groin and had not responded to other therapies- went into complete remission. For families and patients in that cancer center in Seattle, remission and cure was a modern health miracle. It was a modern cure and marvel that put smiles on the faces of family members of the patient.

### g) Trans-generational Therapy:

This is an assessment that centers on the emotional attachment of a father to his own family of origin. Tran’s generational therapies were based on the founding theories of Carl Whitaker, Murray Bowen, Norman Paul, and Ivan Boszormenyi-Nagy. This theory stresses the importance of family-relational patterns over decades (Roberto, 2001). This therapy aims at resolving attachment by changing men’s’ emotion to the family form through marriage. Also current marital relations that results from partner’s fusion to families of origin or the unpaid “debts” and obligations are diffused. In this method, problems that arise are maintained by relational binds with others. Tran generational therapy draws primarily on psychodynamic framework. I support this framework especially when it is combined with cognitive behavioral framework. Family process as it is viewed in Trans generational model dwells uniquely on variations in attachments, in management of intimacy and power, in specific identification and in conflicts, and other relational events that distinguish a husband and wife or a family from another. A classical example is a therapy with a young man who began dating very young at 13 years and at 17 his romance fell apart. A Trans generational therapy will construe the young man’s reference of dreams cherished, mistakes made, deep emotion involved in brake-up, anxiety



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played out, anger unleashed, moments survived, and lesson taken- all of which found their way into the needs and wishes of a young man on his way to adulthood and fatherhood.

### h) Moral Therapy:

This is a psychosocial approach to mental health disorder. This form of therapy was formulated in the first half of the 18th century. The principles of moral therapy date back to Plato and beyond. But moral therapy as a system originated with the well known French psychiatrist Philippe Pinel (1745-1826) (Zilboorg & Henry, 1941). The term moral really meant “emotional” or “psychological” rather than a code of conduct (Durand & Barlow, 2006). Children and adolescents who experience isolation and who are emotionally detached from family and peers are treated employing this therapy. Basic tenets of moral therapy include treating institutionalized patients as normally as possible in a setting that encouraged and reinforced normal and social interaction (Bockoven, 1963), thus providing them with many opportunities for appropriate social and interpersonal contact. In the 17th and 18th centuries, moral therapies were handled in asylum by Dorothea Dix (1802-1887), who is an asylum care specialist. Durand et al note that influx of asylum therapy led to a rapid transition from moral therapy to custodial care because hospital were inadequately staffed. A major factor that impacted moral therapy was the decision that mental illness was caused by brain pathology and therefore was incurable. After this impact, different school of thoughts emerged to replace moral therapy, namely psychoanalysis, based on Sigmund Freud’s (1856-1939) that elaborated on the theory of the structure of the mind and the role of the unconscious processes in determining behavior. The second was Behaviorism, associated with John B Watson, Ivan Pavlov, and B.F Skinner, which focuses on how learning and adaptation affect the development of psychopathology (Durand et al).

### I. Behavioral/ Cognitive therapy:

Cognition is the process of knowing and thinking distinct from philosophical reflection or verbalization. It is a set of therapeutic procedure derived from behavior therapy that attempts to change behavior by modifying or altering faculty thoughts, patterns or destructive self verbalization. Behavioral cognitive methods are based on the principles of behavioral and cognitive science, as well as principles of learning as applied to clinical problems. Behavioral process considers specific behaviors rather than inferred conflict as legitimate targets for change. Here, personal functioning is determined by reciprocal interaction of the behavior of a child or the father and its controlling social conditions. Symptomatic person is the person in the



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problem and assessment accompanies a linear view of causality.

During assessment of a behavior, therapists focus on the maladaptive behavior in an individual and try to maintain current behavior through reinforcement from other members of the family. Through Operant conditioning, families would learn how desired responses are rewarded or reinforced thus increasing the probability that those responses would occur. A Swiss famous psychologist Jean Piaget recommended that cognitive behavioral theory is the best treatment therapy for children during stages of developmental process. Piaget believed that learning happens as people adapt to their environments. He postulated that cognitive development proceeds as follows: When faced with a situation, children first try to use or apply what they already know or what therapist or parents taught them, and if it doesn't work, they always figure out something else based on what's new or different about the situation. The first idea, using their existing schema or the framework of parents or therapists, was called assimilation; the second, developing new frameworks, he called adaptation.

Piaget Cognitive restructuring have been found to be the most ideal method of intervention. The reason is because; children are constantly refining their frameworks on a daily basis. Based on these observations, Piaget theorized that this ongoing process of assimilation and adaptation leads all children to pass through identical stages of cognitive development but not necessarily at identical times. He identified four stages namely: Sensor motor (birth to 2 years); Preoperational (2 to 7 years); Concrete Operational (7 to 11 years); and finally Formal Operational (11 to 15 years). Some educational psychologists agree that the game of peck-a boo is practically universal in children especially because it reinforces the concept of object permanence (Stewart, et al, 2005). Here, the therapist attempts to modify client thought, perception and attributions about an event. Hence, modification is carried out through cognitive behavior assessment, which is a variation of behavior modification that focuses on the conscious feelings and attitudes of the individual.

j) Behavioral Couple Therapy:

Behavior disorder is a serious emotional disturbance in psychotherapy. Assessment and treatment focuses on training couples in communication skills and helping them in the exchange of positive reinforcements. Therapists in family foundation apply cognitive restructuring and problem-solving skills to facilitate marital satisfaction. Behavior analysis strategy is employed to help remediate learning disabilities. In behavioral parent training, therapists train parents in behavioral principles and assist them implement contingency management procedures in



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altering or modifying undesirable behavior in children and in their marital relationship. Training and therapy works well with the application of modification. Some schools of thoughts describe behavioral modification in a variety of techniques designed to change behaviors and to increase the use of socially constructive behavior. However, modification is impossible without objective- and a precise statement of what the learner must do to demonstrate mastery at the end of a prescribed learning task. At all times, the learner is always the patient or family members who have to assist patient in the process of treatment and recovery.

### **K) Recreational therapy:**

Recreational therapy also known as therapeutic recreation is to improve or maintain physical, cognitive, social, emotional and spiritual functioning in order to facilitate full participation in life. Recreation therapy helps improve “health” which includes not only the absence of “illness,” but extends the enhancement of physical, cognitive, emotional, social and leisure development so that individual may participate fully and independently in a chosen life pursuit. When the health of patients is improved through physical activities, it is considered therapeutic healing. Therapeutic recreation provides treatment services to persons with illnesses or disabling conditions. The primary purposes of treatment services which are often referred to as recreational therapy are to restore, remediate or rehabilitate in order to improve functioning and independence as well as reduce or eliminate the effects of illness or disability. In order eliminate patient’s disability, therapeutic recreation uses treatment, education and recreation services to help people with illnesses, disabilities and other conditions to develop and use their leisure in ways that enhance their health, functional abilities, independence and quality of life (NTRS, 2000). Therapeutic recreation is provided by professionals who are trained and certified, registered and/or licensed to provide therapeutic recreation (ATRA, 1986).

A recreational therapist utilizes a wide range of interventions and techniques to improve the physical, cognitive, emotional, and social and leisure needs of their clients. He works with clients, their family members and other significant others to the improvement of their health conditions. The goal of recreational therapy is to restore remediate or rehabilitate in order to improve functioning and independence as well as reduce or eliminate the effects of illness or disabilities. Below are settings that employ recreation therapists:

- Acute care hospitals
- Free standing rehabilitation hospital



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- Rehabilitation units in acute care hospitals
- long-term care facilities or skilled nursing facilities
- comprehensive outpatient facilities
- in-patient and out-patient mental, behavioral, health/Psychiatric facilities
- Home health-care agencies
- Residential facilities for persons with disabilities
- Adult daycare centers
- Centers for independent living
- Public and private school systems
- Non-profit disability related/recreational agencies

The two major therapeutic recreation associations are ATRA (American Therapeutic Recreation Association) & NTRS (National Council for Therapeutic Recreation Certification).

-For more information, please visit [www.atra-tr.org](http://www.atra-tr.org).

### **L) Cognitive/Behavioral Intervention (Positive Behavioral Interventions):**

In psychopathology, therapists have identified cognitive behavioral therapy as best behavioral intervention for modern man and his family. But in responding to treatment of children and adolescents, most psychiatrists employ positive behavioral interventions. They do so by removing distracters, providing structural environment, establishing a consistent routine, simplifying activities, offering choices and allowing enough time to process information. Other positive behavioral interventions include: Allowing enough time to process information, setting well-defined limits, rules, and task expectations, using visual cues and support, set easily attainable daily goals, pre-mark some principles or operant conditioning (If you do your home work, then you may have computer time, if you wash all dishes, you will play for additional hour, if you graduate from college, you will have a personal vehicle of your own, if you become an honor student, you will travel to Disney land), earn activities and privileges, planned ignoring of minor behaviors, verbal reminder, proximity control, positive rein forcer. Some psychiatrists use point system with behavior contract, direct instruction in social skills. Teachers praise students for appropriate behavior, and work completion contracts in colleges and universities. They use



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timer for self monitoring of on-task behavior, direct activity into productive task such as within or outside classroom (errands, performance & tasks). Training on the use of restraint must include prevention and de-escalation techniques. This provides alternatives to the use of restraint.

### **CONSEQUENCES:**

Therapists and health care providers must review consequences with individual before behavior escalates. They must signal nonverbal disapproval by asking the individual child to practice appropriate responses. All these would significantly lower peer pressure, and provide opportunity to receive positive reinforcement, response cost contracting, offer student choice of changing behavior or going to a cooling off area, as often employed in psychiatric setting. Therapists are obligated to initiate cooling off period, physical escort in the hallways or hospitals, principle/patient conference, administrative behavior contract, referral to counselor/therapist for social skills training, after school detention, Launch detention, in-school suspension for a 3 class periods, in-school suspension for 3 days, call parents and send student home for the remainder of the day, out of school suspension for up to 3 consecutive days, referral to outside agencies etc.

### **M) Psycho-educational Therapy:**

Therapists use educational information available to reduce stress of the husband and family members. The aim of psycho-educational therapy is to improve the coping skills of clients. The unit of assessment is often dyadic and triadic. Here, the range of therapy covers non-clinical pre-marital and marital couples to entire couples and families with physical, cognitive and mental disorders. The primary aim of this therapy is to enhance existing skills to improve future quality of life. Reinforcement is essential in the form of a reward or punishment intended to change the probability of the occurrence of a previous response. Therapists can employ educational, psychological, cognitive-behavioral therapy and family system theory in assessment and treatment. Also when dealing with more serious depressive or bipolar conditions, the combination of antidepressant medication and psycho education family therapy represent the best effort to date to reduce relapse (Goldstein et al, 1995).

### **N) Psychotherapy:**

Psychotherapy is a “talking cure”- where patients voice their troubles to therapist, who listen, prompt, question, interpret and generally try to engage in a positive and rehabilitating



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conversation with clients (Ankaki et al 2009). Psychotherapy is often referred to as “talking treatment” because it is generally based on talking to the therapist or group of people with similar problems. In this method of therapy, healthcare professionals’ uses communication including: writing, artwork, drama, narrative story or music. The word psychotherapy comes from the ancient Greek words *psyche*, meaning breath, spirit, or soul and *therapeia* or *therapeuein*, to nurse or to cure. The broad systems of psychotherapy include: psychoanalytic, cognitive behavioral, psycho-dynamic, existential, humanistic, brief, systemic transpersonal modes that aims at influencing destructive negative emotions and problematic dysfunctional behaviors.

According to National Institute of mental health, psychotherapy teaches patients strategies and gives them tools to deal with stress and unhealthy thoughts and behaviors. Physicians, psychologists, social workers and incensed practical counselors employ psychotherapy to treat different types of problems such as: Depression, anxiety, post-traumatic stress disorder, low-self esteem, anxiety disorder that include phobia, emotional crises, marital problems, family disputes, obsessive-compulsive disorder, personality disorder , alcoholics, addiction problems, bipolar disorders (in combination with drugs) schizophrenia (in combination with drugs). It helps patients manage their symptoms better and function at their best in everyday life. In a nutshell, psychotherapy is a treatment of emotional, behavioral, personality, and psychiatric disorders based primarily on verbal or nonverbal communication and interventions with the patient in contrast to treatments using chemical and physical measures.

### N) Family Crises Therapy:

Studies call this a crisis-oriented therapeutic approach in which the family as a system is helped to restore its previous level of functioning. Goldenberg et al, (2004) note that such crises are often associated with schizophrenic, and therefore re-hospitalization can be avoided. In some mental health settings, Paradoxical Intervention- (a therapeutic technique whereby a therapist gives a client or family a directive he or she resisted and as a result of defying the directive, a change takes place) have been found most effective in family crisis therapy than functional family therapy. Gestalt family therapy - has been found to compliment family crises therapy. Both therapies are forms of experimental intervention loosely based on the principles of Gestalt psychology that focuses on the here-and-now experience in an effort to heighten self-awareness and increase self-direction. In Family crisis therapy, therapists examine the entire family cycle, namely- childbearing and preschool, school age, adolescence, launching, post parental issues,



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aging-through which the family moves. All these are processes of modifying the behavior of family members.

### O) Functioning family therapy:

This is a therapeutic approach based on system theory, cognitive theory, and behavioral principles in which clients or families are helped to understand the function or interpersonal payoff of certain behavior as a prelude to substituting more effective ways to achieving the same result. Since family is a community of persons tied by blood, network therapy can best compliment functioning family therapy. Family network is about support, assistance and collaboration among members a family or members of a genealogy. When collaboration and support group is established within a family, network therapy can be carried out on the home patients (for example, a schizophrenic recently discharged from the hospital) in which family members; friends, neighbors, and other involved persons participate in treatment and rehabilitation. Summarily, family reconstruction as developed by Satir would help guide family members through stages of their lives in order to discover and unlock dysfunctional patterns from their past.

### P) Alternative therapies:

Louise Summers (2004) note that alternatives are methods of treatment that are used in place of biomedical therapies. They are based on cultural values and beliefs. Qigong (Chinese), Ayurvedic (India) and other African roots (mgboro-ogwu) are alternative therapies that tries to determine person's predominant dosha (body type) and prescribe diet, herbal treatment, exercise, yoga, minerals and living practices to restore and maintain harmony in the body. Some homeopaths are effective as Qigong and other African herbal therapies. Conventionally, the term alternative is usually applied whether or not the therapy is used in place of, or in conjunction with conventional medical therapies. In Homeopaths, there is a belief in the ability of the body to heal itself through the actions of the immune system. Drugs processed from plants, animals and mineral substances are efficacious to activate human immune systems. Based on comparative analysis of alternative therapies; studies show that the common healthcare system in the United States is biomedical. In Western culture, the most common treatment option is scientific and medical. However, the traditional African, Indian and Chinese society's uses natural or alternative treatment options when biomedical fails. Sometimes, these traditional modes compete with biomedical options subjecting patients to be undecided to a particular treatment option. The inability to decide for a particular treatment option



(alternative/biomedical) is suicidal to health rejuvenation.

### **Q) Holistic therapies (Healthcare):**

Unlike many mental health facilities that provide assessment and treatment to patients, holistic therapy tends towards total wellness of patients. Holistic healthcare aims at promoting physical, emotional, social, intellectual and spiritual well-being by treating the whole body, mind and spirit. According to health statistics, holistic healthcare uses many different methods of diagnosis and treatment in addition to traditional Western medical practice (Simmers, 2004). Most often, treatment is directed towards protection and restoration of human life. Generally, this method of treatment is based on the body's natural healing powers, the various ways different tissues and systems in the body's natural healing power influences each other, and the how external environment impact treatment.

### **R) Naturopaths/ Acupressure (Shiatsu):**

Both are natural type of alternative therapeutic treatment that uses only natural methods such as fasting, special diets, lifestyle changes, and supportive approaches to promote healing. This particular method of treatment avoids the use of surgery or medical agents to treat diseases. Contrarily, Acupressure is a therapy where pressure is applied with fingers, palms, thumbs, or elbows to specific pressure points of the body to stimulate and regulate the flows through meridians (pathways) in the body. It is assumed that illness and pain occurs in the body when the flow is blocked. Acupressure is often times used to treat muscular joint pain, depression, digestive problems and respiratory disorders. Shiatsu is the Japanese form of acupressure. Acupuncture is a Chinese therapy that involves the intersection of very thin needles into specific points along the meridian (pathways) in the body to stimulate and balance the flow of energy. Sometimes, heat (moxibustion) or electrical stimulation is applied to the needle. The belief about acupuncture is that life energy cannot occur when the flow is block. When this block occurs, illness and pain occurs too (Lynn, 1999).

S) Biofeedback: Another name for biofeedback is relaxation therapy. Biofeedback uses monitoring devises to provide a patient with information about his/her reaction to stress by showing the effect of stress on heart rate, respirations, blood pressure, muscle tension, and skin temperature. The primary objective of relaxation therapy is to teach patients relaxation methods to gain "mind" or voluntary control over the physical responses. Reviewed literatures have shown that biofeedback is ultimately used to treat hypertension, high blood pressure, migraine headaches, and stress related illnesses.



### **Post-Reflection:**

The above exploration have demonstrated that family therapists need to be culturally sensitive to the ever-increasing diversity among clients and families, if they are to deal with such families issues decisively and effectively (Aponte & Wohl, 2000). They are to take into account family histories, inter-generational experiences before embarking on any form of assessment or therapy. The purpose is to allow them form objective judgment and give enough time to initiate adequate intervention procedures (Proschaska & Norcross, 1999) that would benefit family inmates. In psychopathology, adequate intervention is incomplete without prognosis and diagnosis. Comprehensive prognosis and diagnosis is essential for adequate treatment. Therefore, marriage and family therapy must be comprehensive in treatment at all times. Therapists and psychiatrists must employ different forms of assessment and diagnosis whether cognitive, affective or behavioral within the context family structures. They are to apply psychotherapeutic and family system theories and technologies in the delivery of professional services. Doctors and healthcare professionals must not follow a conventional guideline when offering therapy. This is wrong considering the consequences of conventional guidelines.

Proschaska and colleagues emphasize the importance of adopting multiple theory of personality application to all families, by urging for an adoption to a pluralistic outlook that calls for multiple perspective rooted in, and sensitive to, a particular culture. Therapists must not overlook cognitive theory in family therapy. The reason is because cognitive intervention is essential in psychotherapy. It is essential in cognitive reconstructing of language in children and adolescents with Autism. According to cognitive psychology, the child begins to acquire or understand some language in their environment and then modifies that understanding as they interact with the environment. Piaget Bloom, Vygotsky, and others emphasize the importance of providing meaningful experiences so that the child can build upon their earlier learning to expand both knowledge based and language use (Cropper, 2003). Indeed, diagnosis and treatment of mental, emotional disorders whether cognitive, affective, or behavioral experiences within the context of marriage and family requires careful examination by therapists. At all times, therapists are expected to apply system theories and techniques in the delivery of professional services to individuals, couples and families for the purpose of treating nervous and mental disorders.

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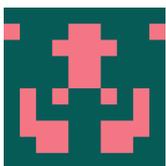
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