

Reconsidering the Term *Marriage* in Marriage and Family Therapy

Christine E. Murray · Thomas L. Murray Jr.

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Abstract This article presents a consideration of whether the term *marriage* in the title of the marriage and family therapy (MFT) profession continues to reflect the work that MFT professionals do. The authors describe relevant historical and professional identity issues, a rationale for revising the title of the profession (including demographic trends related to marriage and relationships, patterns of clinical practice, and the political context surrounding marriage), and a rationale for maintaining the current title of the profession (including administrative costs, value and ideological differences within the MFT profession, and the importance of a cohesive professional identity). The article concludes with recommended future directions for the profession's decision makers, researchers, and practitioners.

Keywords Professional identity · Marriage and family therapy · Couples therapy

Since the early days of the profession of Marriage and Family Therapy (MFT) in the 1950s (Broderick and Schrader 1991), social norms and demographic trends in marital and other intimate relationships have undergone a dramatic transformation (Cherlin 2004; Pinsof 2002). Over the years, family forms have become more diverse, resulting from such trends as rising divorce and remarriage rates, increased cohabitation before or as an alternative to marriage, women's greater participation in the workforce, and increasing acceptance of same-sex intimate partnerships (Cherlin; Pinsof). Although rates of marriage are high in the US (Cherlin; US Census Bureau 2006), many of the laws and social norms that govern the marital relationship have shifted or are being reconsidered currently. In light of these issues, this article presents a rationale for professionals in the MFT field to consider the

C. E. Murray (✉)

Department of Counseling and Educational Development, The University of North Carolina at Greensboro, 228 Curry Building, P.O. Box 26170, Greensboro, NC 27412-6170, USA
e-mail: cemurray@uncg.edu

T. L. Murray Jr.

The University of North Carolina School of the Arts, Winston-Salem, NC, USA

extent to which the term *marriage* in its title helps or hinders the profession and the clients it serves. We focus on the MFT profession within the United States, noting that a full consideration of international perspectives, including the Canadian viewpoint, is beyond the scope of this article.

Despite the trends listed above, the term *marriage* remains firmly entrenched within the identity of the MFT profession. However, this term may no longer accurately reflect the work done by MFT professionals in light of current demographics, professional practice patterns, and political issues surrounding marriage. The present time offers a unique opportunity for members of the profession to reflect upon its identity, its role in the social discourses surrounding marriage, and the extent to which the term *marriage* continues to reflect the most accurate and inclusive descriptor of the work that MFTs do. Examples of other terms that could be considered as alternatives to *Marriage and Family Therapy* include *Couple and Family Therapy*, *Relationship and Family Therapy*, *Relational Therapy*, and *Marital, Couple, and Family Therapy*. (Note that the intention of this article is solely to address the appropriateness of the term *marriage* as a descriptor of the profession, and that the issue of any broader changes in the title of the profession is beyond the scope of this article.) On the basis of legal definitions and social customs in American society, the term *marriage* excludes many types of couple relationships. However, terms such as *couple* and *relationship* are inclusive of marriage as well as many other types of intimate relationships.

In this article we do not offer a definitive answer to the question, “Should the MFT profession change its title so that it no longer solely includes the term *marriage*?” Rather, the aim of this article is to contribute to the professional discourse about the appropriateness of the term *marriage* as a descriptor for the MFT profession. We begin with a consideration of the professional identity and historical trends that have solidified the profession’s identity as *Marriage and Family Therapy*. We then explore both sides of the argument regarding a change in the title of the profession. In support of such a change, the issues of demographics, patterns of clinical practice among MFTs, and the current politics surrounding marriage are addressed. The primary issues considered for maintaining the current title include related administrative costs, value and ideological differences among MFT professionals, and the importance of a cohesive professional identity. We conclude with recommendations for decision-makers, researchers, and practitioners.

Professional Identity and Historical Considerations

Although the MFT profession emerged in the 1950s, the influences upon the profession prior to that time contributed to the term *marriage* being fundamentally interwoven into the discipline’s professional identity (Broderick and Schrader 1991; Wetchler 2003). The MFT profession is rooted historically in a variety of professional and social movements, including social work, marriage counseling, and family therapy (Wetchler 2003), with the marriage counseling movement having the longest history predating the MFT profession (Broderick and Schrader 1991). Marriage counseling began as “often the auxiliary activity of a college professor...lawyers, social workers, and physicians” (Broderick and Schrader 1991, p. 9) and grew into a profession in which the first set of professional standards for marriage counseling were developed in 1949 (Broderick and Schrader 1991). Ultimately, however, the marriage counseling movement became “so merged with the more dynamic family-therapy movement that it has all but lost its separate sense of identity” (Broderick and Schrader 1991, p. 15).

The MFT profession also has a long history of interdisciplinary involvement, including social work, medicine, psychology, psychiatry, and education, and with members of these groups being united by a shared interest in working with family, couple, and relational issues (Broderick and Schrader 1991). Currently, several professional organizations relate to the practice and profession of MFT, including the American Association for Marriage and Family Therapy (AAMFT), the American Family Therapy Academy (AFTA), the National Council on Family Relations (NCFR, which has a Family Therapy section), the International Association of Marriage and Family Counselors (IAMFC, a division of the American Counseling Association), and the International Family Therapy Association (IFTA). Among all of these organizations, the AAMFT is the professional organization primarily involved in the development of professional standards (e.g., licensure) and the accreditation of training programs (AAMFT 2002). Therefore, this organization is the primary focus of much of the rest of this article. At the same time, we recognize that not including Canada and the Canadian provinces that are a part of the AAMFT in our discussion represents a limitation that needs to be addressed in future explorations related to this topic.

The AAMFT was founded in 1942 (AAMFT 2002), and its original name was the American Association of Marriage Counselors (Broderick and Schrader 1991). With the increased focus on the growing family therapy movement, the organization's name was changed in 1970 to become The American Association of Marriage and Family Counselors, and the name was changed once more to its current title in 1978 (Broderick and Schrader 1991). The AAMFT takes pride in its history of having “been involved with the problems, needs and changing patterns of couples and family relationships” (AAMFT 2002, second paragraph). The AAMFT has been instrumental in the professionalization of MFT by developing professional standards and a cohesive professional identity. Through advocacy efforts and contributions of time and energy, the AAMFT has played a key role in the establishment of MFT licensure in all states, including Montana and West Virginia, the last two to achieve it.

Professional licensure, whose primary purpose is protection of the public, is important for defining limits on the title and practice of MFT such that only individuals who have gained the requisite training and clinical experience may engage in the practice of MFT and/or identify themselves as MFTs (Hecker 2003). The maintenance of a cohesive professional identity is “central and core” to the mission of the AAMFT (Bowers 2007, p. 18). As such, the AAMFT uses the term *Marriage and Family Therapy* to describe the profession and the term *Marriage and Family Therapist* to describe a practitioner within the profession (Bowers). In light of its historical context, the profession's adherence to its identity as MFT has been important for uniting an interdisciplinary field and presenting a common identity to consumers, funders, and trainees. However, as we outline in the next section, there have been shifts in population demographics, patterns of clinical practice, and the politics surrounding family relationships that prompts members of the MFT profession to reconsider whether the identification as “*marriage and family therapists*” may no longer be an adequate descriptor of their professional identity.

Rationale for Changing the Title of the Profession

A shift in the title and identity of a profession may be warranted if the original title no longer represents the profession or if there is evidence that the original title may have, intentionally or unintentionally, a limiting and/or harmful impact on the profession or the

constituencies it serves. This section reviews the existing literature that suggests incongruity in the *marriage*-focused title of the MFT profession and the actual work and philosophical stance of the profession.

Demographic Trends in Marriage and Relationships

Demographic statistics reveal an interesting glimpse into modern American marriage patterns and relationships. According to Cherlin (2004), the social norms surrounding marriage in the US have weakened within recent decades, a process he terms the *deinstitutionalization of marriage*. Cherlin notes the following associated demographic trends: higher rates of childbirth outside of marriage, increased rates of cohabitation, and shifting cultural perspectives toward marriage (i.e., marriage shifted from being viewed as an institution to being viewed as a companionate relationship that is the backdrop for individualism and romance). However, despite the deinstitutionalization of marriage, marriage is generally valued within American society, and many couples continue to want to marry. According to the US Census Bureau (2006), in 2006, among US citizens aged 15 and over, 50.4% were currently married, 6.4% were widowed, 10.5% were divorced, 2.3% were separated, and 30.5% were single, never married.

A closer look at demographic statistics reveals numerous trends that have contributed to diverse marital and relationship patterns within the population. First, people are getting married at later ages than in years past and therefore are spending a greater proportion of their young adult years as unmarried adults. In 2006, the median age at first marriage in the United States was 25.9 years for women and 27.5 years for men (US Census Bureau 2006). Second, couples are more likely to live together either before or instead of marriage (Seltzer 2000). Together, these trends have contributed to higher numbers of households consisting of unmarried partners. For example, in 1990, the number of households with unmarried partners was 3.2 million, and this number increased to 5.5 million by the 2000 Census (0.6 million of which consisted of same-sex partners; US Census Bureau 2001).

Higher rates of divorce also have contributed to changing patterns of marriage and couple relationships. Since the 1970s, more marriages end in divorce than end in the death of a partner, and current statistics suggest that about one in four of all marriages will end within the first 7 years (Pinsof 2002). Pinsof writes that factors influencing the shift to more marriages ending in divorce include the changing roles of women, legal and value changes that have made divorces easier to obtain, and the longer lifespan of both men and women. Regarding the latter, it is important to note that older adults may have significant reasons—such as economic issues or pressure from family members—to prefer cohabitation to remarriage if they are divorced or widowed (Brown et al. 2005). In light of the numerous demographic changes that have impacted modern marriages, Pinsof (2002) recommends that “marital theory needs to become pair-bonding theory” (p. 149).

Patterns of Clinical Practice

Within the MFT profession, numerous therapeutic modalities are available to couples who are either not yet married or who will never become married. First, premarital counseling involves providing counseling to couples who plan to marry. MFTs have developed models and approaches to conducting premarital counseling (e.g., McGeorge and Carlson 2006; Murray and Murray 2004; Rowden et al. 2006). Another group that may seek premarital counseling is couples planning to remarry (i.e., one or both partners have been married previously to another person). Accordingly, efforts have been made to develop intervention

approaches and clinical understanding specific to couples who are planning to remarry (e.g., Dupuis 2007; Falke and Larson 2007). Couples who are not actively planning for marriage, some of whom may not be able to marry legally, have also become a focus within the MFT profession. These couples include cohabiting (e.g., Means-Christensen et al. 2003) and same-sex couples (e.g., Bepko and Johnson 2000).

A relevant trend in the MFT profession has been the emergence of therapeutic approaches specifically designed for couples in the midst of terminating their marriages. These approaches do not aim for preservation of the marital relationship, but rather aim to help partners separate in a low-conflict, mutually agreeable manner. These relationship termination approaches generally fall under the categories of *divorce therapy* (Oz 1994; Sprenkle and Gonzalez-Doupe 1996) and *co-parenting therapy* when children are present (Baris and Garrity 1997; Garber 2004; Whiteside 1998). Furthermore, there are certain clinical situations in which preserving a marital relationship may involve serious threat to the personal welfare and/or safety of one or both partners, such as the case of an individual who experiences chronic, severe intimate partner violence at the hands of his or her spouse. For examples of discussions of MFT approaches to domestic violence situations, see Stith, Rosen, and McCollum (2003, 2004) and Simpson et al. (2007).

All of the above areas of clinical practice and scholarly research certainly fall within the purview of the MFT profession based on their relational components. Likewise, students entering the profession are trained to address these issues and work with diverse client populations. For example, the Preamble to Version 11 of the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) standards (2005) states,

The standards apply to the training of marriage and family therapists and are based on a relational view of life in which an understanding and respect for diversity and non-discrimination are fundamentally addressed, practiced, and valued. Based on this view, marriage and family therapy is a professional orientation toward life and is applicable to a wide variety of circumstances, including individual, couple, family, group, and community problems. It applies to all living systems; not only to persons who are married or who have a conventional family. (p. 3)

However, if one were to apply a strict interpretation to the scope of practice of MFTs based on the title, these practice areas would fall outside of that scope because they either do not involve couples who are legally married or because they are not aiming to preserve a marital relationship.

Even if professional MFTs understand that the above areas of practice fall within their purview, prospective clients may not understand that the scope of practice for MFTs is broader than the title implies. This issue becomes particularly relevant for marketing purposes for individual professionals marketing to prospective clients and for the profession as a whole. As evidence that this issue may be confusing to consumers, the Virginia Association for Marriage and Family Therapy (2006) included the question, “Do I have to be married to go to a marriage and family therapist?” in their list of “Frequently Asked Questions.” Their response follows:

No. Individuals, couples, siblings, co-workers, roommates, and others often seek family therapy for help with relationship issues, health-related issues, or mental and emotional disorders. People do not need to be married to seek or benefit from family therapy. Anybody who wants to clarify, change, improve, or redefine their relationships can benefit from marriage and family therapy. (paragraph 11)

The Politics of Marriage

Perhaps the most controversial aspect of reconsidering the title of the profession involves the current political dynamics surrounding the issue of marriage in the US—particularly related to the topic of marriage for same-sex couples. Whether or not same-sex couples should legally be able to marry remains a hotly debated subject in the US (Ferguson 2007). Given the controversy and activity surrounding the issue of legalizing gay marriage, changes in legal statutes may occur between the time that this article is written and the time of its publication. Thus, readers are encouraged to consult current news sources for the latest legal status of gay marriage. At the time of this writing, however, only two states, Massachusetts and California, allow same-sex couples to marry, although a small number of other states, including Vermont, New Jersey, and Connecticut, have statutes that provide for some form of domestic partnerships or civil unions (Godoy 2008). Based on 2000 US Census data (Gay Demographics, 2008), it is estimated that there are more than 601,000 same-sex couples who share a household in the country, representing over 1.2 million individuals, and many of these couples live in states in which they are legally unable to marry.

Going beyond merely not allowing same-sex couples to marry, the majority of states have passed Defense of Marriage Acts (Godoy 2008). These acts specify marriage as being between a man and a woman, thereby specifically excluding same-sex couples from the legal benefits and rights of marriage. Thus, within these Defense of Marriage Acts, marriage is becoming further institutionalized and politicized as a term and type of relationship that can apply only to heterosexual couples. Given the legal exclusion of same-sex couples from marriage in most states, members of the MFT profession must consider whether the term *marriage* as an identifying label for the profession encompasses an institutionalized form of discrimination. A term that has been used to describe this form of discrimination is *heterosexism*, which refers to “the institutionalized practice of favouring heterosexuality, based on the assumption that heterosexuality is normal” (Litovich and Langhout 2004, p. 412). Questions of inclusiveness, privilege, and biases certainly present challenges for individuals and the profession. Nonetheless, even if the question of whether the use of the term *marriage* as part of the professional identity is difficult to answer, it is one for which the current political context demands an answer.

Regarding a need for increased diversity and focus on equity issues in the MFT profession, McDowell et al. (2002) recommend

...going beyond the celebration of difference to reflect a deep, active commitment to both diversity and social justice. This type of transformation requires a critique of our theoretical assumptions, practice strategies, and *professional culture* to help us reveal gender, class, race, and other biases that may stand in the way of becoming a truly inclusive field. (p. 179, emphasis added)

Scholars have asserted that the MFT profession is not fully inclusive of LGBT populations (Long and Serovich 2003). For example, COAMFTE permits some religious-affiliated programs to “discriminate against LGBT persons to protect the core beliefs of their institution” (Long and Serovich 2003, p. 61). Long and Serovich recommend that MFT training program faculty identify areas in which heterosexism can be found in program curricula and make efforts to further infuse sexual orientation issues into MFT curricula. In fact, MFT program faculty have begun to make efforts to train students to be more inclusive in their work with LGBT individuals, even when doing so may initially conflict with students’ religious beliefs and/or values (Charlés et al. 2005).

Thus far, the AAMFT has taken a strong stance in support of same-sex couples and their relationships—although the organization has not yet taken an official stance regarding the issue of continuing to include the term *marriage* in the title of the profession. The AAMFT's (2004, September 7) official position is that "same sex orientation is a normal variant of human sexuality that takes a variety of forms and expression" (paragraph one). Regarding the definition of *marriage and family therapy*, the organization states,

We study and intervene to assist in these relationships whether that means a marriage has occurred in the legal sense, whether there is cohabitation, or other forms of family. We invite members of heterosexual, same-sex, culturally similar, inter-cultural/interracial and other forms of family composition to engage with marriage and family therapists for relational development and problem solving within their cultural contexts. (AAMFT, 2005a, July 31, paragraph four)

Furthermore,

AAMFT believes that all couples who willingly commit themselves to each other, and their children, have a right to expect equal support and benefits in civil society. Thus, we affirm the right of all committed couples and their families to legally equal benefits, protection, and responsibility. (AAMFT, 2005b, October 17, paragraph one).

Given these strong statements of support for the rights of same-sex couples, a logical next issue for the organization to consider is whether the term *marriage* in its title—and that of the profession it represents—is in conflict with its philosophical stance toward same-sex couples, most of whom are unable to legally marry in the US.

Rationale for Maintaining the Current Title of the Profession

The issues discussed above represent a strong case for the potential value of changing the title of the profession to reflect demographic trends, professional practice patterns, and the current political context. However, a consideration of changing the title of the MFT profession to one that does not solely or at all include the term *marriage* also must include attention to potential costs and likely challenges that may arise if such a change were to be made. Therefore, in this section we review the major issues that encompass the rationale for maintaining the current title of the profession, including administrative costs, value and ideological issues within the profession, and the potential ramifications for the cohesive professional identity that the AAMFT and other members of the profession have worked so hard to achieve.

Administrative Costs

On a practical level, the administrative costs associated with changing the title of the MFT profession to one that does not, either solely or at all, include the term *marriage* would be high and would require substantial investments of time, energy, and finances. Consider the extent of the changes that would need to be made if, for example, the profession shifted to the title of *Couple and Family Therapy*. For the AAMFT alone, all relevant administrative paperwork, membership documentation, publication and publicity materials, advocacy and lobbying resources, and likely even its organizational logo, would need to be changed. The organizational leadership and membership would need to make the shift to identifying as

the “AACFT”, and efforts would need to be made to inform relevant external stakeholders of this change. The AAMFT would be only a starting point; every division would need to follow suit.

The administrative costs also would be significant for state licensure boards and academic training programs. All fifty states now provide professional licensure to MFTs. For most of these states, licensure was gained through substantial lobbying efforts, often conducted by state-level volunteers as well as the AAMFT (Bowers 2007). From a legal standpoint, these states have legislative statutes in which the practice and/or title of Marriage and Family Therapy and Licensed Marriage or Marital and Family Therapist is limited to those who possess that license (Hecker 2003). These administrative codes would need to be rewritten to reflect the new title of the profession. Additionally, licenses with the new title might need to be reissued, along with other paperwork used by MFT licensure boards (e.g., applications, renewal forms). It should be noted that, in some geographic regions, particularly in those in which Defense of Marriage Acts have been passed, changing the title might be controversial and could be off-putting to some consumers and lawmakers. Regarding academic programs, a name change would likely involve much administrative paperwork, and universities often have policy review committees through which such changes need to be passed. Program-related materials would also require revision to reflect the new name.

The administrative costs of any title change must be taken into account as important aspects of the issue of changing the title. The following relevant questions should be asked by any parties considering such a change: (a) Who would pay the costs?; (b) Who would put in the necessary time and effort?; (c) How could this change be explained to other involved parties (e.g., lawmakers, funding organizations, university administrators) in a way that would make sense to them?; and, perhaps most importantly; (d) Does making this change represent the most valuable way that the involved professionals and organizations could be spending their time and energy?

Value and Ideological Differences within the MFT Profession

A change in the professional title may raise value and ideological issues for professionals for whom marriage encapsulates significant personal and professional meaning. As one example, in 2005, William Doherty and Kathleen Wenger launched an Internet-based database called The National Registry of Marriage Friendly Therapists (<http://www.marriagefriendlytherapists.com>). The registry’s web-site describes its mission as follows:

Marriage Friendly Therapists is the only pro-commitment marriage counseling resource in the nation...Experience in marriage counseling isn’t enough if you aren’t supportive of helping couples who wish to save their marriage. This combination of a values orientation around commitment and the experience to work with couples in distress is what makes us unique to any other marriage counseling listing. (Marriage Friendly TherapistsSM, 2005, paragraph three)

Doherty and Wegner’s website maintains that marriage holds special status in society and consumers should be able to easily access therapists who favor marriage as a lifelong commitment. Although no known research has been done to examine the professional identity of MFTs who ascribe to the “Marriage Friendly Therapist” orientation, it is plausible that such therapists may view a shift away from the sole use of the term *marriage* in the profession’s title as evidence of the profession’s relativist stance toward marital commitment.

Moreover, as is the case within the general population, MFTs likely represent a broad spectrum of values, religions, and ideological beliefs. For example, it is likely that a number of MFTs hold beliefs consistent with the Defense of Marriage Acts. One example of evidence that individuals with such beliefs are a part of the profession is that MFT training programs continue to enroll students who enter holding negative attitudes toward LGBT populations (e.g., Charlés et al. 2005). Professionals and trainees whose beliefs are consistent with Defense of Marriage Acts may feel alienated by a professional shift to a title that no longer solely or at all included the term *marriage*.

The Potential Impact on Professional Identity

The potential impact of changing the title on the professional identity of MFTs is difficult to predict. No known evidence exists that describes the impact that previous changes had on the profession and consumers. Furthermore, even if such evidence did exist, it would be limited in its applicability to the title change considered here due to the extent of the profession's current level of institutionalization and the surrounding political context. Thus, we can only speculate in this section as to some of the possible impact on the profession's identity that may result from a title change related to the term *marriage*. Indeed, one important aspect of the rationale for not changing the title is the high level of uncertainty related to the potential impact the change would have on the professional identity that AAMFT, among others, have worked so hard to establish.

Some possible negative ramifications for the profession related to this title change include the following. First, professionals within the field may be divided in their acceptance of the title change. This could contribute to factions within the profession, decreased membership in professional organizations, and fewer people seeking licensure within the profession. Second, decision-makers within insurance companies and other funding organizations may be resistant to this change and/or not understand the rationale for making it. This may impact the availability of funding for MFTs to provide couple and family therapy services. Third, current lobbying efforts (e.g., Medicare coverage for MFTs) may be hindered as a result of the perceived political meaning that lawmakers (particularly those who support Defense of Marriage Acts) may ascribe to a change in the profession's title away from the use of the term *marriage*.

Recommended Future Directions

In this section, we outline a number of recommended future directions for various stakeholders within the MFT profession to address as this issue receives further consideration.

Future Directions for Decision-Makers

The profession's decision-makers include the individuals who hold leadership positions within AAMFT and other professional organizations at the national and state levels and on state licensure boards, as well as faculty within academic institutions involved in training future MFT professionals. Decision-makers within professional organizations and other relevant groups are encouraged to hold a dialogue about the issues discussed in this article, both within the leadership boards and with various membership constituencies. In considering the impact of revising the profession's title, organizational decision-makers must

pay particular attention to the potential costs and benefits for the organizations and their members. Decision-makers will benefit from working with researchers and practitioners to understand fully all aspects of the issue and its potential impact.

If organizations decide to proceed with changing the use of the term *marriage* within the title of the profession, then direct communication with governmental representatives involved in MFT licensure and certification laws would be warranted. If organizational decision-makers decide to retain the current title, then it is likely that efforts will need to be made to address the rationale for this decision, particularly in light of the political issues discussed earlier. Regarding the AAMFT, Bowers (2007) writes that the organization intends to “ensure that MFTs are regulated and that the public can have assurances that anyone who calls her/himself an MFT, family therapist, or any other logical derivative of that title, has the training which has become standard for marriage and family therapists, as reflected in AAMFT Clinical Membership” (p. 15). Bowers’ statement leads to the question as to whether terms such as *couple and family therapist* or *relational therapist* are, in fact, logical derivatives of the term *marriage and family therapist* that fall under the same authority as MFT regulations. We believe that, unless these different terms are addressed directly and with a consistent policy related to the professional identity implied by these terms, there is great potential for confusion among professionals, regulation boards, and consumers as more organizations begin to use various alternatives to the term *marriage and family therapy*.

Faculty members within academic MFT training programs also are encouraged to evaluate critically the names of their programs, along with the corresponding potential impact on the professional identity of the emerging professionals they train. Faculty members who wish to revise the name of their programs toward more inclusive terms may benefit from learning about the experiences of other programs that have undergone similar changes. An Internet search revealed that some MFT training programs—including some accredited by COAMFTE—also use alternatives to the name *Marriage and Family Therapy*. At the time of this search (March, 2009), these programs included (with program names in parentheses) Drexel University (Couple and Family Therapy), Thomas Jefferson University (Couple and Family Therapy), North Dakota State University (Couple and Family Therapy), Antioch University Seattle (Child, Couple, and Family Therapy), Ohio State University (Couple and Family Therapy), and the University of Denver (Couples and Family Therapy). According to Dr. Julianne Serovich, Professor and Chair of the Department of Human Development and Family Science at the Ohio State University,

We made a conscious decision to change the name from Marriage and Family Therapy to Couples and Family Therapy. The state of Ohio passed a Defense of Marriage Act. We believed that the State’s definition of marriage could negatively impact our ability to work with diverse couples. (Personal communication, April 7, 2008)

In response to the question, “How do you think your program’s name of a Couple and Family Therapy program, instead of a Marriage and Family Therapy program, impacts your program’s identity?” Serovich responded, “I think we are perceived as more inclusive. Students like it, and faculty are more comfortable with our identity.” Similarly, Dr. Kenneth Covelman, Chair of the Department of Couple and Family Therapy at Thomas Jefferson University stated,

The program is in its first year and has had the same name from its inception. The name was chosen because the faculty believes there is a need to represent a more

inclusive approach to working with couples—some of whom may be married, while others may be in committed relationships, but choose not to marry, or may not be able to for political reasons. We did not encounter any resistance to the name, but did need to explain its meaning to the academic oversight committees, as the program went through the review process. (Personal communication, March 31, 2008)

Future Directions for Researchers

The question as to whether the title of the MFT profession should be changed raises many important questions for researchers to study. We anticipate that as these questions are answered, new questions will surface. Nonetheless, studies addressing the following list of research questions would provide important information to decision-makers as they consider the potential value and impact of making a title change.

1. What can be learned about the appropriateness of the term *marriage* to describe the MFT profession through consideration of international perspectives, especially Canadian, such as demographic trends, practice patterns, and professional credentials and standards in other countries?
2. Do couples who are not married—by choice or by legal limitations—feel comfortable seeking the services of an MFT?
3. What are the opinions of currently licensed MFTs regarding the title of the profession? What factors influence their opinions (e.g., political leanings, religious beliefs and affiliation, clientele served, demographic characteristics)?
4. How is the MFT profession perceived by members of the LGBT population? Do MFTs who are part of the LGBT population feel welcomed by the organization and believe it to be inclusive of their intimate relationships?
5. What are the demographic characteristics and presenting concerns of the unmarried couples who seek therapy from MFTs? How similar are these couples to the married couples who seek therapy from MFTs?
6. How might such a title change alter the progress that has already been made in the professionalization of the MFT profession? In other words, would the change confuse consumers and stakeholders?

Future Directions for Practitioners

MFTs are likely to hold diverse perspectives related to the issues set forth in this article. We encourage all MFTs to become involved in the professional dialogue related to the prospective benefits and problems associated with changing or not the use of the term *marriage* within the title of the profession. Practitioners have a unique and valuable perspective to offer in this discussion; their direct and frequent interactions with clients provide them with an understanding of clients' needs and perceptions about therapy and the profession. As such, we recommend that practitioners begin to talk with their clients about the MFT title and how it influences their perceptions of the services they provide. The perspectives of couples who are unmarried—either by choice or by legal statute—are particularly relevant. Practitioners who are interested in building an inclusive practice that serves the needs of all types of couples are encouraged to evaluate critically the way they represent their services to the public. Practitioners who represent themselves as MFTs and who wish to work with unmarried couples or couples whose focus is not on preserving the

marital relationship (e.g., couples seeking divorce therapy) may need to make extra efforts to market their services to these prospective clients.

Conclusion

The reconsideration of the term *marriage* in the title of the MFT profession raises numerous practical and philosophical issues for members of the profession to address. Professionals and the organizations that represent them, such as the AAMFT, have worked extensively to establish a cohesive professional identity around the MFT label. Nonetheless, the issues addressed in this article challenge MFT professionals to examine critically the extent to which the term *marriage* continues to reflect the work that they perform. This critical examination, however, must also account for the potential challenges that might arise if the title of the profession were changed. This article was not intended to put forth a definitive answer to the question of whether the title of the profession should be changed to no longer include the term marriage, either solely or at all. However, given the numerous relevant contextual issues currently facing the profession, this question begs to be moved to the forefront of professional dialogue.

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