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WHAT HAS HAPPENED TO SUGAR AND SPICE? OUR RESPONSIBILITIES IN A CHANGING SOCIETY

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AMCAP Keynote Speech,
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About a year ago I was asked to participate on a panel arranged by the B. H. Roberts Society. The panel dealt with outsiders' views about living in a Mormon community. The group was an interesting one, their expectation of that panel probably mixed. The reaction of many people to my accepting this assignment was very revealing. Some of my non-Mormon friends were wondering when I am moving out of the state, assuming that the opinions I would express would make my stay here fairly complicated, particularly as executive officer of a community agency. My Mormon friends on the other hand were hoping that I would bring up some issues which they would like to have clarified but are not able to do in the roles in which they find themselves. I probably disappointed both groups. I was not vituperative enough for the anti's and not positive enough for the pro's. Though the group as a whole was probably more liberal than, let us say, Ezra Taft Benson, they might have expected firmer opinions. The same thing might happen again today. Some of you might have similar questions and feelings which you feel you cannot openly express but would like for somebody to discuss, and others of you will become uncomfortable when I come up with criticism. I am not really going to try to make you all uncomfortable this morning, but I would like to stimulate our thinking and widen our focus.

The title of my speech, "What Has Happened to Sugar and Spice? Our Responsibilities in a Changing Society," has probably given you an idea what my major focus will be. It will be on women and children and our responsibilities toward them, as therapists, as people living in the state of Utah and particularly belonging to a specific religious group. I'm guessing that many Mormon therapists represent

a continuum—some totally orthodox, some quite liberal, and most in between. The liberals are probably not here because they would not wish to belong to a group united by religious preference, and the orthodox ones might be turned off by the issues that they think I might bring up.

I would like to divide my remarks between two major issues: the one philosophical, the other practical. The philosophical issues center around the function of therapists in today's world. Psychotherapy is a social interpersonal action characterized by an exchange of personal ideas and feelings, says Perry London, in one of my favorite books, *The Modes and Morals of Psychotherapy*. He assigns to us the role of a moral agent who functions more like a clergyman than a physician. The medical model involves no moral issues, though this has changed somewhat lately with the appearance of the artificial heart and other artificial organs. That the moral issue is a new one for our medical colleagues is proven by the diverse opinions among them concerning artificial organs and their availability to all.

Presumably we as therapists cure by talking and listening, by imposing our own values, not by being impartial scientists and unprejudiced helpers. We only rarely discuss the dilemma this poses for many of us as if we were unconscious of these difficulties and could overlook them by not talking about it. For a long time psychotherapists have followed the medical model, insisting that the therapist is no moralist and has no business becoming involved in the clients' moral, religious, or political beliefs and that he has no right to make value judgments of his clients. We are supposed to help alleviate the anxiety, the guilt, the neurosis, depression or psychosis of the clients, not to change their way of life along philosophical moralistic lines.

This attitude is valuable and has freed us to produce much needed objective data. But outside of the laboratory we are not researchers, but clinicians, and as such deal with the value systems of our clients every hour we see them and with every issue they bring up.

But most of our training does not deal seriously with the problem of morals and values. We learn a great deal about principles of procedures, diagnosis, and goals, but nothing about their moral implications. There are certainly some issues which can be treated quite clearly as technical ones, whereas others are equally clearly moral ones and need to be handled as such. Let us look at some examples: those of us who work with young children are skillfully avoiding the issue of values and can say quite easily that toilet training, getting dressed, and sleeping through the night are clearly technical problems which need to be solved on that level. Another example might be a phobia

in a child or psychogenic physical symptoms. Most therapists can easily relate to the fact that children should not be phobic and that dressing and eating are pretty basic. But how about a client who reports that he has sexually abused a child or has been beating his wife? The former has now to be reported to the police, so we are saved from having to discuss our feelings about the issue, but what about the latter—wife abuse? Does it not depend on our feelings on violence, the issue of male supremacy and female submission? What should the therapist do? Be noncommittal, refer to societal codes and ethics, or explore the unconscious for the determinants of that behavior? There certainly are techniques which we can use, for example, reflect, interpret, ask the client to free associate. By the modality used, the therapist does say something but avoids expressing an opinion about the moral issue *per se*. But how helpful is this for the clients? They want guidelines of behavior which will make life more meaningful and satisfying. Most clients invest the therapist with a great deal of importance as they view us as agents of resolution of conflicts. The neutralist position might be hard to maintain, and many issues brought into our offices demand answers.

This obviously leads to the question of short- and long-term goals we are trying to achieve. The technical skills we have learned will help with setting and achieving immediate goals, but ultimately we frequently want to alter the client's life. Perry London argues "that the therapist himself is a human being, that he lives in society and that wisely or unknowingly, responsibly or casually, has made moral commitments to himself and the society he lives in." Most of our effort is directed toward developing a therapeutic relationship which involves interaction between participants, not private experiences of each participant. So, how can we refuse to become involved?

Our usual admonition to clients to bring up any issue which is of importance permits clients to interpret our reaction to their remarks. Even neutrality at times is interpreted by the client as either tacit approval or condemnation, possibly adding to his or her confusion or guilt about the issues involved. Do personal beliefs affect our functioning as therapists? I certainly believe so. If we consider ourselves moral agents, we must become aware of our own personal commitment; whether it is the *laissez faire* attitude of neutrality or that of a strong stand—it needs to be declared. Perry London states that we have no right to stay in business if we will not assume responsibility for the behavior of our clients in real life.

In many ways therapists have left the medical model and have chosen an educational or societal one. But do we fit these models? Educators

can define in concrete terms what they want to achieve and can measure it, while, to quote Perry London again, “psychotherapy is an undefined technique, applied to unspecified cases, with unpredictable results.” Though this quote is possibly meant facetiously, there is something to it.

Let me suggest that the scientific function of psychotherapists is that of manipulators of behavior, while their moralistic function is that of a secular priesthood. We might all have trouble with this dual definition, but it does or should give us food for thought. There is not much question that we manipulate behavior, some of us more obviously than others. We start out by taking a history which we then use to discover motives, on which we base later happenings, diagnosis and, frequently, outcome.

If we are the gurus of the twentieth century, we must also be *of* the twentieth century—examining what is going on and if necessary changing our attitudes. If we remain static while the world around us keeps moving, our value system and that of our clients will be in conflict, and questions of our effectiveness will arise. We might at times increase rather than decrease the pain of our clients.

Which brings me to the second part of my remarks, namely, what has happened to sugar and spice? Has it gone underground, or is it still viable in some places, like, for example, Utah? Has there really been a revolution in our midst but we have not recognized it? Are there really fundamental changes taking place in male-female relationships? Some of us think so. The changes are even obvious in working with young children. At the Children’s Center, for example, which is a day treatment center for emotionally disturbed young children, the number of girls between the ages of two and five referred to the agency has almost tripled during the last year. Whereas the ratio previously in most child guidance clinics was 3 or 4 boys to 1 girl, the ratio is now almost 1 to 1. To what are these changes due? Is it possible that there is a greater awareness of female children and therefore more attention is paid to their behavior, or is it that little girls aren’t quite as sweet and submissive as they used to be because they are surrounded by more assertive and self-assured females? The sugar-and-spice group might have changed to a bread-and-butter group, meaning that women on the whole are beginning to gain greater economic independence and that this brings with it greater assertiveness. Is it possible that the ideal of the quiet, submissive, curly-headed blonde who is at home, takes care of the children, and keeps a clean house has changed to a curly-headed blonde, but who now has either a law degree or directs traffic in a construction zone. Many men and women lament this change

and blame it either on left-wing liberals, the institutions of higher learning, or the media. However, closer examination reveals that this reasoning is overly simplistic. The change from sugar and spice to bread and butter is based on economic considerations as are many major changes in our history. Think, for example, of the exploration and discovery of the New World. That was based on economics, a desire for more affluence and power of newly emerging subgroups. The spirit of exploration and adventure certainly helped, but what came first? Once women have achieved economic independence, sugar and spice will become less frequent and harder to maintain because if one earns one's own living, one doesn't necessarily have to be sweet unless one feels like it; economic dependency as a bond between human beings is stifling and demeaning.

Let us, however, take a closer look at women's independence. For the majority, it still means working for low wages, lower ones than their male counterparts receive for the same work load. Utah has an even lower wage scale for women than the nation at large. This might be due partly to the general lower wage scale in Utah, but it might also be an expression of the general attitude of disapproval about women working.

Women and children historically have been and in many countries still are the most suppressed group. Women were subjugated by social customs and economic policies, but mostly by established male supremacy. This originated at a time when hunting, fishing, and fighting were prerequisites for remaining alive. This, however, is not the case any more, but the concept dies hard. Are the changes now taking place significant, signaling new modes of behavior and relationships?

And where does Utah stand? Women used to play an important part in the religious and political life. In 1870 Utah was the second state in the Union to give the vote to women. The Relief Society and the young women's organizations were quite independent of the priesthood and the Church's male leadership. After the war, however, strong measures were taken to curb this independence. The so-called correlation movement made father the representative of the priesthood in the home, limiting the role of women in the Church and finally stripping them of financial autonomy. Women were firmly established as homemakers and babymakers. These changes infantilized women and created many conflicts. Mormon feminists appeared around the 1970s, surprising and frightening the male leadership and pushing the male leadership to take strong stands against the ERA, day care, and professional careers for women.

In the meantime, fundamental changes were going on in the world at large, and as hard as Utah tried, she could not stem the tide totally.

The pressures on Mormon women, as well as on all others, resulted in increased psychological problems, notably depression and anxiety states. I imagine that many of you treat men and women affected by these changes in our society. The high divorce rate, teenage pregnancies, and drug problems are at one extreme—causing pain; the ever-increasing number of women in the work force represent the other extreme—establishing independence and gaining a feeling of greater self-worth. If we return for a minute to our guru-like state, how are we handling these changes? Are we encouraging women's economic and emotional independence? Or are we still insistent on the sugar-and-spice variety? Many religious groups are struggling with these concepts, are ordaining women and bestowing upon them all the rights and privileges of the male ministry. Some important church groups, however, lag behind, overlooking the changes going on. What are the results? And what are our responsibilities? Much will depend on our ability to be flexible and introspective and to leave hypocrisy behind us. Each of us will have to look at his or her own ledger sheet first.

Another major issue of controversy and change is the general attitude toward divorce. We all know from professional or personal experience how devastating this can be on children. Judith Wallerstein, whose studies offer the most complete research we have at this time, says rather clearly that the parent-child relationship and the quality of life after the divorce are more important than the divorce itself in determining the long-term outcome on the children in the family. In the latest issue of the *Harvard Mental Health Review* a summary of Dr. Wallerstein's work indicates that if the children are expected to carry too much responsibility for themselves, or the parents, or if they are exposed to continuous battles between the parents, depression and interrupted development are frequent. Younger children seem to suffer more at the time of the divorce, whereas adolescents are resentful even ten years later and feel a sense of deprivation. Probably most of us can substantiate these findings in our own clinical practice. Adolescent girls growing up with mother become more and more negative toward her in their early twenties and fear commitment and true intimacy with men. Many of them idealize their "Santa Claus" daddies only to be disappointed when they are looking for a real relationship. They look for romantic love and a lasting marriage, only to discover that the ghost of their childhood still rides with them. According to Wallerstein, there is evidence of a higher rate of divorce among children of divorced parents.

I see many children who show a variety of behavior problems after their parents' divorce and have found that these children respond well to play therapy or, if a little older, to an open discussion of the issues

involved. They sometimes think that their parents divorced because of them, that they “wrote on the wall with a magic marker,” as one six-year-old declared just recently. The reading of the book, *Divorce Is a Grown-up Problem* frequently opens the gate to a flood of personal material.

The issue is sometimes complicated by the fact that parents do not level with the children, possibly because of their own guilt feelings. Imagine you treat clients on an individual basis, considering all the factors, maintaining neutrality, or thinking you maintain it. What has priority—one’s value system based on family tradition, church dogma, and personal belief, or the teachings in graduate school about empathy, distance, and objectivity?

We must frequently deal with a variety of courts, lawyers, and legal issues which prolong the process and are not in the best interest of the children. A family court would simplify the procedures and permit the families to get on with their daily lives.

One of the major strengths of the Latter-day Saint church is their members’ close-knit feeling for each other and their helpfulness in times of stress. These positive attributes are helpful for the givers’ and the receivers’ mental health.

We all know that physical and sexual abuse of children is a major problem in our community. Spouse abuse and incest rank high in our statistics. How does this work in a close-knit community? Will, or better does, the Mormon therapist call protective services or overlook the incident out of strong feelings of religious identification? Again, one is one’s own severest critic. If research is to be believed and today’s abused will be tomorrow’s abusers, anything but treatment appears irresponsible. However, many of the children in spouse abuse cases, for example, are not evaluated or treated—carrying with them feelings of fear, confusion, and distorted modeling. Could we as professionals help stem the tide? I believe so . . . by providing treatment, support, and healthier models. This seems to me to be a more productive approach than spending money on countless examinations of children, within an adversary system demanding proof, thus deepening the feelings of shame and confusion. Unfortunately, children are not high on our or society’s priority lists, so they are the last to receive, and receive the least. American society, and particularly Utah, prides herself on being child-oriented. Wouldn’t it be nice if this would express itself in our spending money on early intervention, sex education, and good schools rather than just in a high birthrate? The school districts have identified 12,000 emotionally disturbed children and that does not even include preschoolers. The state mental health system saw 4,497

children between the ages of 0 and 17 in FY 1983/84. What happened to the other 6,000 plus? Maybe another 1,000 were seen by private agencies and practitioners, but I presume nothing was done until they hit the court system, were picked up for offenses against themselves or society or the family system.

These children are the future citizens of the state, the parents of the next generation, the bearers of religious convictions. Are we doing all we can for them? Are we actively involved in disrupting the cycle of unhappiness, violence, and self-destruction? Are we realistic in advertising our state all over the world if we cannot adequately help these unhappy children? The best snow on earth is great, but not really enough to sell the state to the outside world. Care of children and the elderly is the mark of civilization. How are we measuring up? Many of our children live in desperate poverty—while living costs have gone up, AFDC grants have been cut. Are we actively supporting increases in assistance grants or hiding behind professional neutrality?

Let me just bring up one more issue, namely foster care, before we try to find some solutions to the problems cited, particularly geared to the group represented here today. An average of 900 children are in foster care every month with 60 percent of those under 12 not having had a permanent home for over a year. Being moved to two or three homes within a very short time is not unusual. The existing group homes for children are few and far between and are frequently not utilized by the Division of Family Services. How many “parents” can a small child relate to? How will this effect their later ability to trust anybody and form lasting relationships? Foster care was supposed to be a temporary placement, but some children are in foster care for four years. Oh, yes, court reviews are held, but the end result is usually that the parents are given another chance to become better parents and the child sits waiting for this miracle to happen. Sometimes the parents, removed from the everyday responsibilities of child care, do look better, only to collapse again under its burden when the children are returned. We don’t teach parenting any place. No license or credits are demanded. With the birth of a child we are also supposed to receive a good dose of child development, patience, humor, and a strong back. Well, to many it does not come naturally. We need to research and come up with better alternatives for foster care, like, for example, permanent planning on a statewide, well-thought-out basis or home-based intervention. Children are best off with their parents, but only if the parents are able to *parent*. Otherwise the risk is too great, the pain too deep, and the cost too high. Could we support parent education more effectively?

Teenage pregnancy, premature birth—we could go on and on with our stories of misery and woe. Has there really been a revolution in our midst, but we have not recognized it? Will the changes that have taken place in the lives of many women be looked upon in the future to be of equal importance as, let us say, the industrial revolution? Utah is probably not the place where this is most obvious. Or is it? Are we the last bulwark of the old order? Are the female children we see in greater number in clinics the preamble of the future? Will the next generation be more assertive, and will that assertiveness become more acceptable as time goes on, so that these children will not be referred for treatment, because their behavior is the statistically normal one?

In your practice, is assertiveness in women and their daughters acceptable or handled with a benevolent father attitude, as “daddy always knows best”? Is the client’s guilt increased by some of the dogma inherent in any orthodox religion? Can we free ourselves of our own prejudices and look caringly at our clients? Orthodox psychoanalysts manage rather easily by not responding to many reality issues and thus bringing distance between themselves and their patients. However, it seems to me that the psychoanalytic model is not the one followed by most therapists. Maybe the most comfortable and most acceptable treatment modality for many is one that does not demand insight but looks upon observable behavior only. After all, the unconscious might be a dangerous place, while learned patterns can be changed and unlearned. Is this true for depression, hopelessness, and loneliness?

Change and lack of a judgmental attitude demand flexibility, not usually the main ingredient of fundamental religions. It must be extremely difficult to manage one’s own belief system within an ever changing, sometimes not so nice world. Can we find solace in Maslow, Rogers, Perls or Satir, or must Skinner be our prophet? He is also for change—only in a somewhat more orderly, prescribed, and chartered way. It seems no accident that psychiatry did not really come into this valley until 1947 and that the Mental Health Act had a rather difficult time getting through the legislature, and only then by including some limitations. It seems that many in the community had, and maybe still have, the idea that psychotherapy will poison the mind and turn good people away from the churches, lessen their influence upon the individual, and ultimately lead to an abandonment of faith. Hopefully, the best we can expect from therapy is to raise the level of responsibility, increase communication skills, make people more productive, and be able to relate more closely to a few, and more thoughtfully to many. How could any religion be against that? So why is there such denial and avoidance and at times open suspicion directed against

psychiatry? It seems really a sign of anxiety and insecurity within established religious bodies. All of us here will need to become missionaries for acceptance and outreach to those whose life is burdened. Being one's brother's keeper is not easy; we need to replace the rescuer with the facilitator, and dependency with independence.

Is the sugar-and-spice idea so firmly established and conceived as the ideal of Mormon culture that women and children will not be able to assume their rightful place in our community? I do not think so and hope that all of you will join me at the next legislature to lobby for bills relating to some of the issues we have discussed and that you will give thought to the philosophical aspects of our profession. Thank you.

Agnes M. Plenk is clinical director of the Children's Center in Salt Lake City.