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Family Generativity and Generative Counseling: Helping Families Keep Faith with the Next Generation

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FAMILY GENERATIVITY AND GENERATIVE COUNSELING: HELPING FAMILIES KEEP FAITH WITH THE NEXT GENERATION

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Counselors who are concerned with strengthening and healing relationships between generations can draw on the concept of generativity to assist them. This chapter invites counselors to grant a more prominent place for generativity in clinical work with families by (a) presenting the concept of *family generativity* as a logical extension of the generativity concept and (b) presenting some initial ideas on a new approach to clinical work designed to help families develop and sustain family generativity, which we call *generative counseling*. Generative counseling is illustrated by use of a clinical example, which is introduced briefly in a subsequent section and then discussed in relation to the major ideas we present throughout the chapter. Although the ideas presented in this chapter have not yet been systematically tested for clinical effective-

ness, we have found them helpful in our clinical and educational work.

There are many well-articulated approaches to clinical work with families (Gurman & Kniskern, 1991). However, it appears that in the current professional counseling context, conceptual and practical eclecticism reigns. Eclecticism allows clinical flexibility of strategy but can ignore serious incompatibilities in assumptions about human beings, families, and the change process. We believe there is a critical need for additional integrative conceptual frameworks of counseling that are constructed on firm philosophical ground with attendant clear and coherent assumptions and practices based on these core philosophical concepts. This approach facilitates ongoing theory development and application of the ideas to research and practice (Lavee & Dollahite, 1991; Slife & Williams, 1995). Therefore, we expend considerable effort outlining the core philosophical ideas on which we build our clinical conceptual framework and practical suggestions, and we compare them with other philosophies of science and intervention.

GENERATIVITY AND FAMILY GENERATIVITY

Generativity

We assume that most readers of this volume have at least some degree of familiarity with the concept of generativity, so we provide only a brief discussion of the basic concept here (see chapter 1, this volume, for an in-depth discussion). According to Erikson, generativity is the primary developmental task of adulthood. Establishing and learning to care for the next generation is central to mature and healthy adulthood. Although Erikson identified many avenues for achieving generativity, he said that "parenthood is, for most, the first, and for many, the prime generative encounter" (Erikson, 1950/1963, p. 130). Casting parenting in this way— as a developmental task that produces the virtue of caring—creates a useful tool for understanding men and women in families (Hawkins, Christiansen, Sargent, & Hill, 1995; Hawkins & Dollahite, 1997).

Seeing life, marriage, and parenting through the lens of generativity links child development and child well-being with adult development and adult well-being; active parental care of children that increases children's well-being simultaneously serves to increase the parents' growth and well-being (Snarey, 1993). For parents, an ethical commitment to care for their children and a relational bond to nurture their children's development become significant parts of the path to healthy adulthood. Parental failure to develop generativity can lead to both a pervading sense of stagnation and self-absorption for the parent and difficult developmental challenges

for children (Erikson, 1982a, 1982b). This lack, in turn, can lead to issues counselors encounter frequently, including depression and low-self esteem as well as marital and intergenerational distance, conflict, and dissatisfaction. Therefore, an understanding of and attention to issues of generativity are relevant to many issues in the clinical context.

Although Erikson was an eminent theoretician and clinician, and his ideas on the importance of developing trust, identity, and intimacy have become part of the clinical rubric, his ideas on generativity have not been adopted by clinicians in general or, more surprisingly, among marriage and family therapists in particular.[1] Although family therapy theories have included intergenerational concepts (e.g., differentiation, triangulation, legacy, and invisible loyalties), the concept of generativity (Erikson, 1950/1963) and interventions to help adults develop it have been neglected in psychotherapy in general and in marriage and family therapy in particular. Indeed, the concept of generativity has been almost dormant in clinical family scholarship. One notable exception is the work of Boszormenyi-Nagy and his colleagues (Boszormenyi-Nagy, Grunebaum, & Ulrich, 1991; Boszormenyi-Nagy & Spark, 1984), which emphasizes the importance of intergenerational connections and obligations to family well-being in clinical work, including ethical obligations across generations; these authors cite Erikson's ideas on generativity. Generativity is perhaps considered by clinicians to be merely a developmental concept that is not particularly relevant to the types of dysfunction present in families that come for counseling. By not including generativity among important clinical ideas, however, clinicians working with individuals, couples, and families may be overlooking an important potential aid to understanding their clients' challenges, not to mention a valuable source of clients' motivation for constructing solutions that attend to the needs of the next generation while enhancing their own development.

The work of Snarey (1993), Hawkins and Dollahite (1997), and the authors in this volume suggests a timely awakening of interest in Erikson's concept of generativity as it pertains to helping individuals and families meet the needs of the next generation. Some recent theoretical work on generativity in fathers (Dollahite, Hawkins, & Brotherson, 1996, 1997; Hawkins & Dollahite, 1997; Snarey, 1993) emphasizes the ethical and relational dimensions implicit and explicit in Erikson's concept of generativity as opposed to the psychosocial needs that a generative drive serves. That is, rather than stress the more individualistic desire of "outliving the self" (Kotre, 1984) through one's biological or cultural progeny that generativity serves, these authors have highlighted the sense that generativity is achieved through "sociomoral commitments that are freely made, but

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[1]For example, the term *generativity* does not appear in Gurman and Kniskern's (1991) two-volume *Handbook of Family Therapy*.

ethically binding" (Snarey, 1993, p. 27). Dollahite et al. (1997) developed a "conceptual ethic of fathering as generative work" that emphasizes the ethics of fathers' care for the next generation. Dienhart and Dollahite (1997) provided an application of generative theory to the understanding and strengthening of father–child relationships. In this chapter, we build on this work, introducing the concept of family generativity and the practice of generative counseling.

Family Generativity

Scholars usually frame generativity as an individual characteristic, desire, motivation, or drive. We wish to focus attention on the concept of generativity as something present (or not) in the family system as well. Thus, in this chapter we propose the concept of *family generativity*. We define family generativity as *the moral responsibility to connect with and care for the next generation that resides in the family and extended family systems and in adult family members*. Thus, family generativity includes the sense of obligation for the next generation that is experienced in various family relationships (marriage of parents, grandparents, adult siblings) and also encompasses the personal generative motivations that parents and other adult family members experience as individuals.

We propose that family generativity involves family systems (including extended family members and systems) and adult family members who are seeking to meet the needs of the next generation by working collectively and individually in *maintaining generative convictions, sustaining generative connections, keeping generative commitments, making generative choices, initiating generative changes*, and *developing generative capabilities*. We develop these and other ideas throughout the chapter.

GENERATIVE COUNSELING: BEYOND THE MEDICAL MODEL OF PSYCHOTHERAPY

Social science historians have generally acknowledged the dominating influence of medicine in current formulations of psychopathology and psychotherapy (Leahey, 1992; Viney, 1993, Yanchar & Slife, 1997). In much the same way that social scientists looked to the natural sciences as their model for scientific method, applied social scientists looked to the applied natural sciences, primarily medicine, as their model for psychopathology and psychotherapy. The medical model of psychotherapy has influenced generations of counselors in their conduct of all aspects of counseling. Even though many aspects of this model are rarely acknowledged in psychotherapy, this model's style of "patient" care and its general presumptions regarding "disease" or "illness" still pervade the "mental health" arena.

In recent years, many have questioned the appropriateness of this model for the social and behavioral sciences (Polkinghorne, 1983; Robinson, 1985; Sarbin, 1996; Slife & Williams, 1995, 1997). Indeed, the impetus for the family therapy movement was, in large measure, an explicit challenge to the medical model of psychotherapy (Becvar & Becvar, 1988; Hoffman, 1981). Family systems thinking and postmodern approaches have challenged various concepts of traditional psychotherapy to the extent that many counselors, for various reasons, have moved away from certain elements inherent in this model. However, we believe that many assumptions of the medical model remain influential as part of the philosophical and practical environment of the mental health system. At various places in this chapter, therefore, we compare the core philosophical concepts of generative counseling with the core philosophical assumptions of the medical model of psychotherapy.

Interventions derived from the medical model of psychotherapy have, of course, been successful in helping clients with various types of issues. However, we find the model less effective as a basis for helping counselors work with families to establish and sustain meaningful intergenerational relationships across the life course and for helping resolve the lingering intergenerational distance, grief, and longing often felt in families who seek counseling. The generative counseling approach we present is a way of conceiving of and conducting the clinical process such that emphasis is given to community and temporal context, choice and capability, and spiritual and moral dimensions in relation to sustaining and strengthening intergenerational relationships. Generative counseling explicitly and systematically seeks to transcend the medical model in these contexts.

A CLINICAL EXAMPLE

Here we provide a hypothetical clinical example to ground the philosophical discussions that follow. We regularly refer back to this case example to illustrate the clinical possibilities of generative counseling, thus linking theory and story (Dollahite et al., 1996) to present our ideas.

> Art and Rebecca Jenson sought help from a counselor on behalf of their daughter, Leslie, 16. During the first few counseling sessions, Art, Rebecca, and Leslie presented the following account: Leslie had done well in elementary and junior high schools but had grown to despise high school because it was "irrelevant to real life," and now she wanted to drop out. Her sense of self-worth had dropped considerably, which was a surprise to her parents, and she was very moody.
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> She also was set on moving out of the house to get out from under parental control. Leslie had been a relatively obedient and helpful child but now chafed at any attempts of her parents to exercise au-

thority over her. Over the past 2 years, Art and Rebecca had given Leslie more and more freedom. They recently dropped requirements that she be home for dinner and attend church services with the family. Art and Rebecca were frustrated and hurt by Leslie's apparent rejection; Rebecca believes her recent increased drinking is a result of that rejection. The Jensons saw Leslie making a foolish decision to drop out of school when she had so much going for her, and they suspected that she was drinking quite a bit now as a result of her association with a small group of older friends.

Art and Rebecca are highly educated professionals who value education deeply. Rebecca is a professor, and Art has his own organizational consulting business. Art says he is a workaholic and fears this has damaged his relationship with Leslie. He has on several occasions reduced his workload temporarily to accommodate a semester increase in Rebecca's teaching load or to spend a little more time with Leslie. Rebecca enjoys teaching and has excelled in that, although it has cost her in terms of reduced research productivity. The Jensons' marital relationship could be adequately described as cooperative although it lacks fun, warmth, and intimacy. Rebecca and Art would like their relationship to be more than it is, but they do not know how that could be achieved in the face of pressures from work and family.

The Jensons admit that their communication skills are lacking. Art is quiet and has a hard time discussing his feelings. Rebecca sometimes starts "packing her bags" mentally when Art directs criticism her way. There are also significant differences in their approaches to parenting. Art's approach to Leslie's problems has been to let her make her own choices if she will not listen to reason. Rebecca's approach is not as laissez-faire: "Leslie doesn't know how good she has it," Rebecca often says to Art, "and she needs to wake up and smell the coffee."

Rebecca's parents divorced when she was 9. Her father occasionally abused Rebecca, both emotionally and physically. After the divorce, her mother worked at two and sometimes three jobs at a time to provide for her daughters. Rebecca did not have much money or parental time growing up. Her mother passed away in her early 50s from some serious health problems, leaving Rebecca feeling empty and sad at her death. Rebecca voluntarily lost contact with her father. Art grew up in a strong, politically active family. His aging parents are still nearby, and Art cares for them dutifully, without much direct help from his siblings.

The Jensons attend church together as much as possible, but that is the extent of their shared activities now. Rebecca is a devout Baptist, and she feels deeply the religious duty to care for her family. Her own upbringing left her feeling like she did not know how to be a good mother. More than anything, Rebecca wants to provide her children with a better home life than she had. Art's spiritual feelings are more eclectic and less institutional. He values the moral education religion provides children, but he is more concerned with the need for people

to act charitably rather than avoid a list of sins. The social aspect of church is what Leslie seems to value most.

CORE CONCEPTS OF FAMILY GENERATIVITY AND GENERATIVE COUNSELING

We propose six philosophical ideas that together form the core concepts of family generativity and generative counseling. These are *holism, temporality, agency, capability, spirituality,* and *morality.* Although these six core concepts are inextricably interwoven and form an integrated construct, we discuss each of them in turn and then briefly suggest how the ideas are integrated afterward. In each of the six sections we (a) develop
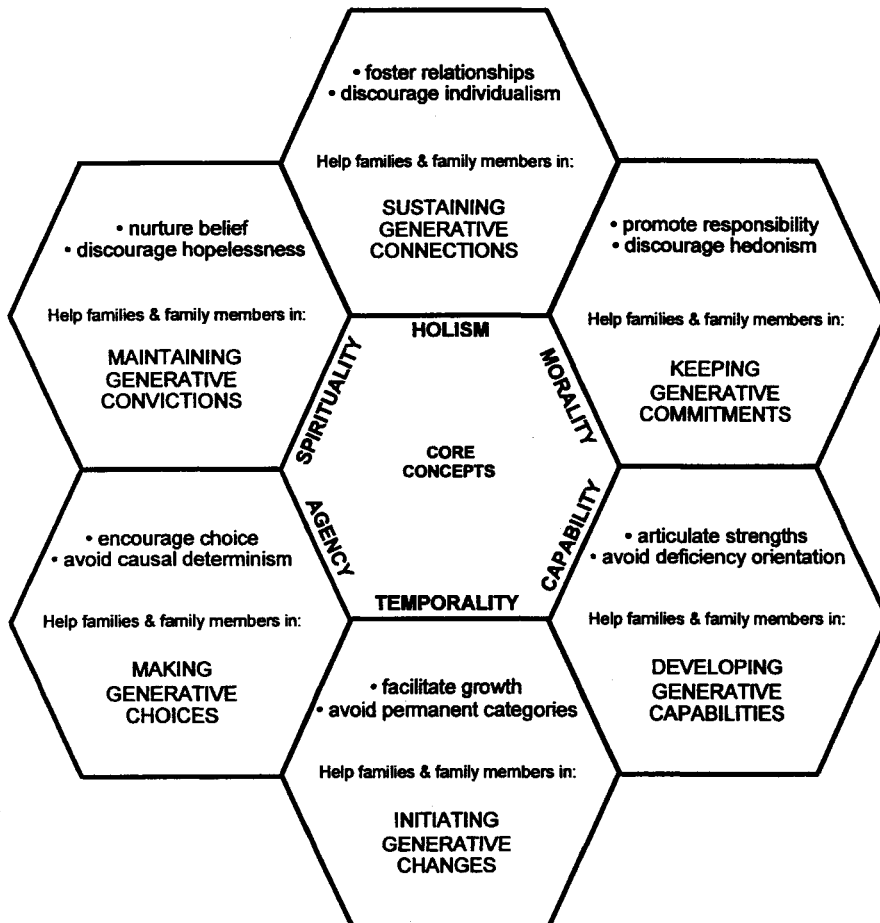
Figure 1. Core concepts and activities of family generativity and generative counseling.

the concept of family generativity, comparing it with other perspectives on generativity; (b) develop our ideas about counseling from a generative perspective, including a comparison of the ideas with the medical model of psychotherapy; and (c) suggest clinical practices that devolve from the core philosophical ideas, using the earlier clinical example to illustrate these ideas and a set of clinical questions that may be asked. Figure 1 depicts the core concepts of family generativity and generative counseling and the associated activities that we suggest emerge from them and are consistent with them.

Before describing those concepts and activities, however, we mention an important caveat: No systematic empirical or clinical research has been conducted to gauge the effectiveness of these activities in clinical settings. Because we are still developing these ideas and practices, we place them into the clinical literature tentatively and with caution. Our belief that these practices may be helpful flows from their logical relation to several sources that are associated with the therapeutic enterprise: (a) philosophical concepts that we believe are more consistent with the human intergenerational experience than is the medical model; (b) our awareness of the clinical value of certain practices that seem to be consistent with our ideas, such as narrative therapies and solution-focused therapies; (c) our own counseling and educational experiences; and (d) our own spiritual convictions, moral values, and ethical commitments.

HOLISM IN FAMILY GENERATIVITY AND GENERATIVE COUNSELING

Holism and Family Generativity

Family generativity is a holistic concept because it is inherently familial, intergenerational, relational, and communal. Family generativity involves the care of the rising generation by the generations ahead of it, including the parent generation (parents, aunts, uncles) and the grandparent generation (grandparents, great-aunts, and great-uncles), not simply as individuals but also as couples, sibling groups, and the extended family group that makes up the "older generation." Family generativity depends on and contributes to connections, care, and commitments among family members and between family adults and the broader community. Family generativity, of course, also includes the motives and actions of members in the family acting as individuals, but it emphasizes collective and coordinated action. However, because *family generativity*, by definition, resides in the relationships between generations, rather than only within individuals, it is conceptually distinct from most other conceptualizations of gen-

erativity, which focus on individual motivations deriving from an internal drive, need, or developmental imperative.

The activity of family generativity that is consistent with the core concept of holism is *sustaining generative connections*. Generative connections are relationships that families have with people and communities that contribute to the care and well-being of the next generation.

Holism and Generative Counseling

Finding the atoms of matter was the principal goal of the natural sciences for many years, whether the "atom" was the atom (or quark) of physics or the cell of biology. In medicine, the qualities of a human organism are thought to stem directly from the smaller organs, cells, and atoms that make up the organism. The "disease" model, for instance, postulates a number of smaller, atomistic entities, such as viruses and bacteria, that initiate the deleterious effects of the disease. The assumption is that once these atomistic entities are completely understood, the larger units of disease will also be understood.

In the behavioral sciences, the medical model has entailed a similar focus on the smaller entities of social systems. This focus was part of the original objection to the medical model by family therapists: The medical model attended primarily to the individuals of the family rather than to the family as a unit. The family was not ignored, but its qualities were viewed as stemming directly from the qualities of the individuals who make up the family. Moreover, individuals were considered to be self-contained entities, whether their qualities derived from nature, nurture, or some interaction of the two. This individualism has allowed such characteristics as personality traits to be viewed as relatively stable from context to context, because such individual qualities are thought to dominate.

Generative counseling, on the other hand, assumes a holistic theoretical stance. Rather than postulating that the whole is derived from more fundamental, atomic parts, the generative perspective asks one to consider that the parts themselves depend on the whole for their very existence. Generative counseling, relative to the medical model, is holistic because this relatedness of the parts includes time as well as space. That is, the understanding of any individual requires an understanding not only of the individual's present relationship with others across "space" (e.g., cohort, family) but also of the individual's relationship with others across generations, past, present, and future (Dollahite et al., 1997; Slife, 1993).

The medical model *does* permit a "relating" of the various individuals who make up a system. However, this relating assumes that individual qualities dominate and thus produce the system from their various combinations and interactions. A generative perspective, by contrast, assumes that the relational individual comes first, both developmentally and on-

tologically. That is, most of the qualities and characteristics of individuals stem not from what is inherent "in" individuals but from how they are related to other people "outside" themselves. In this sense, the whole, rather than the part, dominates, and the individual cannot be understood or treated without some understanding of the whole, both within the generation and across the generations.

Generative Interventions

Generative counselors *foster relationships, avoid individualism,* and *help families and family members in sustaining generative connections.* They look for generative relationships that already exist or that are created through generative change and help to nourish them. To promote family generativity, counselors can strengthen and help change relationships between adult extended family members so that generative care may flow more freely to resolve conflict or reduce distance between family members. Generative counseling also works to connect families and children with the communities of commitment and care that can surround them (Pipher, 1996). It helps clients create or restore connections with communities of faith, service, education, and so forth, so that they can both receive help from other generative people and act on their generative commitments for the well-being of the next generation. Because individuals themselves are dependent on relationships, according to this holistic perspective, an individual's own identity and self-image are strengthened through such commitments and such communities (Bellah, Madsen, Sullivan, Swindlen, & Tipton, 1985). We discuss generative communities in greater depth later. This contextual and holistic approach is consistent with systems therapies in general and with contextual therapy (Boszormenyi-Nagy et al., 1991) and integrative therapy (Duhl & Duhl, 1991) in particular.

Clinical example for holism. In the case example presented earlier, relational and intergenerational connections are central to the Jensons' challenges. Art and Rebecca feel that Leslie is severing her relationship with them. It is interesting that Rebecca severed connections with her own abusive father, and the lost connection with her deceased mother is a source of sadness. Although they are clearly committed to each other, Art and Rebecca need to attend to and work on the quality of their connection. Art remains actively involved with his aging parents, and the Jensons are connected to a religious community from which they draw strength. Perhaps Art and Rebecca could draw on Art's parents as a source of help for Leslie, as well as religious teachers and leaders whom Leslie respects. These resources might help Rebecca to allow the separation that Leslie seems to need in her relationship with her parents while feeling that her daughter is connected to generative communities and individuals who can guide her. It may help Rebecca to work on the sadness she feels at the loss of her

mother and the distance she feels with her father to deal more effectively with the relational challenges she is facing with Leslie. Leslie might benefit indirectly if she sensed greater warmth and intimacy between her parents. Leslie also might benefit from Rebecca's generative "historical" work regarding her own parents because Rebecca would learn to see Leslie less as a "willful child," with personality characteristics she does not understand, and more as a person in a dynamic relationship with her. That is, Rebecca would begin to see how her own intergenerational issues affect how she sees and interacts with Leslie.

Clinical questions for holism. Clinical questions such as the following can help generative counselors foster healthy relationships and avoid individualism to sustain generative connections:

- Who do you consider to be part of your "family," broadly defined?
- What are your ideas of the ways "strong families" work together to care for the next generation?
- What kinds of things do you do to maintain a sense of intergenerational family togetherness?
- What do you value most about your children's connections with members of your extended family?
- How does your family interact with and depend on communities in which you participate?
- As parents, how can you draw on the strength of your extended family to help your children?
- Are there people in your community you can draw on to help you resolve this concern with your children?

TEMPORALITY IN FAMILY GENERATIVITY AND GENERATIVE COUNSELING

Temporality and Family Generativity

Temporality refers to time and context. Family generativity does not assume stable traits or characteristics of either individuals or family systems but emphasizes that lives and the stories people tell about them can and do change—gradually or dramatically (Mair, 1988; McAdams, 1985; Parry & Doan, 1994; White & Epston, 1990). Lives and relationships are full of time and context. Family generativity is contextual because it is focused on meeting the needs of those of the next generation, who live in a world that changes across contexts and time. Eriksonian theory suggests that individuals typically focus on generativity in adulthood, which makes the temporal nature of family generativity consistent with Erikson's ideas. How-

ever, we propose that family generativity, in addition to being a motivation or trait that is triggered and then remains relatively stable (but changes across time and context), is also a set of generative connections, convictions, commitments, choices, and capabilities that must be continually and contextually nurtured. This conceptualization of family generativity, therefore, shares significant similarities with the conceptualization presented by McAdams, Hart, and Maruna (see chapter 1, this volume), which emphasizes the temporal and contextual processes that operate within generative action.

The activity of family generativity that is consistent with the core concept of temporality is *initiating generative changes*. By generative changes, we mean changes in attitudes, desires, beliefs, concerns, commitments, actions, thoughts, habits, patterns, structures, and narratives in the members of the older generation, individually and collectively, in manifesting care for the younger generation to take into account their living in a changing world.

Temporality and Generative Counseling

The consideration of temporality as an issue of critical concern for generative counseling is inspired by philosophers such as Heidegger (1962), who have contended that "being" requires temporality and who specifically address models, such as the medical model, that have traditionally assumed the superiority of atemporal explanations. *Atemporal* explanations are explanations that are essentially "timeless," or unchanging and universal in their basic nature (Faulconer & Williams, 1985; Slife, 1996; Slife & Williams, 1995). Although our perceptions and the natural world exhibit changes, science has traditionally sought the unchanging laws that lie "behind" this natural world and govern these perceptions. For instance, gravity governs the behavior of falling bodies; this law is atemporal because it is unchanging across time and space.

The use of atemporal explanations came to psychotherapy through medicine (Yanchar & Slife, 1997). The medical profession has always endeavored to discover the atemporal biological principles that lie behind the symptoms of disease. Tubercle bacillus, for instance, is thought to affect the body and be cured in certain ways, regardless of the time or place in which it is contracted. The mental health field has essentially adopted this view; its diagnostic system is borrowed from medicine and clearly exhibits atemporality. Categories of the *Diagnostic and Statistical Manual* (*DSM*) used by most psychotherapists are usually viewed as stable sets of general classifications that do not vary across time or space. Although in recent versions of the *DSM* it has been acknowledged that definitions of mental disorder can change over time and differ across cultures, even these versions contain categories that are considered to cross contexts and thus are

essentially atemporal. Schizophrenia, for example, is considered to be a category that crosses cultures and eras. If it were not so considered, there would be little point in searching for the biological causes of this disorder (e.g., Johnstone, 1996).

Of course, practitioners of generative counseling acknowledge that some conditions have biological origins and that many clinical problems seem stable across time and context. However, these counselors look for and emphasize temporal explanations and meanings that are *full* of time, rather than atemporal explanations and meanings that are time*less* (Faulconer & Williams, 1985; Slife, 1993; Slife, Hope, & Nebeker, 1997). Temporal explanations are full of the era and context of their construction and interpretation. Era, generation, culture, circumstance, situation, and relational context all matter, and clinicians must take these into account in any helping process. Each generation must be situated within its own era and culture to be truly understood and helped. In this sense, meanings of phenomena such as symptoms are inextricably tied to context and culture. These meanings have no special universal or atemporal status beyond their cultural and narrative embeddedness.

This embeddedness points to another aspect of temporality that is seen in generative explanations, a "temporary" quality. Because each generation should be understood in its own context, and because contexts constantly change and evolve, the explanations about people within a generational context cannot be permanent or universal. A temporal explanation is also a "humble" explanation. Much like atemporal explanations, temporal explanations simplify people's rich experience to reduced categories of explanations (e.g., the "moral" of the story). However, unlike atemporal explanations that presume objective contact with and representation of a permanent reality, temporal explanations contain within themselves the possibility of their own negation; implicit is the assumption that they are inherently context-bound and thus potentially inapplicable to another context. This explanatory humility allows an openness to change that is difficult to achieve in atemporal approaches (Yanchar & Slife, 1997). An atemporal approach prompts counselors to look for sameness and universality across contexts—to fit the unchanging categories of explanation—whereas a temporal approach prompts counselors to be open to change, because contexts and situations can gradually or suddenly be altered.

Generative Interventions

Generative counselors *facilitate growth, avoid permanent categories,* and *help families and family members in initiating generative changes.* They work to avoid placing their clients in atemporal (unchanging, pervasive) categories, even though the medical model of psychotherapy encourages diagnostic

categorization. This approach is consistent with the narrative therapy tool of "externalizing," which locates problems outside of clients (White & Epston, 1990). Categorizing is probably one of the most difficult clinical tendencies to avoid, even for those who may be ideologically opposed to clinical classification on other grounds, because many professionals believe they must use diagnostic categories to help their clients (e.g., to obtain third-party reimbursement or to "give them a name for their problem"). Even when diagnostic categories are used for pragmatic purposes, a generative counselor avoids perceiving and relating with a family or individual as an occupier of a permanent category (e.g., stereotype) but conceives of people and families as in continual development and aids in that development by helping them initiate generative changes.

Clinical Example for Temporality

In the specific case study presented earlier, the Jensons are facing challenges that are "full" of time and context. Thus, a generative counselor must see the Jensons in their specific context and must be wary of relating the Jensons' issues too readily to those of other families she or he has counseled or to categories of families or individuals. The Jensons' problems and solutions are unique to their context, at least to some degree. The specific configuration of Rebecca's issues with her parents, in relation to Art's dutifulness with his parents, in relation to Leslie's issues with her parents, possesses many recognizable clinical themes; however, the "whole" of their relationships is also unique. By the same token, the Jensons' problems are not static. They are not, for instance, a "dysfunctional family" in the conventional categorical sense of this term. First, there are undoubtedly many aspects of their "functioning" that are not problematic that could be recognized and strengthened. Second, even the "dysfunctional" aspects of their family "system" are likely to change under different sets of circumstances. For example, Rebecca and Leslie tend to see their relationship in categorical, dysfunctional terms, yet the generative counselor can call attention to this "overgeneralizing" and "stereotyping" of their evaluation. The counselor can facilitate and point to the times—both in the session and outside—that Rebecca and Leslie have evidenced positive relations, including generative commitments to one another. Art, too, may be using acontextual categories that block meaningful change. For example, he describes himself as a workaholic and is worried that he has permanently damaged his relationship with Leslie. The generative counselor can note the evidence that he willingly moderates his activities for important family purposes. If it were needed to meet the current challenge, Art clearly has the capacity and willingness to devote more time to family. Similarly, Rebecca does not think she is a "good mother" because she grew up in a "dysfunctional family" with an "abusive father" and an "unavailable

mother." Clearly, however, Leslie's early educational success and sense of self-worth reflect well on Rebecca's parenting, and her deep generative desires toward Leslie are a strong source of change.

Clinical Questions for Temporality

Clinical questions such as the following can help generative counselors facilitate growth and avoid atemporal categorizations to initiate generative changes:

- Has there been a time or instance when you feel you truly met the needs of the next generation?
- How has that changed over time?
- How have you made important changes in the past to improve caring for the next generation?
- Have there been labels applied to you or your children by yourself or by professionals that are inconsistent with your desires and efforts to care for the next generation?
- If so, how can you draw on your strengths to act in ways that belie those labels?
- If you were writing (or speaking) about the changes you've made toward family generativity 1 or 2 years from now, what do you hope you can write (or say)?

AGENCY IN FAMILY GENERATIVITY AND GENERATIVE COUNSELING

Agency and Family Generativity

The concept of family generativity emphasizes human agency over the functioning of internal drives and response to cultural pressures. Although there are certainly biogenetic, psychological, and sociocultural factors that encourage older family members to care for younger ones, we propose that caring for the next generation is ultimately a *choice* that family members make, separately and together. Family generativity is thus an agentic concept because family members are able to choose whether to be generative in their overall family life orientation as well as with respect to individual daily actions (see chapter 7, this volume).

The activity of family generativity that is consistent with the core concept of agency is *making generative choices*. By generative choices we mean both large and small choices that benefit children. These choices are often made in a nongenerative cultural context (Dienhart & Daly, 1997) that puts significant constraints on acting generatively (chapter 7, this volume) and in which seeking one's own pleasures, goals, and happiness is

emphasized. These choices are usually not easy ones, and it is possible even for caring adults to allow children's significant and changing needs to receive less attention than they deserve and family members would like to provide.

Agency and Generative Counseling

The medical model establishes a firm deterministic foundation for its explanations and understandings of the world, whereas generative counseling has an agentic perspective (cf. Slife & Fisher, 1997). *Determinism* is the assumption that all events are caused and thus cannot have happened otherwise. *Agency* is the assumption that events *could* have occurred otherwise, all other factors but the exercise of will remaining the same. That is, agency is the assumption of a world of possibility, or "coulds," whereas determinism is the assumption of a world of necessity, or "musts."

The determinism of the medical model is inherent in its conceptions of disease, atemporality, and atoms. It assumes that these atoms operate according to unchangeable laws that determine all events and entities of the natural world. Medical practitioners are the first to admit that they do not know all the causal factors involved in health and pathology. Still, the assumption of the medical model is that such factors exist and that they operate in a deterministic manner. No one seriously posits, for example, that a disease entity has the ability to choose its own biological path. These entities are determined by a complexity of factors that may not be presently known but *are* determined.

The medical model has, at least traditionally, provided a similar deterministic foundation for the behavioral sciences. Although the causal events may differ from those studied by the natural sciences, many psychosocial and behavioral theories presume that antecedent events cause present social or psychological events (Hoffman, 1981; Slife, 1993). This presumption means that individual or familial behavior is determined by the past. Thus, many psychotherapies suggest that one begin counseling by taking a "history" of the client or the family, assessing what are often perceived as stable, deterministic traits of the individual or family. If the problem is caused by events in the client's past (e.g., family experiences, reinforcement history, childhood trauma, or cognitive programming), treatment would need to take into account these historical events.

Generative counseling, however, does not assume this form of determinism but assumes that human beings can choose, within some constraints, what they think, feel, do, and believe (Williams, 1992). Thus, rather than trying to find a way to "cure" people or families, this approach calls for generative choices to be made, individually and collectively. Family therapists have expressed their own difficulties with the concept of individualistic linear causality (Hoffman, 1981). They have viewed it as

ultimately focusing attention on the individual, who supposedly possesses a unique causal and experiential history. However, there is also a kind of determinism in many family system conceptions (Slife, 1993); although these conceptions are often focused on the present, rather than the past, they also assume a world in which events necessarily (and deterministically) occur, in this case, as a result of properties of the system (boundaries, rules, feedback mechanisms, and so on). The holism of generative counseling is different because it presumes a whole of possibility (and temporality) rather than a system of necessity (Bohman, 1993; Heidegger, 1926/1962; Slife & Williams, 1995). In other words, generative counseling affirms the importance of the agent's context (or relationship with the whole) but does not assume that this context is a "force" against which the individual or family is relatively helpless.

Generative Interventions

Generative counselors *encourage choice, avoid causal determinism,* and *help families and family members in making generative choices.* Generative counselors see people as agents who, within constraints, make choices about how they think, feel, believe, and act, rather than as beings who are wholly or mostly determined by factors outside their control. Many times clients in psychotherapy see themselves as locked in, stuck, powerless, destined to fail, or hurt because of their past or current situation; their family upbringing;, their personality; or their current social, economic, or psychological condition. Counselors can encourage and assist families and individuals to make generative choices in spite of such challenges and constraints—to choose to "rework situations" (see chapter 2, this volume) and take action that flows from their desires and commitments to care for the next generation.

Clinical Example for Agency

Agency is crucial to the Jensons' challenges. Art suspects his over-commitment to work may be directly responsible for Leslie's desire to leave home. Rebecca believes that her family-of-origin experiences made her an unskilled mother. Perhaps they both worry that the current low level of intimacy in their marital relationship is shaping Leslie's diminished respect for and interest in her parents. As is common in counseling situations, the Jensons feel "trapped" by these circumstances, present and past. A generative counselor can work with the Jensons to avoid the perception that the past is determinative. Although the past must be taken into account in the present, it does not prohibit anyone from adopting different relational styles or holding people responsible for their behaviors. In this sense, Leslie, Art, and Rebecca are all capable of making choices to change the current situation, and each is also responsible, to some degree at least, for

his or her own behavior. Leslie, particularly, can be held responsible for her poor decisions and her poor judgment. Past issues certainly may act as constraints on the ease with which choices are made, but these can be addressed in counseling to make generative choices more likely. In this way, a generative counselor can work with the Jensons to reinforce their abilities to choose to stay connected to Rebecca, both by establishing responsible boundaries and by nurturing her.

Clinical Questions for Agency

Clinical questions such as the following can help generative counselors encourage self-chosen action and avoid the pessimism of determinism to support individuals' and families' abilities to make generative choices:

- Do you believe that you and your children can change in ways that will help resolve these issues?
- What constraints make it difficult for you to choose ways to meet your children's needs?
- How have you made choices that resolve the tough dilemmas you face in deciding between meeting your needs and those of your children?
- If you were to take one action right now that would benefit your children, what would it be?

CAPABILITY IN FAMILY GENERATIVITY AND GENERATIVE COUNSELING

Capability and Family Generativity

We assume that most families are capable of being generative, that is, of meeting the needs of the next generation. Capabilities are usually present even when they are not realized. However, our emphasis on presumed capabilities does not ignore the fact that some people lack capabilities and that most people have weaknesses in caring for the next generation. We believe that, given awareness and effort, even weaknesses can be improved significantly. This assumption of capability is generally consistent with most other formulations of the generativity construct; usually there is the presumption that adults have the inherent ability or moral direction to care for the next generation in most circumstances (Dollahite et al., 1997; also see chapter 7, this volume), even in challenging circumstances (Brotherson & Dollahite, 1997; see chapter 11, this volume).

The activity of family generativity that is consistent with this core concept is *developing generative capabilities*. By generative capabilities we

mean desires, concerns, beliefs, and actions that are concerned with the well-being of the next generation.

Capability and Generative Counseling

One of the more obvious contrasts between the medical model of psychotherapy and generative counseling concerns the issue of practitioner emphasis, or focus. The medical model leads mental health professionals to look for and treat deficiencies in functioning, making them "pathology sniffers," to use Yalom's (1985, p. 128) term, whereas generative counseling leads professionals to look for and develop the capabilities and strengths of their clients. The medical model is, of course, based on a "disease" conception of abnormality. That is, the medical model assumes that something is wrong "inside" the individual and that this wrongness leads the person to be "disordered" or "dysfunctional." Wrongness traditionally has been emphasized and conceptualized in a variety of ways in the behavioral sciences, ranging from intrapsychic conflicts to learning deficits to irrational cognitions to dysfunctional family structures.

Generative counseling, on the other hand, assumes that nearly all clients have generative capabilities and strengths and that personal and family generative strengths can be developed to enhance generative action, which is consistent with the skill training approach in family counseling (L'Abate, 1991). Although this approach does not deny the reality of deficiencies and weaknesses, it does not emphasize the correction of these deficits and weaknesses as the focus of counseling. Rather, it attempts to discover and develop the strengths clients and families bring to counseling. Doherty (1991) argued that clinicians are generally more helpful when they build from strengths rather than from deficiencies. When people and families come for counseling, they have likely forgotten some things they once knew or neglected to do some things they can do and have done before (Furman & Ahola, 1992). Generative counselors believe that people have the capacity to "generate" constructive relationships as well as to care about "generational" issues (Dienhart & Dollahite, 1997). Even when there is a "deficiency" in the generating and generational relating, the focus is on what is positively happening in these arenas and on how to develop those capabilities, instead of on what is not happening or how to eliminate deficiencies.

Generative Interventions

Generative counselors *articulate strengths, avoid a deficiency orientation, and help families and family members in developing generative capabilities.* Generative counselors avoid thinking, speaking, and feeling about their clients in ways that emphasize deficiency and dysfunction; rather, they work to

facilitate the empowering articulation of clients' strengths by both the client and the counselor. They work to help the client develop generative capabilities, both manifest and hidden strengths they already possess and new strengths that may develop during the course of counseling.

Clinical Example for Capability

Art and Rebecca Jenson present many strengths that lend themselves to generative capabilities. Rebecca has a deep concern for her daughter and a desire to give her a better home life than she herself had. In other words, Rebecca has the desire to be what the clinical literature calls a "transitional character," also termed an "intergenerational buffer" (chapter 11, this volume). Her love of teaching and firm religious beliefs evidence strong generative capabilities. Although Art describes himself as a workaholic, he uses the flexibility in his employment situation to accommodate his wife and spend more time with his daughter, and he still finds the time to care for his aging parents (a kind of reverse generativity). In virtually all of their interactions and recent challenges with Leslie, they have adapted their parenting and have tried to maintain a positive relationship. These strengths are a solid foundation for continued efforts to deal with their current family challenges. A generative counselor would reflect, reinforce, and build on these strengths.

Clinical Questions for Capability

Clinical questions such as the following can help counselors articulate strengths and avoid focusing on deficiency to develop generative capabilities:

- What do you do well in your nuclear or extended family to care for the next generation?
- What are your greatest strengths in meeting your children's needs as a family?
- May I join you in a search for capabilities in your family that you can develop to contribute better to your children's development?
- If you could build on one of your strengths to benefit your children, what would it be?

SPIRITUALITY IN FAMILY GENERATIVITY AND GENERATIVE COUNSELING

Spirituality and Family Generativity

Spirituality involves a rising above or going beyond the ordinary limits of materiality and the tendencies of humanity, usually as a result of

strongly held beliefs and convictions. It may describe rising above our natural world to relate with a divine being, going beyond our own physical state to affect some heightened awareness of ourselves, or connecting to others in ways that cannot be explained solely by material factors. Commonly, scholars and clinicians exploring this spirituality have described it as a type of *transcendence* (Anderson & Worthen, 1997; Bahr & Bahr, 1996; Hart, 1994; Slife, Nebeker, & Hope, 1996).

Anderson and Worthen (1997) have suggested that "every human relational event can be viewed as spiritual" (p. 5); we believe this is particularly true for intergenerational relationships. Hart (1994) asserted that whereas "it is true that for most people, spirituality is nurtured within the context of organized religion . . . we are spiritual whether or not we belong to a religious denomination" (p. 23). Spirituality permeates human lives and human relationships and is often, although not necessarily, associated with religious belief and practice.

Spirituality has been discussed or implied by a number of scholars recently in their formulations of generativity (Allen & Connor, 1997; Dollahite et al., 1997; Hawkins, Dollahite, & Rhoades, 1993; McAdams, Dimond, de St. Aubin, & Mansfield, 1997, Snarey, 1993; also see chapters 1 and 11, this volume). We define *generative spirituality* as a transcendent connection with the next generation that flows from and encourages convictions of abiding care for that generation. Although others may not view generative care in spiritual terms, we view *family generativity* as inherently spiritual because, in our definition, it involves transcending selfishness, the demands of the present, and the attractions and distractions of one's own generation. For many families and family members, religious belief encourages generative commitments and religious practice, and the religious community supports their generative actions. Of course, there are many families and individuals who are generative but do not define themselves as religious.

The activity of family generativity that is consistent with the core concept of spirituality is *maintaining generative convictions*. We believe that, in most cases, a spirituality of *everyday* life has great potential to deepen and enrich family generativity. This "prosaic" approach to generative spirituality suggests that small acts of care matter greatly (Morson, 1988), especially when they happen frequently and with transcendent meaning. Generative spirituality thus involves adult family members, in concert with others and individually, abiding by their deep convictions to maintain transcendent connections with the next generation. These connections, in turn, encourage adults to form or strengthen convictions to transcend the cultural power of expressive individualism that often leads them toward self-absorption and away from abiding commitments to care (Bellah et al., 1985).

Spirituality and Generative Counseling

The medical model, stemming as it does from the natural sciences, affirms the ideology of materialism. Diseases and the tissues they infect are understood to be material entities, and the primary means of treating such diseases are themselves material interventions (surgery, physical manipulations, medication). Materialism posits that reality consists only of the visible and tangible things of the world that exist independently of the observer (Slife et al., 1997); the validity of mental impressions that do not stem from material objects—and thus do not come through our senses—is, by definition, suspect. In counseling, then, nonmaterial events and entities, such as spiritual ones, cannot be given much credence or significance.

Some professionals have begun to question the exclusivity of material (medical) assumptions and the type of therapy they lead to. Recent scholarship has pointed to the importance and value of a spiritual dimension in counseling (Anderson & Worthen, 1997; Brothers, 1992; Gorsuch, 1988; Hart, 1994; Moore, 1994; Richards & Bergin, in press; Shafranske, 1996). Anderson and Worthen (1997) asserted that, although a transcendent spiritual dimension may not be *required* for effective counseling to occur, the presence of a spiritual dimension opens possibilities for understanding and transformation that may not exist without the spiritual dimension. According to Anderson and Worthen (1997), the absence of this dimension can lead a family therapist to treat marriages and families as "a mechanical or technological 'system' to be diagnosed as a mechanic diagnoses a car, devising structural interventions to repair its 'interpersonal mechanics'" (p. 6). Hart (1994), like Anderson and Worthen, has called for clinicians to view and relate with families and individuals in more spiritual and less mechanistic ways, with the expectation that new sources of hope, strength, and transformation will become available to counselors and clients.

Generative counseling emphasizes the transcendent spiritual dimension of human families, human relationships, and human beings. A spiritual dimension can encourage family members to create connections and convictions that can help them transcend intergenerational distance or conflict. This transcendence is not atemporal or contextless but connotes a type of intergenerational relationship that is deeply contextual. In this sense, the context of the relationship is not itself transcended; rather, people in relationship are helped to transcend the limits of individual weakness, selfishness, or anger (Dollahite et al., 1997; Slife, 1993).

A generative approach in no way denies the reality or importance of the material; however, unlike the medical model, it does not assume that the material realm contains all that can be considered real or important. Consideration of a spiritual dimension opens the door to a profound respect for what is outside, and harder to grasp than, the material, the ordinary,

or the mundane. We suggest, therefore, that counselors view intergenerational relationships as *sacred* and *enduring*: sacred because they are singular, highly significant, and to some extent, capable of helping people transcend the mundane concerns of the self, and enduring because they have a boundless quality to them, in terms of both time and importance.

The generative counselor does not conceive of or conduct counseling simply as a bounded, rational, technical, and scientific enterprise. We believe that generative counselors best serve people and the intergenerational relationships they create when they approach them with a deep appreciation, even a reverence, for the sacred and enduring nature of those relationships. A spiritual approach invites counselors to "listen meditatively or contemplatively" to the concerns clients bring to counseling and respond with hope and compassion, believing that deep transformation can occur, often not merely as a result of one's own expertise and efforts but also through spiritual influences (Anderson & Worthen, 1997, p. 9). We do not believe that a counselor needs to be an outwardly "religious" or "spiritual" person to take a spiritual stance with clients concerning their intergenerational relationships; rather, the counselor simply needs to recognize and communicate to the clients that there are sources of insight and inspiration beyond the knowledge and skills of the counselor and clients that can be accessed in the counseling process.

Generative Interventions

Generative counselors *nurture belief, avoid hopelessness,* and *help families and family members in maintaining generative convictions.* Generative counselors recognize and value the transcendent spiritual aspirations and convictions of human beings and families and nurture that spirituality in its varied forms. They help clients maintain generative convictions by assisting them to identify, clarify, or challenge beliefs about themselves, their children, their lives, what is important, their potential as parents and grandparents, and the meaning and value of generative activity.

Clinical Example for Spirituality

Art and Rebecca Jenson demonstrate important spiritual resources. Art appreciates the moral education that flows from religious teachings and believes acts of charity are the essence of a spiritual life. Rebecca has deep religious convictions in a specific faith that believes in a God who is spiritually involved in the lives of His creations. Leslie enjoys being with other people in an organized religious setting. A generative counselor could draw on these spiritual resources to counteract the hopelessness that the Jensons seem to feel. The Jensons feel trapped, or stuck, and a counselor can help them believe that a commitment to spiritual sources and meanings "outside" themselves will enable them to move outside the trap they feel. The

counselor may invite the Jensons to pray together, seek guidance from religious texts and religious advisors, and attend to spiritual impressions they may receive. The counselor would believe, and help the clients to believe, that significant change is possible, although the form of that change may be unexpected, because spiritual transformation usually is not neatly controlled or predicted.

Clinical Questions for Spirituality

Clinical questions such as the following can help generative counselors nurture belief and avoid hopelessness to maintain generative convictions:

- What are your deepest and strongest spiritual beliefs?
- In what ways do these beliefs influence your relations with the next generation?
- Are there spiritual resources that you can draw on in this situation to transcend the obstacles to caring well for the next generation?
- What is it about your spiritual convictions that motivates you to continue to try to resolve the challenges you face including those with your children or other members of the rising generation?
- In the past when doubt and fear have overtaken you, what spiritual beliefs and practices have helped you?
- What is your extended family's greatest spiritual strength and how can you draw on that now to benefit both your children and others in need of care?

MORALITY IN FAMILY GENERATIVITY AND GENERATIVE COUNSELING

Morality and Family Generativity

Family generativity has a moral dimension that flows from the assumption that older generations have ethical and moral obligations to younger generations. These obligations exist because parents bring children into being and the younger generation is dependent on adult family members for their care, love, acceptance, and mentoring. We assume that people have an inherent "moral sense" (Wilson, 1993) that encourages generativity, although this does not negate the possibility that parents and other family adults can choose to be oriented toward ideals other than the welfare of the rising generation; agency is necessary to morality (Slife & Williams, 1995). The moral dimension of family generativity suggests that, in spite

of the transcendent connection most adults feel to the next generation, the degree of adult-oriented, hedonistic expressive individualism present in Western cultural norms and practices (Bellah et al., 1985; Slife, 1997) results in the need for reminders of adults' generative responsibility.

These reminders often, but not always, flow from authentic spiritual traditions or religious communities. Most spiritual traditions teach that placing the needs of others ahead of oneself is the essence of spirituality and morality; thus, spiritual connections and convictions often influence people to make and keep generative commitments. The Jewish ethical philosopher Immanuel Levinas (1985, 1987) placed the needs of "the other" as the prime ethical imperative. Christian thought suggests that "whoso would save his life must lose it" (Holy Bible, Mark 8:35), a concept consistent with family generativity but at odds with much contemporary self-oriented psychology. The work on generativity of Erikson (1950/1963, 1982b), Snarey (1993), Dollahite et al. (1997), and McAdams, Hart, and Maruna (chapter 1, this volume) certainly illuminates moral and ethical dimensions, and our concept of family generativity is consistent with these views.

The activity of family generativity consistent with the core concept of morality is *keeping generative commitments*. By generative commitments, we mean the bonds and connections that have been freely and continuously made and that focus on action to benefit the next generation.

Morality and Generative Counseling

The assumptions and treatments of the medical model are typically viewed as neither moral nor immoral because they are tied to naturalism. Naturalism assumes that the world is governed by natural laws and that these laws are indifferent to morality; they are neither good nor bad, they just are. The application of naturalism to psychotherapy historically has resulted in many benefits. "Demons" are no longer exorcized from people manifesting symptoms of schizophrenia, and "witches" are no longer burned at the stake. Mental disorder is viewed as part of the natural world and thus is not subject to moral or religious judgments. The naturalism of the medical model has led many traditional psychotherapists into believing they should not take an explicit moral stance relative to client choices and lifestyles except insofar as neglect or abuse of others is concerned. Effective treatment usually is thought to involve the reserving of moral judgment, particularly when it concerns judgments about how clients *ought* to live their lives. Of course, the medical model has, in a sense, adopted the moral obligation to help clients (or at least to do no harm), and there are numerous ethical obligations that apply to the counseling setting.

The generative counseling perspective, by contrast, possesses an explicitly moral dimension. Generative counseling assumes that therapists

cannot and *should not* avoid making moral judgments and promoting moral responsibility (Doherty, 1995; Slife, 1997). Frequently, therapeutic conversations explore what one "ought" to do or what constitutes the "good life." Generative counseling also attempts to make implicit moral judgments explicit, so that they can be dealt with more openly and honestly.

Generative counseling is also straightforward in its promulgation of a particular morality; indeed, by its very definition, family generativity implies that people *ought* to care for subsequent generations (Dollahite et al., 1997). Parenting is the prototype of this care, of course, but this moral imperative is not exclusive to parents; it extends to grandparents, aunts, uncles, and other adult family members as well as members of the community. Generative counseling suggests that all people *should* be involved in aiding the next generation, whether through example, education, or mentoring. Moreover, family generativity implies that people *ought* to avoid self-absorption in doing this caring. That is, one does not care for the next generation because one is attempting to benefit oneself; one cares for another because one *ought* to care for another, even if that caring entails self-sacrifice or suffering. Counselors can therefore exert meaningful moral influence and skilled intervention to help families be generative in an often nongenerative culture (Dienhart & Daly, 1997; Dienhart & Dollahite, 1997).

Generative Interventions

Generative counselors *promote responsibility, discourage hedonism,* and *help families and family members in keeping generative commitments.* Generative counselors encourage clients to make responsible moral choices on behalf of the next generation that transcend personal comfort, convenience, or preference. They help clients keep generative commitments that they have already made or that they choose to make during the course of counseling. They encourage their clients to engage in moral reflection about the effect of their actions on the next generation and work to help clients make and keep commitments that place the needs of the next generation above personal needs and wants. In so doing, counselors assist those they work with to live in the world with integrity (Erikson's final developmental task). For example, counselors using this approach feel comfortable calling forth generative sacrifice; they know that people in crisis and afraid may act in ways that seem to preserve personal happiness at the expense of the best interests of the next generation.

Clinical Example for Morality

Art and Rebecca's sense of moral obligation to the next generation is strong and a rich resource to draw on in facilitating change. Spiritual convictions, values that highlight the importance of families, and desires

to help others are all evident in the Jensons' lives. The problem the Jensons have brought to counseling is complex and difficult to resolve and will undoubtedly require some sacrifice on their part. In the face of this difficulty, there is a strong temptation to avoid responsibility. Art's resignation in letting Leslie learn from her own mistakes may be a sign of this avoidance. Rebecca's increased drinking also may partly be an effort to escape responsibility. A generative counselor would continually encourage the Jensons' efforts to avoid nonresponsible ways out and to focus on what is best for Leslie, even if that includes significant personal discomfort and sacrifice. Rebecca and Art should be asked to make these sacrifices because it is the best thing to do, not because they will receive any personal benefit from them (although the counselor knows that generative sacrifices usually result in an increased sense of integrity for those who make them).

Clinical Questions for Morality

Clinical questions such as the following may help generative counselors promote responsibility and discourage selfish desires to keep generative commitments:

- What values are most important for you to pass along to your children?
- In what ways have you sacrificed for your family?
- What sacrifices could you make now to give your children what they most need?
- What commitments on behalf of the next generation have you made in the past that are being challenged now?
- How can you draw on your communities to help maintain your generative commitments?
- What new commitments can you and your family make to benefit the next generation?

INTEGRATION OF FAMILY GENERATIVITY AND GENERATIVE COUNSELING

The main activities of generative counseling are intended to sustain and encourage family generativity. Generative counseling is holistically integrated, and the various parts are related to one another and to the central idea of family generativity. In the interests of space, we give only two examples of this integration. *Generative agency* is holistic (choice is embedded in a web of other choices, contexts, and constraints), temporal (choices and constraints change over time), spiritual (choice is enhanced and challenged by spiritual connections and convictions), capability-oriented (the exercise of choice brings greater capabilities), and moral

(people are accountable for their choices). Therefore, generative counselors do not assume that people are wholly and always free to do whatever they please; rather, they work with clients as "contextual agents" (Dienhart & Dollahite, 1997; Dollahite et al., 1997) by exploring the ways in which clients' choices are constrained and influenced but open to the exercise of agency in meeting the needs of the next generation.

Similarly, *generative morality* is agentic (people choose their commitments), capability-oriented (people have the capacity to be moral), holistic (generative morality exists in a web of connections with other people, places, ideas, and cultures), temporal (morality is embedded in context and era), and spiritual (morality draws life from spiritual connections and convictions). Generative counselors encourage moral reflection and action within these contexts, with a clear emphasis on making moral choices to meet the needs of the next generation, but they also recognize that a sense of moral responsibility alone is insufficient to sustain generative action.

GENERATIVE COMMUNITIES AS RESOURCES IN GENERATIVE COUNSELING

One of the strengths of the medical model of psychotherapy is that it is clearly embedded in a broader system of support for patients and a community of colleagues for professionals. For generative counseling to progress, there needs to be support in the broader culture for the philosophy and practice of generative counseling. Generative communities and other resources[2] are crucial in assisting counselors who are endeavoring to maintain and strengthen generative action. We believe there are extant paradigms, institutions, and communities that are consistent with the six core concepts of family generativity and generative counseling. Generative counselors and their clients should be able to draw on these communities for support and encouragement.

On the basis of the six core concepts of family generativity and generative counseling, a generative community would need to acknowledge that (a) connection with a community of care helps the next generation (holism); (b) generative transformation is possible, and understanding is contextual (temporality); (c) human beings can choose to grow and change in generative ways (agency); (d) people and families can, with support, develop their inherent potential for care (capability); (e) spiritual reality exists and is relevant to caring for the next generation (spirituality); and (f) there are ethics and morals that can guide parents in caring for their children (morality).

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[2]Counselors who seek assistance in working from a generative perspective with fathers can consult a web site called *FatherWork*, which can be accessed at http://fatherwork.byu.edu.

Generative communities can include schools, churches and synagogues, fraternal and other benevolent orders, cultural and ethnic communities, and community organizations such as the YMCA and YWCA. In our view, the most significant and widely available aids for parents and other family adults in actualizing family generativity stem from religious communities. Some recent literature has suggested that religious beliefs, motivations, experiences, and communities serve both to encourage and to support people in generative commitments and actions (Dollahite et al., 1997; Pipher, 1996; Shafranske, 1996). Members of religious communities typically consider themselves bound by a coherent and meaningful set of beliefs, practices, and supportive connections to others that give purpose and aid to a family's efforts to care for the next generation.

There are several reasons that religious communities are likely to offer valuable support for generative counselors. First, religious beliefs can give a sense of conviction in life that supports *generative faith*. Religious beliefs frequently connote the possibility and desirability of transcendence and transformation, both of which are integral to family generativity and generative counseling. Second, religious practices can give a sense of agency that can encourage *generative hope*. Such practices include participation in sacred rituals and the retelling of sacred stories, both important tools of counselors in helping families believe that generative change can happen. Third, religious communities can give a sense of transcendent connection with others, regarding the past as well as the future, that motivates *generative care*. These communities often make covenants and sacrifices that bind the members of the community to one another in generative commitments and convictions. It is interesting to note that Erikson (1982b) himself saw a vital connection among his three major developmental tasks—trust, fidelity, and care—and the Christian virtues of hope, faith, and charity (Holy Bible, I Corinthians 13:13). Together, religious beliefs, practices, and community can help families and individuals transcend antigenerative forces and choose to create and continually nurture the next generation.

Generative counselors can encourage clients both to benefit from and to contribute to these supportive communities by (a) helping clients to make holistic generative *connections* through meaningful and joyful participation in a religious community, (b) helping clients to initiate generative *changes* by drawing on religious beliefs and images that involve the possibility of transformation, (c) helping clients to maintain generative spiritual *convictions* through reference to religious beliefs and stories that focus on transcendent realities, (d) helping clients to develop generative *capabilities* by drawing on religious stories that depict people in difficult circumstances discovering strengths, (e) helping clients to keep generative *commitments* by encouraging adherence to religious covenants that emphasize keeping faith with God and with one's community through sacrifice and service,

and (f) helping clients to exercise their agency to make generative *choices* by referring to religious beliefs that emphasize choosing goodness in times of struggle and trial. We believe that generative counselors can and should draw on generative communities, particularly communities of faith, to assist the families they work with better meet the needs of the next generation.

CONCLUSION

Taken as a whole, the concepts and activities of family generativity and generative counseling create a paradigm of theory and approach to practice that we believe is significantly different from many forms of behavioral science and clinical intervention. In an increasingly postmodern counseling context, with family systems theory in particular becoming more accepted, many clinicians have already adopted a philosophy and set of practices that include aspects of the perspectives we have described. We hope that they and others will see the potential of family generativity and generative counseling to frame and inform the work they are doing with their clients so that the bonds between generations can be sustained and strengthened.

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