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University of Florida, Gainesville, FL, USA

ABSTRACT

Individuals initially learn about intimate relationships from observing others, such as their parents or caregivers' relationship, which may positively or negatively affect their own romantic relationship. This article focuses on the application of Relational-Cultural Therapy (RCT) concepts to establish resilience among couples with at least one partner from a single-parent household. Some individuals from single-parent households may not have witnessed romantic relationships to confidently engage in adult romantic relationships. Additionally, clinicians may not consider family background as a source of contention for a couple's presenting concerns. Thus, this article provides creative interventions and implications to assist counselors in working with couples.

According to the U.S. Census Bureau (2016), the percentage of children living in homes with two parents had decreased by nearly 20% from 1960 to 2016, and the number of children living in single-parent homes had tripled (Porter, 2016). This is concerning because the home environment not only affects children when they are growing up, but it also influences their adult lives related to their own romantic and marital relationships through a concept known as intergenerational transmission (Amato, 1996). Intergenerational transmission involves a parent's relationship behaviors transmitted to the adult child's intimate relationship (Gager, Yabiku, & Linver, 2016). For this article, persons from a single-parent household include individuals raised in homes with one parent or caregiver for half or more of their childhood (ages birth-18). Single-parent household may result from varying factors such as having parents or caregivers that are "divorced, separated, unmarried, widowed, single adoptive, and single-foster parents" (Briggs et al., 2016, p. 349). In contrast, persons from an intact household include those raised in homes where two parents or caregivers were living in the same home throughout most of their childhood.

In reference to social learning theory (Bandura, 1977), scholars have found that children model what they witness from their parents or caregivers (Rhoades, Stanley, Markman, & Ragan, 2012). Therefore, parental intimate relationships may influence their children's adult intimate relationships (Webster, Orbuch, & House, 1995). Richter and Lemola (2017) reported that there is a higher probability of divorce for individuals from

single-parent households. Additionally, South (2013) indicated that a primary problem for persons from single-parent households is they think they lack relational competence, the knowledge and ability to be in an intimate relationship. The lack of romantic competence stems from not having an appropriate frame of reference or model to be in a stable, satisfying relationship. Being deprived the opportunity to witness and be a part of a healthy, intact household can potentially impede the development of intimate relationships, causing many to enter relationships and marriages blindly or misguided (Braithwaite, Doxey, Dowdle, & Fincham, 2016). Thus, this article focuses on the use of Relational-Cultural Therapy (RCT) to help couples avoid intergenerational transmission of divorce and single-parenthood by improving their perceptions, behaviors, and relationship quality with the integration of creative interventions.

Intimate relationship outcomes

Scholars found a correlation between family of origin experiences and subsequent attitudes and experiences in adult romantic relationships (Braithwaite et al., 2016). The concept of intergenerational transmission suggests families can transmit their attitudes, values, behaviors, and relationship outcomes to their children (Weigel, 2007). These transmitted marital perceptions, behaviors, and quality put relationships at risk for divorce. Thus, it is important to first evaluate these risks before discussing interventions.

Perceptions

Consistent with social learning theory, individuals develop their attitudes about marriage and divorce through observing their parents (Allen & Mitchell, 2015). Therefore, adults' beliefs formed from witnessing their parents' romantic relationships transcend into their beliefs about their own adult romantic relationships. Webster et al. (1995) found first-time married adult children of divorce were more likely to believe their marriage was in trouble, and they may get divorced, compared to couples from two-parent households. Children of divorce were also more likely to believe the division of labor within their relationship was unfair. South (2013) reported that young and middle-aged adults from single-parent households might have learned negative marital interactions during their upbringing that fester their negative beliefs.

Amato and DeBoer (2001) further explained the influence of perceptions in reporting that due to their parents' divorce, young adult children believe marriages are not lifelong, and divorce may lead to greater happiness in new relationships. Weigel (2007) also found that undergraduate students (mean age 24.8) who experienced parental divorce were more likely to lack sufficient trust and fidelity, and perceive relationships as temporary and to be approached with caution; these perceptions lead to behaviors that further assert these beliefs.

Behaviors

Due to socialization and modeling, children often adopt their parents' interpersonal behaviors (Weigel, 2007). Allen and Mitchell (2015) reported that individuals develop their behaviors in romantic relationships from witnessing the marital interactions and behaviors of their parents. Webster et al. (1995) found learned negative marital

interactions or behaviors included keeping their thoughts to themselves, not making time to be alone as a couple, arguing frequently (twice as likely than persons from intact households), and shouting and hitting when arguing. Moreover, Amato (1996) identified negative behaviors to include interactions of anger, jealousy, hurt feelings, lack of communication, infidelity, mistrust, and an inability to commit. Amato (1996) also reported that persons of single-parent households are more likely to lack positive interactions such as interpersonal skills, including effective communication and compromise. In contrast, when parents were affectionate and supportive of each other, their children were affectionate and supportive in their adult relationships. These actions correlated with higher relationship satisfaction in their adult relationships (Amato & Booth, 2001). These findings suggest that a couple's behaviors can either enhance or impede their perspectives about the quality of their marital relationship.

Relationship quality

Individuals from a single-parent home may adopt negative perceptions and negative behaviors regarding their own relationship as a result of their parents' relationship. Additionally, when their parents never married, these individuals were more likely to have the lowest quality of relationships (Rhoades et al., 2012). Sassler, Cunningham, and Litcher (2009) also reported that individuals with divorced or separated parents are more likely to experience instability and low satisfaction in their adult romantic relationships. Braithwaite et al. (2016) further asserted that parental discord was associated with less marital commitment, satisfaction, and stability. In contrast, Rhoades et al. (2012) found that children from two-parent households reported higher relationship adjustment, a stronger commitment to their relationships, less negative communication, and less physical aggression than their single-parent household counterparts. Thus, improving relationship quality is an important goal of marriage and family therapy.

Relational cultural therapy

Relational cultural therapy is a derivative of integrated theories that include feminist, attachment, psychodynamic theory, and multicultural counseling. In alignment with RCT, counselors believe intimate relationships foster growth through interdependence as opposed to independence (Frey, 2013). Therefore, the foundation of RCT is establishing growth-fostering relationships based on the idea that people grow through and toward relationships throughout their lifespan (Jordan & Carlson, 2013). Furthermore, Frey (2013) reported that four components are representative of growth fostering relationships, including mutual engagement and empathy, authenticity, empowerment, and the ability to express.

RCT with couples

There are eight primary goals to achieve in using RCT in couples therapy, including (a) learning to communicate with mutual empathy, (b) practicing respectful authenticity, (c) practicing "good conflict", (d) expressing respect through appreciation and gratitude, (e) prioritizing the needs of the other and the relationship, (f) establishing

and developing gratitude for a "we" connection, (g) supporting the growth of one another's individual growth, and (h) using humor and lightness respectfully (Jordan & Carlson, 2013). Feeling valued may help to improve relationship behaviors and overall relationship quality. At the center of establishing growth is mutual empathy as it moves the couple from isolation to connection (Jordan, 2017). Mutual empathy allows for "ultimate trust" to be established when each partner is open to being affected by the other and cares about this influence. The partners know, see, and feel the effect they have on one another, and believe they are valued due to their partner's responsiveness. Each partner further develops anticipatory empathy when they continue to understand one another, and they begin to anticipate their effect on their partner (Jordan & Carlson, 2013). Thus, working on mutual empathy helps to create intimacy among the couple.

Culture

Couples typically present in counseling with an impasse, which is treated relationally as opposed to residing in one of the partners (Bergman & Surrey, 2013). Bergman and Surrey (2013) explained that a relational impasse occurs when the couple has become stuck. Aligned with creating a "we" identity for the relationship, Bergman and Surrey encourage the couple to consider how "we" can move forward from the issues. It is also necessary to consider the cultural context of the couple as it allows for understanding the larger contexts that influence the relationship (Mirkin & Geib, 2013). Cultural factors to consider include the messages, effect, and attitudes of the family of origin; trauma/abuse history; race; class; gender roles; gender identity; affectual orientation; sexual identity; religion; ethnicity; able-bodiedness; age; education; and immigration status (Mirkin & Geib, 2013). Identifying these areas for each partner as an individual will help the couple to better conceptualize their partner's views of their presenting concerns and relational impasses. Understanding one another's cultural identity also allows the couple to question, challenge, and re-understand cultural influences in a safe space (Mirkin & Geib, 2013). From this point, people shift from a unidimensional view of cultural contexts to understanding cultures are intertwined together in one system (Mirkin & Geib, 2013). Through realizing the cultural influences, a couple understands the influence that their culture has on their life through examining intersectionality, or interactions between one's privileged and oppressed selves (Mirkin & Geib, 2013).

Relational images

A component of RCT that bridges its relational attributes with its cultural attributes are relational images. Walker (2013) stated that relational images are the foundation for people to find meaning and measure possibilities that further inform expectations of the self, others, and relationships. Additionally, the images of the dominant culture further inform these images of early upbringing and interpersonal experiences. Therefore, each partner needs to recognize and resist continuing to internalize any negative images presented and explore ways to reshape these images as a couple (Walker, 2013). For example, if a female partner has a relational image, stemming from her father's infidelity, that when men come home late, they are cheating, her partner coming home late might be a relational trigger for her. Thus, if she yells at her partner for coming home late, her frustration may be displaced. Therefore, this couple may need to explore this negative

relational image, and the male partner will need to help the female redefine what coming home later than expected means for him. Duffey and Somody (2011) explained how, through the exploration of their negative images, a couple can increase their resilience and relational competence, even during conflict, by establishing growth-fostering relationships, becoming more authentically present, and acquiring self-empathy and compassion for their experiences.

Implementing RCT in couples with a partner from a single-parent household

When integrating RCT, the counselor works to help the couple move away from autonomy. People may perceive high levels of autonomy, a quality often attributed to individuals from single-parent homes, as a strength (Barajas, 2011). According to Jordan and Carlson (2013), Western societies, along with various counseling theoretical orientations, promote autonomy and independence. However, expecting to continue developing autonomy when entering a relationship leads to challenges in building interdependent love relationships, in a context where separation is predominant (Jordan & Carlson, 2013). Therefore, encouraging a growth-fostering relationship, as opposed to separateness, is essential for couples.

A counselor must be mindful not to create separateness in their conceptualization of the couple, especially when one partner is from a single-parent household and the other a two-parent home. Thus, the goal is not to focus on the person from the single-parent household, as this would insinuate that this person is the problem in the relationship; instead, the goal is that the cultural contexts will no longer be viewed as unidimensional, but rather intertwined together in one system. Therefore, this relational impasse should be treated relationally as opposed to residing with one of the partners.

A single-parent upbringing may also foster varying negative relational images, including the relational image represented through their caregivers' romantic relationship(s) and their own relationship with their caregivers. These relational images may have potentially "left them predisposed to flagrant re-enactments of familial distress, largely because they felt fundamentally unsafe and disempowered in connection" (Walker, 2013, p. 64). Exploring relational images may help the counselor and the couple to understand where some of the negative perceptions and behaviors in their current relationship originate from, and how this informs their view of their relationship. It is important to foster relational competence because relationally competent couples had longer-lasting, mutually intimate, and rewarding relationships due to their sensitivity to their partners' needs compared to their less relationally competent counterparts (Allen & Mitchell, 2015). Although RCT does not have ascribed interventions, counselors are offered the space to creatively integrate a variety of interventions in their work with clients.

RCT related interventions

Fair fighting rules

There is a set of common rules practitioners encourage to serve as a governing system for couples during arguments known as fair fighting rules. With RCT, it is important for a couple to understand the effect that they have on each other and to engage in RCT's goal of having 'good conflict.' Each partner should take responsibility for their words and actions

that can trigger negative emotions and behaviors in their partner. Practitioners adopt varying versions of fair fighting rules, but typically outline similar messages such as not interrupting and including other issues; and, willingness to compromise, express feelings, and take responsibility (Jones & Gallois, 1989). Such rules may help couples from a single-parent household to implement more appropriate behaviors during an argument. The fair fighting rules help counteract the behaviors that individuals from single parent household may have witnessed in their childhood from their parent's relationship and also experienced in their own relationship, such as keeping their thoughts to themselves, arguing frequently, and shouting when arguing. This provides space for relational resilience, an RCT tenet in which people are able to reconnect and move forward in spite of adversity (Jordan, 2017). It will be important for a clinician to ensure that the couple is practicing these rules during the session to help them implement these at home.

Imago couples dialogue

Imago couples dialogue is an important tool to help the couple to develop further their ability to have "good conflict," or healthy conflict resolution (Muro, Holliman, & Luquet, 2016). Imago dialogue is a technique of Imago relationship therapy that allows couples to not only fully listen to one another, but also to understand and feel their partner's perception without focusing on blending or comprising their own perception (Luquet, 2007). This helps the couple with the RCT goal of participating in mutually empathic exchanges with one another. Imago dialogue includes three steps of responding to a partner's perceptions and feelings, which are mirroring ("I heard you say … "), validating ("I can understand that … given that … "), and empathizing ("I imagine you might be feeling … "). According to Luquet (2007), Imago dialogue creates a space for understanding, healing, and building interdependent relationships, which is congruent with RCT. Creating this space for empathetic growth is particularly important for a couple from a single-parent household because individuals who do not witness security in love, protection, or value are more likely to be emotionally insensitive (Muro et al., 2016).

Parent-child dialogue and holding exercise

The first two interventions focused on improving a couple's behavior, while this pair of interventions focus on improving a couple's perception of one another by exploring the relational images of their parents. These are also Imago relationship therapy techniques that allow a couple to reimagine their partner as an ally rather than an enemy (Luquet, 2007). The parent-child dialogue and the holding exercise help the couple with implementing the RCT goal of practicing responsible authenticity as each person represents his or her experience as fully as possible by focusing on their upbringing. Each partner works on getting a better understanding of the messages, effects, and attitudes of their partner's family of origin and other cultural aspects. Primarily, the parent-child dialogue is a role play that involves the couple sitting across from one another, and one partner assuming the role of the other partner's caregiver(s) by saying, "I am your mother/father/significant caretaker. What was it like to live with me?" (Luquet, 2007, p. 99). The partner discusses his/her childhood, and 'the caregiver' can ask for further clarification or explanation when needed. Another follow up question for 'the caregiver' can be "I am your mother/father/significant caretaker. What did you need from me that you did not get?" (Luquet, 2007, p. 100). After the partner responds to this, or similar questions if time allows, the couple can be brought back to the present with 'the

caretaker' using couples dialogue to mirror, validate, and empathize with what they heard from their partner. They can also say, "I am your partner now. I would like to know what I can do for you to give you what you did not get as a child" (Luquet, 2007, p. 100).

The holding exercise is similar to the parent-child dialogue, except for their physical position and remaining in the present tense. One partner is sitting upright while coddling the other partner as if holding a baby with their head to the chest of the sitting partner. Luquet (2007) reported that this position intends to create the same safety and feeling of being in sync as when a mother holds a baby. The counselor then directs the partner held like a baby to say, "When I was a little [girl, boy, (child)] … " and proceeds to talk about their childhood while remaining in this position (Luquet, 2007, p. 101). This may allow the partner an opportunity to share important details that were not asked or elicited during the parent-child dialogue. The partner sitting upright responds with couples' dialogue. The couple can switch roles and complete these activities for homework or choose to engage in them during the next session. Throughout these interventions, the clinician is facilitating the discussion and ensuring that the partners are responding appropriately to each other. These interventions can help the individual from the single-parent household and their partner to realize the effect of this upbringing on their current relationship as they explore the relational images of their parents.

Five love languages

The five love languages are considerations that will help the couple with improving their relationship quality. Chapman (2010) explained that people express their love in varying ways, and there are instances when those expressions may go unnoticed. Additionally, people may not recognize how they or their partners want to receive love. Chapman reported there are five ways that love is expressed, which include words of affirmation (e.g., unsolicited compliments), quality time (e.g. full, undivided attention), receiving gifts (e.g., loving, thoughtful gift), acts of service (e.g., vacuuming the floor), and physical touch (e.g., holding hands). These intentional acts will help each partner implement RCT's goals of learning to attend to the needs of the other and the needs of the relationship and creating ways to express gratitude and appreciation to foster respect. Displays of affection can be foreign, or unfamiliar, to individuals from a single-parent household as they may not have a relational image of adults showing affection to each other in their home as a child. Chapman (2010) suggested after providing psychoeducation, the clinician may direct the couple first to complete the five love languages online assessment to discover their love language as homework and encourage the couple to implement their partner's love language weekly. The clinician can follow up with this at the beginning of each session by asking how each person has implemented their partner's love language during the week. Each partner's ongoing commitment to this activity can help further increase mutual empathy, as each partner will know, see, and feel they are valued as their partner intentionally and accurately expresses their partner's desired type of love.

Good Will Umbrella

Throughout treatment, the counselor can use the Good Will Umbrella intervention as an assessment tool to monitor the couple's behaviors, perceptions, and relationship quality. This intervention is from the Practical Application of Intimate Relationship Skills (PAIRS; Gordon,

1994) program, which is a curriculum designed to help couples build and sustain healthy intimate relationships. The good will concept focuses on each partner's desire, intention, and action in implementing their best selves for their partner (Gordon, 1994). The clinician may introduce this intervention by asking the couple for the uses of an umbrella and use keywords from their responses (i.e., safety, protection, security) to explain that these are necessary to feel in a romantic relationship. The clinician can further explain that this can be achieved with effective communication, caring behavior, sensing a willingness to change, and sensing a commitment to the relationship. This will help with establishing the goal of RCT of developing an appreciation for the primacy of connection and learning ways to contribute to the well-being of the "we" in the relationship. Therefore, each partner can rate on a scale from 1–10 how well their partner is meeting the needs of the four C's (communication, caring, change, commitment) to create a feeling of safety in the relationship (Gordon, 1994). This may be relevant for the clinician to implement in the beginning, middle, and end of the counseling experience as a growth monitoring device. Building the concept of "we" and creating a sense of safety may be important to an individual from a single-parent household who witnessed just an "I" raise them and may have felt abandoned by their other parent. Therefore, the clinician can also explain that feelings of safety provide space for authentic expression and communication, as noted by RCT theorists (Jordan, 2017). Additionally, if the couple has or plans to have children, further discussing "we" for the family and safety for the children can be important. The clinician can also use this opportunity to help the couple understand that their relationship will be a model of "we" and safety for their children.

Case study

Matthew (32-years-old) and Samantha (29-years-old) were a married couple that presented to couples counseling due to "nonstop arguing." They reported arguments about "anything and everything" over the last several months, and they were unsure how to move forward (impasse). They were adamant they wanted to be together. In their biopsychosocial, Michael reported being from an intact household, whereas Samantha was from a single-parent home. Michael reported that when they were arguing, Samantha would "shut down when she no longer wanted to talk and refused to consider things from my perspective." Samantha admitted this was true as she stated, "I am always really afraid to tell him the hard stuff because I am afraid of how he would react." The clinician provided psychoeducation on relational images and explored where the relational image of a "negative reaction to talking about the 'hard stuff' stemmed from." Samantha stated, "I guess I am always afraid he would react in the way that my dad would, and I would drive him away." The clinician validated this fear and provided psychoeducation on mutual empathy. Through this, Matthew empathized with Samantha's deeply rooted fears of mistrust and abandonment, and Samantha empathized with Matthew's frustrations of being dismissed. The clinician then taught and coached the couple through Imago couples dialogue using their most recent argument. Thus, the goal of counseling for this couple was to increase awareness about the roots of their concerns as a couple through relational images and mutual empathy, and to develop strategies for healthy conflict resolution.

Discussion

Before implementing RCT with couples, it is important that counselors have training in RCT and working with couples. Counselors may adapt existing interventions or develop new creative interventions that align with RCT's principles and the eight goals of RCT with couples. In order to be attentive to the needs of a couple with a partner from a single-parent household, a clinician must be mindful of how they present in counseling. This includes considering mindsight, which is the ability to decipher and mold one's own energy and flow of insight, as well as that of relationships (Baldini, Parker, Nelson, & Siegel, 2014). Moreover, the partner from a single-parent household may present with a lack of intimate relationship development or have a low level of this type of relationship development. Therefore, the clinician should evaluate the relationship development of the client while also considering the client's childhood experience with their parents' relationship (Willison & Masson, 1990). Counselors are also continuously mindful of focusing on the couple as the client, instead of focusing solely on the partner from the single-parent household.

Due to the prevalence of single-parenthood, it is also possible for both partners to be from single-parent homes. The counselor should evaluate the relationship development of each partner and how each intersects. The intersection allows the clinician to refocus on the couple, as a client, as opposed to two individual clients.

In aligning with the multicultural social justice counseling competencies, a counselor must also become aware of what they bring or fail to bring into the session (Ratts, Singh, Nassar-McMillan, Butler, & McCullough, 2015). Mirkin and Geib (2013) reported a counselor may have limited awareness due to their education, worldview, privilege, and oppression, which may lead to a counselor's blind spots. For example, a counselor needs to be mindful of any countertransference due to their own influence or biases of being raised in either an intact or single-parent household. Thus, it is crucial that counselors not neglect their own wellness, and instead practice self-care while they are working with these couples.

Clinicians may encourage couples to befriend and/or consult with couples they perceive to be healthy. In this process, it is important for the clinician to explore and establish the couple's shared meaning of a healthy relationship. Connecting with a healthy couple provides the clients with a healthy frame of reference of romantic relationships in an effort to build relational competence (Rhoades et al., 2012). This recommendation and related practices of exploring negative relational images can assist the couple in extinguishing negative messages, instilling faith in their love for each other, and reducing their fears of marital failure (South, 2013).

Future research may focus on examining the effectiveness of RCT and the interventions discussed in this article. Additionally, researchers may develop an instrument to assess the effect of intergenerational transmission of divorce on a relationship, since not every single-parent child experiences negative relationships between their parents. Future research may also focus on examining the protective factors and mediators of adult children of divorce and single-parenthood that have been able to sustain healthy relationships, and are thus inherently more resistant to intergenerational transmission. This will allow clinicians to further expand on appropriate interventions for this population.

Conclusion

Overall, the relationships of individuals from single-parent homes are at risk for dissolution due to the lack of healthy examples displayed through parental intimate relationships (Trotter, 2010). Therefore, it is crucial for counselors to develop knowledge and skill in serving this population. Implementing RCT may provide the counselor with an appropriate lens for conceptualizing and treating couples with a single-parent partner. Thus, counselors strive to help couples develop and maintain healthy relationships through creative interventions.

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