VIEWS FROM A
MILLENNIAL
THERAPIST

Sarah Epstein
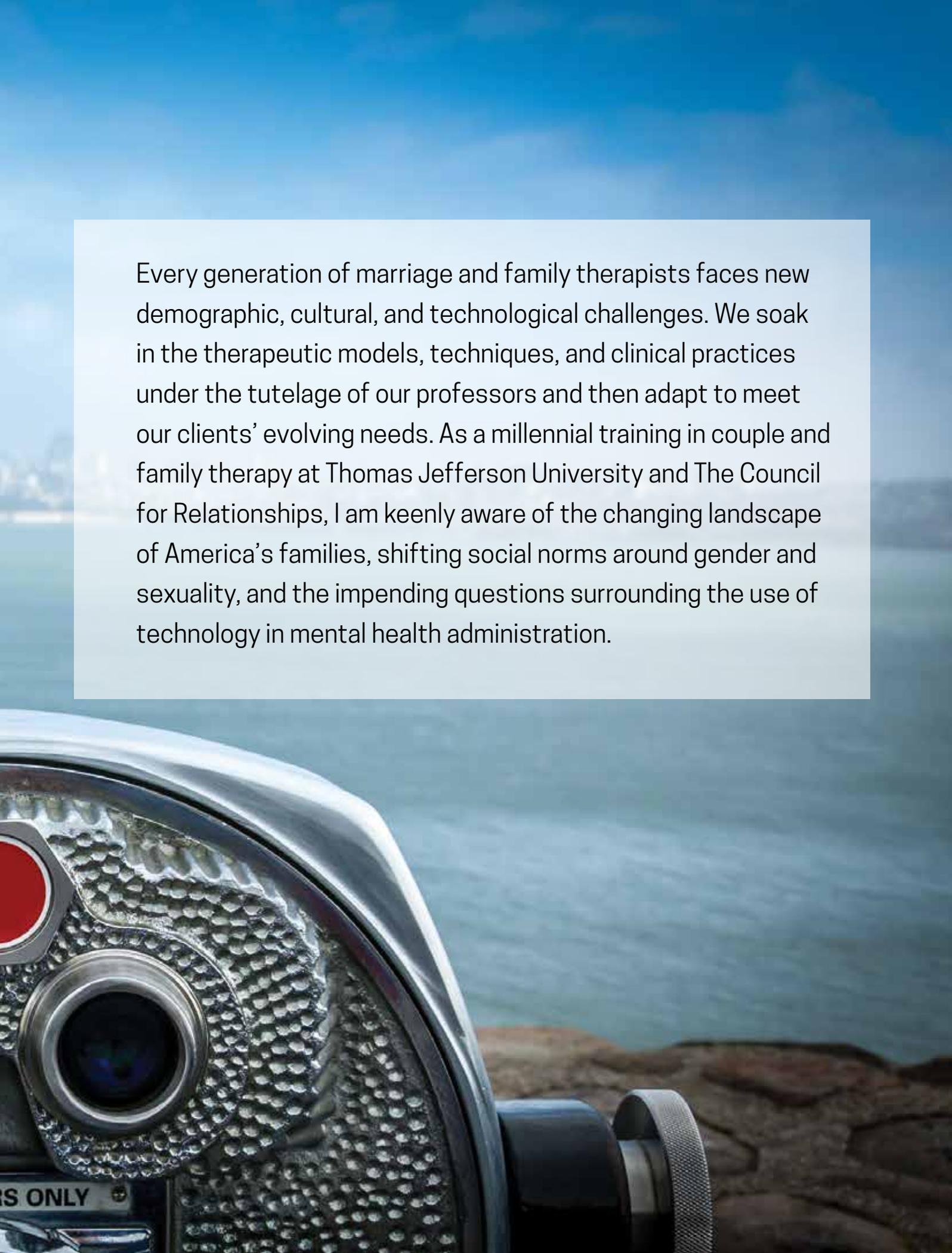
Every generation of marriage and family therapists faces new demographic, cultural, and technological challenges. We soak in the therapeutic models, techniques, and clinical practices under the tutelage of our professors and then adapt to meet our clients' evolving needs. As a millennial training in couple and family therapy at Thomas Jefferson University and The Council for Relationships, I am keenly aware of the changing landscape of America's families, shifting social norms around gender and sexuality, and the impending questions surrounding the use of technology in mental health administration.

Demographic makeup

Since my professors trained as clinicians, norms pertaining to families in America have seen a dramatic shift. Cohn and Caumont (2016) report that today, one in six children lives in a blended family. Two-parent households are on the decline, and men and women in two-parent households are more evenly sharing the burdens of housework and paid labor. More women, a record 40%, serve as the sole or primary breadwinner in their home. What defines adulthood is shifting as well. Millennials, the most educated generation to date, are postponing steps generally characterized as signs of adulthood, like marriage and buying a home, due to educational debt, and many are opting to live with their parents. Fewer adults today are choosing to marry, and the median marital age for individuals my generation is a record 27 for women and 29 for men (Wang & Parker, 2014). Almost a quarter of those adults who have never married currently live with a partner. The older generation is growing as well. According to the Administration on Aging (2014), persons 65 and older now make up 14.5% of the U.S. population and that number is expected to rise to 21.7% by 2040.

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Each of these shifts has implications for the way we conceptualize individual and family developmental processes and how we facilitate each generation's transitions. More families are coping with the challenge of bringing two households together in the hopes of creating a cohesive, blended unit. The timeline and definition of adulthood seem to be moving, leaving millennials to navigate many years living in a sort of limbo state—not fully adults but certainly operating beyond adolescence. Older generations may struggle to understand the millennial generation's challenges. Older family members are navigating the implications of extended life in the context of their role in the family, independence, and social and romantic lives. Parker and Patten (2013) describe baby boomers, trapped between aging parents and struggling millennials, as they make decisions about their career trajectories and juggle multiple roles in their extended families. A Combrinck-Graham-style (1985) family life spiral of three generations in 2017 would likely reveal an altered shape highlighting postponed or altered individual and family life cycle development, while underscoring the tensions that arise as each generation alters its trajectory. These are the issues that we will be asked to address.

Legal changes and shifting norms

Social norms and laws pertaining to sex, marriage, and gender identity have also dramatically shifted in the last 40 years, presenting new challenges to today's training therapists. Consider two periods of dramatic change in the recent past. Between 1965 and 1973, the Supreme Court decriminalized both interracial relations and giving contraceptives to unmarried women, and affirmed women's right to an abortion. In that same time period, the DSM removed homosexuality from its list of mental illnesses. Now, fast-forward 30 years. Between 2003 and 2017, the Supreme Court legalized sex between consenting same-sex adults, overturned Don't Ask Don't Tell, enabling gay and lesbian soldiers to serve openly, legalized gay marriage nationally, and upheld the rights of gay and lesbian adoptive parents. Just as clinicians in the seventies and eighties addressed the implications of legalized miscegenation, contraception, and clinical normalizing of homosexuality, my generation will address families' questions surrounding greater normativity around different gender identities, sexual orientations, sexual practices, and family

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makeup. Perhaps the biggest difference between the two eras is that I grew up watching these decisions debated and discussed in popular forums. Through television and social media, I came of age embracing diversity and acceptance. It is telling that while a professor recently admitted to the conscious effort required to switch to gender-neutral pronouns, my classmates and I regularly work with clients across the sexual spectrum and seamlessly adjust our language to meet their needs.

Technology

Looming large is the question of whether and how technology will impact the way current and future clinicians administer mental healthcare. Indeed, e-therapy already exists—I see and hear advertisements for it on Facebook and whenever I listen to my favorite podcasts. It is no longer a question of whether these changes will occur, but rather of how the newest generation of MFTs will incorporate technology into our practices.

Possible upsides of distance therapy include increased access to rural and difficult-to-reach populations, while also providing a more surreptitious option for individuals whose households or communities stigmatize therapy. Distance therapy also lowers access barriers for low-income communities by eliminating

travel costs. But can a therapeutic alliance truly be built across cyber-space? What is the impact of a poor internet connection on the ability of a client and therapist to interact in a meaningful way? If a client cannot otherwise access mental health services, is this better than nothing? Or does the clinician's inability to observe the client's presentation and read their body language nullify the benefits? Additionally, lawmakers have yet to catch up to the challenges of tele-health, and few methods of video communication are HIPAA protected, raising privacy concerns. And of course, legal issues arise. If a therapist in Chicago talks to a 14-year-old adolescent in Philadelphia about sexual activity, which state's laws should the clinician apply to assess the legality of consent? I do not have the answers to these questions, but they will be answered during my career and I will have to decide where I stand.

In the meantime, technology will continue to integrate itself into clinical practice in new ways. Mindfulness and cognitive behavioral therapy-based apps now exist to help depressed and anxious individuals overcome cognitive distortions and calm their minds. Can our clients, increasingly digital natives, benefit from these additional tools? I think so. Learning to improve, rather than replace, the therapeutic experience will be yet another challenge for clinicians in the coming years.

These societal and technological changes pose new challenges for both students and professors. As students, it is our responsibility to stay abreast of larger trends and shifts and to approach our clinical work through a lens of understanding the larger context. Our professors, in turn, will guide us by building our foundations in systemic theory and helping us apply those models to today's families. As for technology? Whether we like it or not, it may be our generation's job to figure it out.

Sarah Epstein is a master's student in the Couple and Family Therapy program at Thomas Jefferson University and the Council for Relationships in Philadelphia. She is a Student member of AAMFT.

References

Administration on Aging. (2014). *Aging statistics*. Retrieved from https://aoa.acl.gov/Aging_Statistics/Index.aspx.

Cohn, D., & Caumont, A. (2016, March 31). *10 demographic trends that are shaping the U.S. and the world*. Retrieved from http://www.pewresearch.org/fact-tank/2016/03/31/10-demographic-trends-that-are-shaping-the-u-s-and-the-world.

Combrinck-Graham, L. (1985). A developmental model for family systems. *Family Process, 24*(2), 139-150. doi:10.1111/j.1545-5300.1985.00139.x

Parker, K., & Patten, E. (2013, January 29). *The sandwich generation*. Retrieved from http://www.pewsocialtrends.org/2013/01/30/the-sandwich-generation.

Wang, W., & Parker, K. (2014). *Record share of Americans have never married*. Retrieved from http://www.pewsocialtrends.org/2014/09/24/record-share-of-americans-have-never-married.