

H. Charles Fishman

# Couples Therapy:

The Last Frontier

*Treating Troubled Adolescents*



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**H. Charles Fishman**

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## Couples Therapy: The Last Frontier

MAN: Ah, because you would go out tonight . . . if I could only get inside that brain of yours and understand what makes you do these crazy twisted things.

WOMAN: Are you trying to tell me I'm insane.

MAN: That's what I'm trying not to tell myself.

-CHARLES BOYER and INGRID BERGMAN  
in the movie "Gaslight"

NO BOOK on adolescence would be complete without providing some general principles for the treatment of the parental couple. The core conflict that sustains most family difficulties can be traced to a profound split between the mother and father or other dyads that function as parents. It is therefore extremely important for the therapist to become skillful at probing and modifying the dynamics of the couple, the dynamics that are affecting the stability of the family system.

Therapists often have difficulty treating couples. For the previous generation the mystery was sex. The hope was that if we understood sex, marital discord would be ameliorated. Masters and Johnson and other investigators strove successfully to solve the mystery. We now understand the mystery in a clinical sense and have made available certain applications that have proved great breakthroughs for sexually troubled couples. Why, then, do so many of the couples we see still report having a sex life as barren as the moon, not to mention other problems at least as serious? And why do we have so much trouble treating their complementary angst?

One of the major mistakes that family therapists have made is to address the wrong unit. Carl Whitaker (personal communication, Feb. 1982) says that the individual is only a fragment of the family. I suggest that the couple is, indeed, only a fragment of a larger system and that the significant homeostatic forces that are maintaining the couple's dysfunction must be involved in the therapy at the outset. Once these forces are dealt with and a boundary is created, *then* the couple can exist for therapeutic purposes.

In many cases these significant homeostatic forces are the adolescents whose problems bring the family into therapy in the first place. Treating the couple, then, can be looked at as an essential therapeutic stage in working with the adolescents; indeed, it is not too much to say that this step is in many ways the critical determinant of the outcome of therapy. If the therapy does not deal with this pivotal unit, the therapist cannot be sure that the therapy has been successful, even if the presenting problems of the adolescent have abated.

One might think of the therapeutic approach here as a kind of peeling off of layers. Once an appropriate boundary is created between the parental and adolescent subsystems, the adolescent is liberated, no longer involved in stabilizing and maintaining the family's homeostasis. However, often this liberation also means that the couple is rendered extremely unstable. This process will be evident in the case study later in this chapter.

## General Principles

### LOOKING FOR "GASLIGHTING"

In the movie *Gaslight* a man, Charles Boyer, tries to convince his wife, Ingrid Bergman, that she is going insane so that he can have her committed. For example, he secretly turns down the gas jets, and when his wife asks if it is getting dark in the room he responds, "No, dear, it must be your eyes. You are imagining things." This subtle, destructive process continues until the wife is indeed convinced that she is going mad. She no longer trusts her own perceptions that confirm her reality.

"Gaslighting" is this process of allowing one's independent perception of reality to give way to the opinions and definitions provided by someone else.

Gaslighting is a destructive pattern commonly seen in couples. If you assume that a functional couple should have equality, then each member should have the freedom to express themselves and be met with respect. Furthermore, each spouse should be able to be both complementary as well as symmetrical to the other. When one spouse is being gaslighted by the other, a perceptual apparatus is being undermined. That spouse cannot respond in a symmetrical way. That spouse cannot challenge and, thereby, negotiate differences. When this is the case, the system becomes rigid and the marriage, at

the very least, stagnates.

### **ADDRESSING THE COMPLEMENTARY AND SYMMETRICAL PATTERNS**

Working with couples presents a particular challenge for a therapy that looks to perceive dysfunctional interactional patterns and then to change them in the therapy room. When there are three family members one can look for conflict avoidance being diffused by a third party or for coalitions and relative disengagement. But how do we ascertain whether change has, in fact, occurred in couples therapy?

One way of gauging change is provided by Gregory Bateson's concept of symmetrical and complementary sequences. According to Bateson (1979), there are essentially two kinds of behavioral interactive sequences: one is a symmetrical sequence or competition, like a tennis match; the second is a complementary one-up, one-down situation, where one family member nurtures the other or capitulates. What becomes dangerous and pathological in rigid systems is that one pattern or the other becomes fixed and the system moves toward a schismogenesis, a dangerous escalation leading to a breakup of the system.

### **BRINGING ABOUT REDRESS OF GRIEVANCES IN THE ROOM**

Couples therapy needs to involve the redressing of grievances in the room. The couple must be able to forgive each other for the sins of the past. It is a kind of public ritual that will allow them to go on. In cures done with torture victims, the victims always say, "Let me tell you what happened to me." They require witness to their pain, so that it can be acknowledged and a cure can be allowed to happen. This is the essential process of redressing grievances. The systemic issue here is justice. Getting things right and even allows the couple to confess and to forgive and to move on. It is lancing the boil so that healing can occur.

### **UNBALANCING**

In working with couples, the most powerful therapeutic technique is unbalancing—the differential use of the therapist's self to side with and take distance from different spousal members. Unbalancing

creates a powerful experience when one spouse sees the other supported by the therapist. It forces the unfavored spouse to see the other with renewed respect. On the other hand, it renders the supported spouse a different sense of self. Through unbalancing the therapist creates an experience that addresses the customary perceptions and forces reevaluation. In the session to follow, the unbalancing was done by consecutively supporting and distancing from each spouse. In so doing it created a cascading intensity.

### **Clinical Example: Dorothy, Gaslighted for Twenty Years**

#### **ASSESSMENT USING THE FOUR-DIMENSIONAL MODEL**

##### *History*

In this family we are dealing with a typical "adolescent" problem, anorexia, but here the patient is not the child but the mother. Dorothy had been anorexic since college, a period of more than twenty years. The problem had first emerged when her intrusive parents interfered in what Dorothy described as the most important relationship she had had with a young man up to that time. Somehow her father had called the man, making some accusations regarding pregnancy, and the relationship had been terminated.

During the course of the subsequent anorexia Dorothy took huge amounts of laxatives. The laxatives disequibrated her blood chemistry, and at least five times she was rushed to the hospital in a coma. (Interestingly, on these occasions the etiology of her comas was never diagnosed.) At the start of therapy Dorothy was five feet, seven inches tall and weighed seventy pounds. Her husband, Herb, was a successful lawyer. They had two children, Greg, age sixteen, and Jenny, age twelve. This was the first psychotherapy the family had attempted.

Greg and Jenny are both morose youngsters. They felt sad most of the time and inadequate around their peers. They tried spending time with their friends; however, they felt guilty about being away from home. They said that they had great difficulties concentrating at school because they were so worried about what was happening at home, especially with their mother's illness.

### *Development*

There were a number of potentially destabilizing developmental pressures in the system. There were two adolescent children, who were being pulled by their peers and their schools to spend time away from home. Dorothy's parents were in their mid-sixties, retiring, and would have more time to spend at Dorothy's home. This added time with her parents served to exacerbate both already rocky marriages. For Dorothy and Herb these developmental issues created a time of serious middle-age reassessment.

### *Structure*

Both her parents and her children were inappropriately close to Dorothy. In addition, Dorothy and Herb were distant as spouses. Dorothy's parents had a very conflicted relationship. Each of them would frequently go to Dorothy with their complaints about the other. There was also an alliance between Herb and their son.

### *Process*

This was a classic psychosomatic family. There was an extreme amount of enmeshment, conflict avoidance, diffusion of conflict, triadic functioning, rigidity, and overprotectiveness. It cannot be emphasized too strongly that these parents demonstrated all of the disruptive characteristics of the psychosomatic family.

In the course of therapy, I met with this couple, together with the wife's parents, twice. During both sessions I had to struggle not to get pulled into the role of Dorothy's savior. I liked her very much and felt that the system was robbing her of her self. I constantly had to remind myself that Dorothy was playing her part in the psychosomatic drama. Any attempt on my part to become a crusader for Dorothy would only have made things worse for this troubled wife: the family undoubtedly would have scapegoated her more and I would have been less effective as a helper for the entire system.

As I studied this family it became clear that the homeostatic maintainers for Dorothy's condition were all of the significant people in her life: her husband, her children, and her parents. Any time

Dorothy would attempt to challenge the status quo, one of these significant others would disqualify her. For example, her husband would say, "It's all in your mind." When she tried to get outside the system for confirmation—expressing a desire to go to work, for example—her husband or parents would dismiss such notions as impossible.

Successful therapy with this couple depended on the satisfactory completion of other stages of therapy. As noted previously, there were important homeostatic-maintaining influences in the larger context. Dorothy's parents intruded profoundly into her marriage, and her children were also much involved in maintaining the dysfunction. Indeed, each generation intruded into the affairs of the others, and each generation was recruited by the others to stabilize the dysfunctional status quo. What was needed was a therapy of stages. One could deal with the marital couple only when these other intrusive layers had been peeled off. As the outer layers were removed, the couple would be isolated from the larger context and rendered increasingly unstable and therefore open for change.

## **THE THERAPY**

From my assessment of the system I saw that the most dysfunctional dyad—the relationship that was creating the most stress in Dorothy's life—was her relationship with her parents. I therefore began the therapy with two sessions with Dorothy, her husband, and her parents.

### *Therapy with Dorothy and Her Parents*

In our first session Dorothy's father, wearing a plaid jacket, green pants, and an open shirt, had the look of a retired man. Fidgeting, sighing frequently, restless and bored, he fixed his gaze directly on his daughter. Her mother was conservatively dressed, as though for business—a striking contrast to her husband, who seemed dressed for puttering around the house. The seating chosen by the family clearly reflected the structure of the system. Dorothy was sitting much closer to her parents than to her own husband.

Every Sunday throughout their married life Dorothy and Herb had been visited by Dorothy's parents. The parents never said what time they were coming, and Dorothy and Herb never asked. But every Sunday the family waited to eat until the grandparents arrived. In the following sequence I work to

help free Dorothy from patterns of enmeshment in her family of origin.

DR. FISHMAN: What are the reasons that you would like to change things? Are there ways in which you want to change things between you and your parents in terms of your relationship?

DOROTHY: I would like to be able to—I'd like to have my cake and eat it too. I'd like to be able to see you when I want to see you and not see you when I don't want to see you. How do you like that?

MOTHER: Does that happen now? Does that happen now?

DOROTHY: How's that for starters?

MOTHER: Does that happen now?

DOROTHY: No. Do you want to know why?

*(Dorothy was clearly becoming very agitated, and to calm her I went over to her and shook her hand.)*

DOROTHY: Can I do that now? No. Because in my heart I know I won't be the good girl if I don't call and if I don't see you. So therefore, I can't keep perpetuating that behavior.

FATHER: We love Ralph as much as we love you—Ralph doesn't call me on the phone every night. He lives down in New York; he lives his life.

DOROTHY: I would like to be able to see you when I want to see you ...

MOTHER: Good.

DOROTHY: And not see you when I don't want to see you.

MOTHER: Good.

DOROTHY: And not to feel guilty about it.

MOTHER: Good—it would be great.

DOROTHY: And not have to lie about it—or make excuses—I'm going here, I'm going there, I did this, I did that ...

*Feeling she has my help, Dorothy challenges the enmeshment in the system. This challenge, seemingly so simple, has not happened before.*

MOTHER: Okay. Why do I call you on a Sunday and say, "Are you going to be home? Are you doing anything?"

DOROTHY: And I say, "No." Can I just say I don't feel like seeing you today?

MOTHER: Yes, you should just say, "Mother, not today." Why do you have to make up stories like "We're going here, or there, we won't be home."

DOROTHY: Can I just say I don't feel like seeing you today?

MOTHER: Why can't you come out and say, "No, mother"?

DOROTHY: Because that would hurt you.

MOTHER: No it wouldn't!

FATHER: No it wouldn't. Just say, "Look, we have something to do."

DOROTHY: But suppose I don't have anything to do? Sometimes I just don't feel like seeing anybody, that's all.

MOTHER: Say it!

FATHER: Why do you think your mother calls?

MOTHER: Do you think you're putting something over on me—when you do it?

DOROTHY: Yes.

MOTHER: You're not. I always say, "Why make up these stories when I call?"

DOROTHY: Why the hell didn't we talk about this before?

DR. FISHMAN: Why don't you just talk about it now?

MOTHER: That fear to upset you again, that you're not going to eat again. This is why we didn't talk about it, and you know how it would end if we were discussing this at home.

DOROTHY: I don't understand—even with me—why is what I eat of primary importance?

MOTHER: I want you to be nourished.

FATHER: It's your problem.

DR. FISHMAN: It's not a problem—it's a habit.

After this session with the family of origin, disengagement began. Dorothy successfully negotiated for less visiting with her parents, and the hub phenomena were addressed: the enmeshment, the overprotectiveness, the rigidity. What follows is from the second session with Dorothy and her parents.

DR. FISHMAN: Okay, how is everybody?

MOTHER: Good.

FATHER: Good. How've you been?

DR. FISHMAN: Everybody okay?

MOTHER: Great.

DOROTHY: Except for me. They think this is very easy, but it isn't easy for me.

*It is a very tense moment. Dorothy takes on the mantle of being the one who is the patient, thereby diffusing the tension.*

DR. FISHMAN: How come?

DOROTHY: Yes, it's very hard. It's the most difficult thing I've ever done.

*This is important information about the overprotectiveness and the rigidity of this system. Here is a woman who has raised two children to mid-adolescence, and yet the most difficult thing she's ever done is to bring her parents to see a therapist.*

DOROTHY: I found something out that I have not known for twenty years. I had evidently blocked things out in my head and created this lie in my own mind, and I was so shocked last week.

As Dorothy was talking I turned to her husband and asked him to move his chair into the session. I was beginning a low-intensity but essential therapeutic move. I needed to clearly bring him in, in order to pull Dorothy out of this family soup. Dorothy was relating the events of twenty years before, when her parents were involved in breaking up her relationship with a young man. My hunch was that the man involved in that relationship was someone who would have challenged the family rules, and that, of course, could not have been tolerated.

DOROTHY: My father told me he never broke up a romance, that my roommates had called and that there was a pregnant girl at college and he had used me. I never knew that. I believed that I had this wonderful romance that was ended. And I knew it, because Mother said, "You got letters from your roommate and you were there when the phone call came through from them." And I honestly don't remember. There are times in that whole block of time I don't remember. They told me some of the things that I did. I wish I could remember it, but I've tried too hard and I can't. It's like they're talking about somebody else. I've created this lie to myself for twenty years and kept telling myself—and that's what I believe.

DR. FISHMAN: I thought you were going to be talking about Sunday mornings.

*Rather than mucking about in what happened a generation ago, I want to talk about a problem that is current, a pattern that is currently driving Dorothy—and I think the rest of the family—crazy.*

DOROTHY (*pointing to her parents*): They just haven't been there.

FATHER (*laughing*): If you feel that way about it, the hell with you.

*Although the father offers his response as a joke, his reaction speaks to the rigidity of the system: if you are unhappy*

*with the pattern, then you will be banished, "the hell with you."*

FATHER: We were invited to our son's house. We figured we'd better leave them [Dorothy and her family] alone.

MOTHER: Leave them alone, when they're ready I'm sure they'll call and tell us when to come up.

FATHER: I miss my grandchildren. I don't want to give them a guilt complex or anything, but I miss my grandchildren.

Grandfather pulls out the big guns.

DOROTHY: You can come up.

FATHER: It's okay ...

DR. FISHMAN: No, go ahead, go ahead. You miss your grandchildren a lot.

FATHER: Oh, I see them. They miss me more than I miss them by now.

DR. FISHMAN: It must be really hard on you.

FATHER: No, not really, because we went down to the club and played in the sun and swam for the afternoon. We didn't suffer that much.

DR. FISHMAN: What do you do for Sunday breakfast?

FATHER: I never ate Sunday breakfast at their house (*laughing and pointing at Herb*). I wouldn't steal any of his eggs.

*There is a kind of competition between Dorothy's father and her husband. Her father may not want to "steal" Herb's food, but Herb has already stolen something from him: his daughter.*

MOTHER: We never came for breakfast. Oh, no, he gets up and does a whole day's work before that. We just don't live like most people. We get up and we work very hard from the minute we get up. And our schedule is kind of different from most people's. We just are very active people, and we just keep doing and doing—and stop when we're ready.

DR. FISHMAN: Well, that's fine. But go ahead, talk more about what you miss about the Sundays.

MOTHER (*to Dorothy*): You said that we came at 12:30 instead of 2:00. And you cut your finger because we came at 12:30.

DOROTHY: Okay, I'll tell you why, because I know he (*indicating Herb*) gets aggravated. I know that it bothers him and so, as a result, I'm like that. Because I don't want you to know that he's annoyed, so that I try to...

*Here we see the tragedy of this woman's life for all these years. She is caught between her husband and her parents; she is the wishbone torn between them. When her parents surprised her by coming early, Dorothy had a psychosomatic response and cut her finger.*

MOTHER: And like I said—come out with it, "Come up at 2:00," or whatever. I call you every time before we come up.

Every Sunday I say, "Are you going to be home?" I think that's probably one of the smaller things.

*By calling it a "small thing," the mother is attempting to avoid conflict. For Dorothy to be entrapped with her family every Sunday is hardly a small thing. This is an issue on which Dorothy should hold her ground until it is resolved.*

DR. FISHMAN: Don't diminish it. Hold your ground.

HERB: When we go back over things—Dorothy used to get uptight and get all excited—you know, when the kids were little. "Fine—come in, wake them up so you can see them before you go home"—you know, little things like that. The only thing that bothered me was when the kids started screaming, not his coming in and looking at them. Then the baby was up all night, but he wanted to see them.

*This is extraordinary conflict avoidance. Grandfather would get the kids so excited that they would be up all night, and no one would say, "Stop it, we have certain boundaries around our family." What bothered Herb was the kids' screaming, not that the grandfather came in and got them overexcited.*

DOROTHY: But then again he [Herb] doesn't object to a whole lot, ever. I mean, he does not object to much at all.

HERB: It upset her and got her all excited, and then it got me mad or aggravated, because I had to live with her.

DOROTHY: I was getting excited about things that maybe I was imagining. Maybe they weren't real things to get upset about.

*Dorothy is describing the process of gaslighting. She would get upset and the system would tell her, "It's all in your mind."*

DR. FISHMAN: Like what, what are some things? You mean like the Sundays?

DOROTHY: I've been unhappy about too many things, and maybe that's my problem. Maybe that was something within me, that I shouldn't have been so jumpy and so aggravated and hostile. See, I wouldn't take any kind of advice or any type of suggestion. I had to do everything my own way.

DR. FISHMAN: Oh, that's not what I'm hearing. I'm hearing that you're a person who accommodates to people all the time.

DOROTHY: Yeah, I guess I do.

At my challenge to Dorothy's perception that she always gets her own way, there was a pause. It was almost as though a shiver went through the system. I continued to point up their conflict avoidance. When had they had a conflict—this week? This month? This year? Last year?

DOROTHY: Just when I thought Pop would come around and say, "You're getting terribly skinny," and I would get so hostile. I mean, it was just like my head would go berserk. I would be so inflamed and aggravated when he would say, "You have to start taking care of yourself, you're getting too skinny," or something to that effect. I would just get so mad, I would just be able to feel I was so mad. Then one time I did yell.

DR. FISHMAN: Why don't you talk together about areas that you, Dorothy, have avoided.

DOROTHY: It's very hard for me to talk that way to anybody.

DR. FISHMAN: Try it now, because it's important.

DOROTHY: It doesn't come easy for me.

DR. FISHMAN: That's okay. Nothing important comes easy for people. See, one characteristic of your family, it seems to me, is that everybody is a conflict avoider.

DOROTHY: Ignore it and it will go away.

DR. FISHMAN: Everybody seems to thrive on it.

DOROTHY: What happens when you avoid conflict all the time?

DR. FISHMAN: Things don't change, and to the extent that things don't change you focus on not eating, on the anorexia.

MOTHER: For years I've been aware not to upset you in any way. You're trying to think of some conflict that we had. I've been aware of trying to avoid conflict.

### *Therapy with the Children*

The second stage of therapy was with Dorothy, Herb, and the children. In order to work with the internal dynamics of the marriage we needed to get the other dysfunctional relationships that were disequilibrating the couple in order.

It became clear very early on that the children were living a life of fear, the fear that their mother would go into a coma again and that they would not be there to rush her to the hospital. One or the other of the children was always with her, quietly observing her. This preoccupation and the ensuing isolation from peers inevitably stunted the children's development.

Working to free these children from their mother could only be done with the help of the father. He had to be there as co-therapist as the mother and children distanced, not only to support his wife but to provide comfort to the children so that they could get to work on their own developmental needs.

At the first session with the children, Dorothy had many nervous mannerisms and sat very uncomfortably in her chair, as though it were too hard. Her husband, who in contrast to her painful

thinness had a small pot belly, was dressed very conservatively. Greg and Jenny were striking in appearance in that both were dressed much older than their stated years and were not wearing any of the trendy, stylish clothes of the adolescent.

DR. FISHMAN: You're there to keep an eye on your mom.

JENNY: To keep her company.

DOROTHY: I didn't know that.

JENNY: You know I always ask you, "Do you want me to keep you company?"

DOROTHY: I always tell you, "No—go. I don't want any company."

DR. FISHMAN (*to Jenny*): But you know she doesn't really mean it.

DOROTHY: But I do mean it.

JENNY: I know. I don't want you to be alone ...

DOROTHY: No, I really do mean it. You don't understand that that doesn't bother me at all. I'd rather see you with your friends. I keep telling you, Jenny, I'd always rather see you with your friends.

JENNY: Well, I don't always want to be with my friends. Sometimes I just feel like staying home.

DOROTHY: As long as you feel like staying home just to stay home because you feel like it, not so...

JENNY: I didn't feel like going anywhere. I felt like staying home.

DR. FISHMAN: Really, she needs you there to take care of her, doesn't she?

JENNY: Yeah.

DOROTHY: No, I don't.

GREG: I always feel guilty about the time she got real sick and I was out—the first time.

JENNY: I was there.

GREG: You were there and I wasn't.

DOROTHY (*excited*): You feel guilty about that?

GREG: Yes, because Jenny was there and I wasn't, and you got really sick.

JENNY: I didn't know what to do.

DR. FISHMAN: So one of the two of you is always there.

JENNY: Uh-huh.

GREG: Chances are if you came to our house at any time one of us would be there.

JENNY: Or both of us.

DR. FISHMAN (*to Jenny*): How old are you?

JENNY: Twelve.

DR. FISHMAN Twelve. (*To Greg*) And you're sixteen?

JENNY: Like, I walked through the door from school, and I see Mom on the sofa screaming her lungs out. She says, "Call Mrs. Brown. Get her over here." I called her up and all. If I wasn't home, I don't know what she would have done.

GREG: She couldn't get up or anything.

JENNY: She couldn't move.

GREG: If one of us wasn't there you might have died.

DOROTHY: Oh, no. But that happened so long ago. I made you a promise when I was in here—I said that'll never happen again ...

DR. FISHMAN You don't believe it, do you?

DOROTHY: They don't, and they have no reason to believe it yet.

DR. FISHMAN You see that—your mother just disqualified you.

JENNY: I believe it.

In order to create increased intensity I utilize the youngsters' report on their mother's eating to highlight the absurdity of their task.

DOROTHY: I can tell you—all I have to do is eat and it doesn't happen, Jenny.

GREG: Did you eat today?

DOROTHY: Yes, I ate today.

JENNY: Yes, she did, I was there.

DR. FISHMAN: Did you feed her?

JENNY: No, no.

GREG: But we were there to watch.

JENNY: I mean there's always someone.

DR. FISHMAN: Were you assigned to her?

GREG: No, I wasn't.

JENNY: I was.

GREG: I didn't get up in time to see you eat breakfast.

DOROTHY: And Herb watched when we were on vacation. I did a lot better. I have a lot of room for improvement.

I was creating a crisis around the hub phenomena—the children's overprotectiveness and the enmeshment, the inappropriate and diffuse boundaries between the generations that gave the children the responsibility for rescuing their mother, who had a child's symptoms. Another characteristic now apparent was the rigidity of the system. Dorothy had an all or nothing response to being upset. In effect she was saying, "If you upset me, I will kill myself; it's either my way or nothing." Instead of expressing her anger verbally, Dorothy manifested a life-and-death symptom, her laxative abuse. Almost all of her episodes of coma were secondary to conflict, especially conflict with her own parents.

The therapeutic technique I used with Dorothy was unbalancing. From earlier sessions it became apparent to me that I had become quite important to Dorothy. My presence in the therapy room had enabled her to challenge her parents for what appeared to be the first time in many years. In the course of this session with the children I distanced myself from her and challenged her. This mild unbalancing was extremely important, especially in view of the notion that people change for their therapist, particularly in the early stages of therapy. My sense was that Dorothy would change in order to reestablish proximity with me. (This hypothesis was borne out the following week, when the family came in without the children. I congratulated the father for having managed it, but Dorothy interjected that he had nothing to do with it; she was the one who got the youngsters out.)

The session was aimed at breaking the enmeshment. I was searching for a concrete parameter that would embody all of the patterns. If the therapy got the children out of the house, relieving them of their

nursemaid role, we would have a sense that it had been at least partially successful. If, however, the work with the couple that followed was not successful, the enmeshed structure that exploited the children would reappear.

If I had tried in this next segment just to bring the mother to cognitive awareness of her relationship to the children, there might have been insight but no concrete demonstration of restructuring. For truly brief therapy, pivotal structural pattern had to change. The only way to have true structured change was to have the husband pull; it was not enough for the wife just to push. By bringing in Herb as co-therapist there would be a natural force in the system encouraging Dorothy to let go of her parents. His pulling would intimate, "I'll be there for you." Finally, after all these years, her husband, who had been like a brother, a nonchallenger of the system, could work to get the son and daughter out. This was a parental task. To underline the enormity of the inappropriateness of their role, I highlighted the waste of adolescent opportunity for growth.

DR. FISHMAN: So, Jenny, how much time a week do you spend?

JENNY: I might say—a lot—fair—three quarters of the time.

DR. FISHMAN: Three quarters. If you get a chance, do you go out with your girlfriends?

JENNY: Oh, yeah.

DR. FISHMAN: Yes, how much?

JENNY: Whenever I want.

DR. FISHMAN: How much is that?

JENNY (*to Dorothy*): How much?

DOROTHY: It's however much *you* want. In other words, it's always a choice.

*Dorothy is about to derail the purpose of my query, so I turn back.*

DR. FISHMAN: So you can't even remember, you have to ask your mother. When was the last time you went out with a girlfriend?

JENNY: Out? Like out somewhere?

DR. FISHMAN: Went to the mall? I mean, twelve-year-old girls like to go to the mall.

DOROTHY: Were you at Bonnie's yesterday?

JENNY: Yeah.

DR. FISHMAN: Who was home with your mother?

JENNY AND DOROTHY: Dad.

FATHER: And her mother and father.

DOROTHY (*laughing*): That's another story.

DR. FISHMAN: What can you do for these kids to stop this? Because this is all upside down.

DOROTHY: I would like to know how I can get them out of the house. I really mean that. I don't want to get rid of them, but I want them out.

HERB: If you would have something to eat.

DR. FISHMAN: No, the question now is how to get the kids out of the house. You have tried for twenty years to get Dorothy to eat, don't try it here.

The redirecting of the family forces shown in the stark triangle is of pivotal importance. As long as the husband is busy watching his wife. He will not fulfill his parental function, which is to pluck the adolescents away from her. Of significance here is the diagnostic verity that it would be easier to help them fly from her than to make her eat. We must change not the name of her problem, the eating disorder, but instead the troubled context that keeps her from eating: her distant husband, her intrusive parents, and her overly helpful children.

HERB: Yeah, but isn't that why the kids won't leave the house?

DR. FISHMAN: No. The kids are in the house because there is somehow an inappropriate job in your house.

HERB: Well, they're not in any trouble. (*He laughs.*)

*To the father, the children are not in any trouble because they do not make any disturbance.*

In this conflict-avoiding family the children do not seem to be in trouble because there is no expression of conflict. They appear difficult to diagnose in that there are few overt signs. But adolescents in this type of existential situation may be destined to become very troubled young adults. An adolescent with no ostensibly defined syndrome can still be heading toward trouble. The preventive task is to

analyze their situation and discover whether they are on too short a leash, too curtailed to move on to the next developmental stage. The contextualist, by looking at the way people relate to their immediate context, is less likely to miss adolescents who seem symptom-free but are in the process of becoming problematic young adults. It is important to diagnose not just the adolescent but also circumstances surrounding the adolescent.

DR. FISHMAN: Yes, they are, because they are missing a lot of important experiences in adolescence that will help them to grow up. There are important types of growth experiences, like the times a twelve-year-old girl has with her girlfriends, that they are not having. Instead you have a couple of practical nurses (*pointing to the children*).

DOROTHY (*to the children*): I think inside you are both kind of—you know, pooh-poohing this whole idea. You're saying I really do like this.

DR. FISHMAN: Dorothy, I don't want you to handle it. In other words, they don't have to agree because they both think that you are absolutely irresponsible.

DOROTHY: I know that.

DR. FISHMAN: So how can you make it so that they stop being your mother and father? When we started therapy we had your mother and father come in. I think I might have had the wrong ones. This is your father (*pointing to the son*) and this is your mother (*pointing to the daughter*).

DOROTHY: How can I get them to stop doing this? By not being an adolescent myself. By taking some control over my life.

DR. FISHMAN: Umm. But that's probably unlikely, though.

DOROTHY: You know, I tried last year and I pooped out. But not in that respect. I tried to go to work, and it wasn't fitting in with everybody's schedule, and it just kind of faded by and I...

DR. FISHMAN: I don't want to know about that. Do something with the kids right now. Because they shouldn't be there to be your mother and father. It's just not right. Do you agree with me?

DOROTHY: Yes, but I just don't know what to do.

DR. FISHMAN (*to Herb*): Because right now your family is upside down. The kids are mothering Mother, and I don't see Dorothy as changing it. I don't think she wants to. I think she likes having the kids like this.

DOROTHY: I don't like to.

DR. FISHMAN: Otherwise she wouldn't do it. (*To Herb*): So I'm gonna look to you to change it. You are the only one who can.

HERB: Yeah, but I don't know how to arrange that.

DR. FISHMAN: I don't know either, but I think you need to because Dorothy says all the time, "Well you know, I'm just a poor, poor wet noodle and I can't be responsible," and you're a man of the world. So, in other words it's you who needs to change that. I'm certain of that.

HERB (*shrugging and laughing*): Well, I guess I'll have to take the kids out of the house myself.

DR. FISHMAN: All right, or order them out. I see it as real serious, and I see Dorothy as absolutely not motivated to change it. I mean she talks about eating as if it's the second coming, and it isn't, all she has to do is eat. And so she's not motivated at all. You're the only one who is. Your kids are bright kids and really nice kids, but they don't have the maturity of judgment. So you're the only one who can. I mean, I'm telling it to you as straight as I can.

HERB: Yeah, I'm hearing you but I'm trying to think about what I can do about it.

DR. FISHMAN: You are captain of the ship.

DOROTHY: Can I ask a question?

DR. FISHMAN: No, I'd rather not.

*I engage Herb directly, trying to increase his participation by using an image of leadership that has been painfully missing. One would think that Dorothy wants this, but instead she activates to interfere and to try to arrest the participation. I resist the intrusion and pull him out.*

DOROTHY: Okay.

DR. FISHMAN: You're the captain of the ship. (*Herb is nodding in agreement.*) It really needs to change, and Dorothy isn't going to budge. And the kids are too concerned in this crazy, upside-down family.

HERB: Well, we're gonna have to start thinking about ways to alter that relationship.

DR. FISHMAN: Don't start thinking about it. Do something. Maybe you want to talk to Dorothy about it, whatever—but I think it should change as of today. Go ahead, what are you going to do? Because it really needs to be done.

*Once the father has accepted the role of captain I insist that change begin immediately. As he begins to demand change, the family's resistance can be observed.*

HERB: Well, Jenny, you're going one place or the other, right?

JENNY: To Shirley's, if I'm invited.

HERB: Well, we'll get you invited. Okay, that takes care of Jenny.

DR. FISHMAN: For how long?

JENNY: For a week.

HERB: We can't palm her off for more than a week.

DR. FISHMAN: Okay. But what happens when she comes home? I mean, you can't send her to join the Foreign Legion. You're going to have to do something.

JENNY: I don't want to go anywhere.

DR. FISHMAN: See that, she doesn't want to go anywhere. She doesn't have the judgment to know that she's mustn't stay home and be her mother's mother.

JENNY: But, I want to be—because we have a pool. I mean, why would I want to leave? We have everything I need at home.

HERB: Yeah, but you'd like to spend a few days with Shirley, wouldn't you?

JENNY: Uh-huh.

FATHER: Yeah, well, that will work out.

DR. FISHMAN: All right, well, that's a start. How about him (*pointing to Greg*)?

DOROTHY: Greg has been home very little this summer. I'm going to be honest, he really has been going out.

DR. FISHMAN: See what's gonna happen?

HERB: He's going to take over for me.

DR. FISHMAN: See, you're reading me. We're on the same wave length.

*Family participants routinely perceive the phenomena around them in structural terms. The family therapist seldom has to work hard at imbuing in them a sense of structure. This father immediately sees, "He's going take over for me."*

I have managed to keep the father responding to me as the diagnostician and fixer of his own family. The techniques used to increase the father's participation and centrality were beginning to pay off. He was obviously observing his family acutely and diagnosing correctly the possible shift in forces. He saw that unless he moved, the children would take over for him.

In the sequence that follows the family resists change as the youngsters continue to participate in their mother's eating problem. I work to erode the established pattern.

DR. FISHMAN (*to Greg*): But you're home for every meal, aren't you? You're watching your mother.

GREG: Not for every meal. For dinner, Dad's at home.

DR. FISHMAN: Watching your Mom eat?

JENNY (*interjecting*): And breakfast.

GREG: You watch every one of her bites?

JENNY: No, but I see how much she takes all the time.

JENNY: Yeah, I do.

DOROTHY: Would they stop watching if I ate more?

DR. FISHMAN: You'd better ask them, I don't know.

DOROTHY (*to Greg*): Let me ask you this.

GREG: If you ate and you were perfectly normal, I don't think I'd care.

DOROTHY: Would you feel better about leaving? If I ate more? Not if I ate more—if I weighed fifteen pounds more?

GREG: Twenty.

JENNY: I don't know. You're bleeding (*pointing to her mother's arm*).

DR. FISHMAN: Look at how they watch you. He says "Twenty," and she says "You're bleeding."

JENNY: Well, look at her arm.

DR. FISHMAN (*to Herb*): Did you see that? The way she says "You're bleeding," as though her mother were not competent enough to know that her own body is bleeding?

*I am using every opportunity to magnify the youngsters' toxic enmeshment.*

HERB: I swear to God. She doesn't even know when she's bleeding.

GREG: She never knows when she's hurt.

DR. FISHMAN (*to Herb*): And this has got to change. You see, they play this game. She says, "If I gain a few pounds," and they say, "Please gain a few pounds." And this has gone around for years already.

*To end the session I intensify the message to the father that he must take control and challenge the mother to change.*

HERB: It has gotten worse and she has gotten thinner.

DOROTHY: I want to stop it.

DR. FISHMAN: She says she wants to stop it, but don't believe it for a minute. These are nice kids.

DOROTHY: I want to stop it.

JENNY: No, you don't.

DOROTHY: Yes I *do*, I really do!

DR. FISHMAN: You're the one who's got to change it. I think you just have to do it by fiat. (*to Herb*): You just have to take control.

By working with the children in this way I was working to free them. If the father acted as an umbrella, shielding the youngsters, then they could get to work on their own development. I did not feel at this point that they had had significant developmental lacunae.

### *Therapy with the Couple*

Once the other forces destabilizing the system had been peeled away the couple became a true therapeutic entity, and we could now work on that unit. One week after the session with the children I had a session with Dorothy and Herb alone; its effects could be seen in a dramatic episode that followed. After this session Dorothy had another bout of electrolyte imbalance and was rushed to the hospital. When Herb went to see her he did not act guilty and sympathetic. On the contrary, he felt furious with his wife and threatened to leave. I believe that this couple had come away from their therapy session with a new template for handling severe problems: direct confrontation. Once his wife had directly confronted him, Herb felt that he could hit back when struck. He no longer owed anything, and so he could threaten to leave. Out of this dramatic antihomoeostatic episode came the final movement toward health. Indeed, this was the last such episode on Dorothy's part of gorging herself on laxatives.

The session begins with the couple's reversion to their old pattern of gaslighting. I decide to call them on it.

DR. FISHMAN: No, it's not. He just did it to you again. There goes the gaslight.

HERB: What? "It's all in your mind?"

DR. FISHMAN: Yes, by saying, "It's all in your mind."

DOROTHY: But it isn't in my mind.

DR. FISHMAN (*to Dorothy*): You see what you did? You accepted it.

DOROTHY: I know. I know.

DR. FISHMAN: Change him. The question is, can you be you? Can you be you—a full, robust person?

DOROTHY: You know, unfortunately, that's what I basically was.

DR. FISHMAN: Can you be a full person and have him love you?

In this family there was a fixed complementary pattern—Dorothy being sick and Herb responding—that stabilized the system. In the functional family, however, both the complementary (nurturing, reciprocal) behaviors and the symmetrical (competitive, challenging) behaviors need to be present. The goal of the session was to work with the couple until the missing pattern, symmetry, emerged. This session would end when Dorothy was able to challenge her husband and her husband was able to challenge back.

DOROTHY (*to Herb*): You know, when I did this, I told you what I was doing. I made a conscious decision at that time to get thin like this. I knew I could do it. And I knew that that would be really a way of turning myself off from you. And I told you at the time. And you said, "You don't need it." And I said, "Yes, I do." I really had to. You never paid any attention to me. You really never did.

HERB: Well, if you die, I can't pay attention to you either.

DOROTHY: But you pay attention to me when I'm sick. You were so busy, so busy with your job and your house, and you never talked about us. There was always, "Did you get the cement block? Did you order the bricks? ... It was the house, the house, the house. "Did you go to the antique course today?" So that I could learn more to be what you wanted me to be. And I couldn't function. Because I needed you and you were never really there. You were never really there—ever.

HERB: Well, I guess that is my fault.

DOROTHY: So I decided, who needs it. Rather than stay the way I was and go to somebody else, I told you what I was doing, I said I really wanted to keep this marriage, because I want the children and I want to be a good mother. And that's what I want more than needing somebody. But I think that I fight getting out of it, because I'm afraid there won't be anything there when I come out. And what do I do then? I mean, what happens if I come out of all this and get better and there's nothing there any more?

*This is Dorothy's existential dilemma, her mid-life assessment of her situation. It took quite some courage for Dorothy to get better.*

HERB: Anybody that has gone through all this crap would have left you long ago (*he laughs*).

DOROTHY: But maybe there's nothing there anymore. Maybe you're going to stay, but maybe there won't be anything left of us any more. Of course you will stay. It's too convenient to leave. Who else is going to be as good a cook? And who else is going to iron all those shirts real nice, and make sure the collars are starched? You come home at 7:00, you go to sleep at 9:00. But I never tell you anything about it. You say, "Do you mind if I close my eyes?" No, I don't mind if you close your eyes. At one time I told you I was going to drink too much because then at least I would go to sleep. I couldn't even do that. Because that was doing something. I can only deprive myself.

DR. FISHMAN: I see Herb as very committed to this relationship.

DOROTHY: He really is.

DR. FISHMAN: Don't speak for him—because it's not fair. He needs to speak for himself. *(To Herb:)* I see you as very committed to Dorothy. But somehow Dorothy doesn't hear it. So what can you do to help? Do you feel committed to her?

HERB: Yes, very much so. I think she knows that. We wouldn't be here if...

DR. FISHMAN: Herb, she doesn't know that. Because she just said she doesn't. Tell her.

HERB *(to Dorothy):* Why the hell do you think we're here? Why do you think I leave work every time to come here? Do you think it's because I want you to pour your soul out in front of the TV cameras? It would have been much easier to go and get a new wife. Dorothy, you know that I try to do everything for you that I can. Not everything, but I try to do what I think will make you comfortable.

The individuals in a system must be addressed as free agents who can dismantle or renew the system of which they are a part. In order to understand human systems we must speak to the issue of the freedom *not* to be a member of the system. At this point the couple is facing the fundamental issues of commitment and making choices. They have to recontract as free agents and the therapist must address them as two people who must be tapped as individuals in terms of commitment. At this moment I feel a little bit like a clergyman. I might as well be asking Herb, "Do you take this woman?" for I am asking this man if he is committed. That is an essential question in couples therapy.

DOROTHY: Do you know what I think?

HERB: What?

DOROTHY: I have said this before, too. I think you want to get me better because you have no idea of what is going to happen. You have forgotten what I am going to be like if I get better. And it's too comfortable for you. It is much easier to keep the wife and keep me from dying, or whatever. But have me because I'm used to you. I don't think you'd ever be able to break somebody else in. Because I don't think you would ever, at this point, ever be able to bamboozle what is young now. They're too smart. They really are.

A level of analysis is missing. While I have obtained a fairly honest, candid response, an expression of commitment from Herb, the system's inertia leads to redundantly seeing everything as the same. Dorothy sees her husband's movement as just one more step to hold her because he is afraid to branch out and get another wife. Of course, there is an element of truth in this. But part of the stagnation in this system is that new behavior is not recognized. He will have to fight more strongly to convey to her that he

is committed.

HERB: Dorothy, you're trying to rationalize why you shouldn't get better.

DOROTHY: No, I am not.

DR. FISHMAN: Can you reassure Dorothy that you want a strong wife? That you want a wife who will be there for you? That you want a wife who's a real person, and not a skeleton?

HERB: Oh, I've tried to tell her that many times, but ...

DR. FISHMAN: Well, tell her again now. Because I see you as competent. And I can't imagine a competent guy who would want a wife who is a waif, someone who's going to blow away. Or am I wrong?

HERB: No, you're right.

DR. FISHMAN: Then tell her. And make her hear you, because she doesn't hear you.

HERB: Dorothy, I don't want a wife who is going to blow away. Whatever blows her away—the wind, or the next plague that comes through.

DOROTHY: Okay. But will you want me the way I am going to come out of this? Are you really going to be happy with what comes out? Because I don't think you will be. And that's why I am not convinced.

If therapy with ossified, rigid systems such as this one is to be effective, there must be a moment like this, orchestrated by the therapist. The couple must be brought to a rewriting of the fundamental rules of the relationship and a revising of their contract. This is not a charade. The therapy has permitted strangers to enter into a new way of bonding, and these two people have revised the nature of their tie. At this moment they are individuals in the process of recontracting. If the process is real, the individuals will show honest reluctance, and the reluctance will indicate that it is not a guaranteed, sure thing.

Another metaphor suggested here is that of birth, of something new emerging. When systems therapy hits a crossroad like this the participants will begin talking about transformation and the birth of new identities. The process makes clear that choices will have to be made, because the transformation of the participants cannot be totally anticipated and requires a new contract.

DOROTHY: And I think I need more of an investment of you. I really do.

HERB: I give you sympathy when I—when I—correct you—or whatever I'm supposed to be doing.

DOROTHY: But I'm not a child. I don't correct you. Why would you correct me? You are you, why would I correct you?

HERB: Well, I used the wrong word.

A key moment of misapprehension has been revealed. The participants have entered into a kind of parent-to-child model which is inappropriate to a marriage. In the fixed system of this family Dorothy is the child: she is one-down. The goal of the therapy is for the system to be sufficiently flexible so that they can mother and father each other as well as challenge.

HERB: If you want to call it criticism. Two people can't live together, I don't think, without having something critical to say about one another every now and then.

DOROTHY: I don't mind if it is on a personal level, between us. Just don't criticize me in front of the kids. Just don't do that. It is going to be hard. And I don't think you can undo it now. The pattern has been so established.

DR. FISHMAN: You can undo it if you stop.

*This is an important notion about family history. This history is to some extent recursively connected to the present. On the basis of the present context, each person will screen history differently and select different things as germane.*

DOROTHY: All right, you can stop it—you can stop it. But what's there is there. Now, somehow, I've got to get back Gregory's respect.

DR. FISHMAN: You'll do that. But you didn't get his (*indicating Herb*).

HERB: You got mine, Dorothy. I have respect for you.

DOROTHY: If you did, you wouldn't do that.

HERB: No. If I didn't, I wouldn't do it. Why would I want to see you make a fool out of yourself when you're doing something irrational?

DR. FISHMAN: Dorothy, Herb didn't agree.

HERB: No. I agree. I would like you to get your strong personality back, and be independent, and have Gregory respect you, and everybody else in the world respect you.

DOROTHY: I can't do that unless I have your help. You, Herb, have to express some respect for me.

*In terms of the multi-faceted self and of reality confirmed by significant others Dorothy cannot be strong and respect herself unless she has a context that respects her.*

HERB: I will stop.

DOROTHY: In front of the children—that's the big thing. Not just remain neutral, because you're big at remaining neutral on everything.

HERB: Well, I will step in and stick up for you when I think you're right. When I think you're wrong, I'll ignore it.

DOROTHY: Every once in a while I may have a good idea. What's wrong with saying, "Your mother had a great idea"? My great idea this year consisted of "Let's go to Bear World." That was my big, good idea.

HERB: It rained.

DOROTHY: I mean—I really come up with some terrific ones.

The couple was revealing the skewed pattern in which they lived, a pattern in which he was always up and she was always down. Dorothy was disclosing the areas where she was devalued—specifically, her intellectual prowess. With the therapist's support she remembered how Herb always picked up on her most silly and infantile ideas, selectively shutting out her moments of substantial and creative thought. Throughout this session I chiseled away, working discretely on the process of identifying the moments when Dorothy was being gaslighted and when she was contributing to putting herself down. This is a process that cannot be rushed; one must watch for moments of entrapment and identify them right then and there.

One of the most fortunate developments in in-depth family therapy is that it is possible, through extreme disruption of fundamental homeostatic maintainers, to release people not only to change but to change their reason for changing. One such sequence takes place in the next segment. Dorothy recognizes that she will change, but not for her children's sake or even for her husband's sake. The change will be strictly for herself. With this kind of development one realizes that the disruption of the homeostatic maintainer has been complete. This couple is really to the point of reformulating and renegotiating the contract. The gaslighting has been dismantled completely, and what emerges is two individuals, each contemplating a relationship with the other. At this point they are no longer systematized.

The therapist is keenly aware when the system has been rendered asystemic and does not rush to allow the couple to regain security and to resystematize, to become a unit again. If that happens the session is likely to end with the relationship in a continuing dilemma. I guarantee nothing and make it quite clear that I am not interested in having them settle down. She finishes and he finishes, and I deliberately try to control the scenario so that when they exit they are an unresolved chord.

Previously, in order to preserve the system, this couple had to accommodate. What I try to do is make the accommodation itself be at stake. I am not about to try to end this session on a happy note. My

emphasis is on exiting very fast. It is the nature of the play that is at stake, and these two people do not even know if they want to be in this play together. The goal of good therapy should be to increase the family members' recognition of the freedom they have to enter or leave the play. This amounts to resisting a homeostatic retrieval. If the couple wants to go back and latch onto another way of being a unit, the therapist should block it. The idea is to disengage them as parts of a system and leave them as people who have to negotiate a new way of integrating.

DR. FISHMAN: Now you're putting yourself down. You are inviting your husband to disrespect you.

DOROTHY: Why do I do that?

DR. FISHMAN: I don't know why. After you are better you can find out why.

DOROTHY: But I need to stop that.

DR. FISHMAN: Of course you do. You're inviting him to disrespect you.

HERB: And you do the same thing with the kids.

DR. FISHMAN: You take great care of this family. You are a very productive person. The question is, will your husband take you, not only in sickness ...

HERB: But in health. I will take you well and in health this time.

DOROTHY: Okay. But up until now I've been afraid to take the chance. I don't want to risk that. Do you want to know why I don't want to risk that?

*(Herb laughs.)*

DR. FISHMAN: He's daring you. He is saying that you are not really going to change.

DOROTHY: He said, "I've seen it before."

DR. FISHMAN: I think you are going to change.

HERB: Well, I'm waiting.

DOROTHY: Do you know what I really want to say to you? I am going to change. Whether you wind up in the picture or not.

HERB: Well, that is what I like to hear.

DOROTHY: I am not quite ready to do that. I can't really bring myself to that thinking. But right now that is what I want to do.

DR. FISHMAN: You know you need to.

Dorothy is now able to really challenge her husband and he is able to challenge her back. This is the emergence of a new pattern. Now my aim is to increase the intensity, to push it above the homeostatic threshold.

DOROTHY: I can't support myself and the kids, not the way those children are used to being supported. I can't ever provide a life style for them like that, so the thought really panics me. But I have to say to you that if I come out of this, and I am okay through it all physically, my personality will be what it is. And if you don't like it, and it really bothers you enough to leave, then I will make my way, no matter what.

HERB: If your personality changes to where you are—where you can't hang in there anymore, then I guess we do leave, or whatever. But I don't think that is going to happen.

DOROTHY: Okay. I just keep remembering that in 1976, when I made that attempt, and I was quite well on my way—I weighed 115 pounds then—it wasn't worth it. I remember thinking, this isn't working. Nothing changed. I kept promising myself that you and I would change, but it didn't get any better. And I said, forget it. I am better off the way I was.

*What is evident in Dorothy's presentation is the significance of the history of a system in evolution, the developmental aspects of a family system. Dorothy is making references to the point in the history of their relationship when she decided to get thinner and thinner. And in part this decision illustrates the darker side of human nature; we realize that part of the homeostatic arrangement is what used to be called, in theological circles, vindictiveness. Somehow Dorothy decided to rob her husband of a wife. At the same time she was robbing herself of a healthy life and full personality.*

HERB: You know, Dorothy, just because someone has a disagreement, or an argument—everybody has arguments.

DOROTHY: They are not arguments. It is constant ignoring. Do you realize now that I am getting more attention from you than I have ever gotten in eighteen years?

HERB: I am very concerned about it.

DOROTHY: I am in my glory. I am getting all this attention and all I had to do is get sick for it.

HERB: But that is a child's way of thinking. That is what I keep saying. Or what he has told us.

DOROTHY: I feel stronger now and I can confront you and say that I don't want to be ignored any more.

HERB: If life is that bad, go out and leave me, or something. But you don't punish yourself by getting sick.

DOROTHY: I don't know why that motherhood thing was so important to me. It was so important that I be the good woman and keep the family together. I just at that time could not face the thought that I needed you, and you were not there. And maybe I would find someone else.

Seldom do we find such clear evidence of this darker side of human nature, a side where people

choose to employ an indomitable will in expressing vindictiveness toward another person. When Dorothy recalled those past events we saw an attempt to abandon killing herself, an attempt to get well and gain weight. But this attempt ceased when she discovered that the world was not going to fall at her feet. Her husband did not rave about the fact that she was holding weight and getting well. Rather, her husband continued to be unavailable to her. As a result Dorothy resorted to vindictiveness and returned to her anorexia. This is a more common pattern among anorexics than might be supposed. It is clear that in starving themselves, these people are attacking others.

In contrast to her failed attempt at change, the renewed effort Dorothy described in the last sequence was far more positive and less dependent on the response of others. She was clearly saying, "I am going to change whether you like it or not." By taking this stand she was forcing Herb to change as well and to help maintain and acknowledge her own change. This time she was saying, "I can do without the applause; I'll applaud myself, thank you"—quite an emancipating step.

Her husband's response to this new emancipation was mixed. Herb's language reflected the kind of dryness that had helped form his wife's emotional desert. It lacked emotional intensity. But there were glimpses of the positive. Though somewhat reluctantly, he did convey to Dorothy his acceptance of the notion that they would end the relationship if part of her getting well would be an insistence on leaving. Later this thought was amplified in a way I liked better: of his wife's anorexia Herb said, "Go out and leave me, or something. But you don't punish yourself by getting sick." This declaration showed his commitment to her well-being. I believe it was Elizabeth Kubler Ross who coined the phrase "heroic love." Within Dorothy's husband there is a capacity for extraordinary love. He is signaling that he would rather keep the tie with her, but he has the courage to lose her if it means she will live. It is significant that this moment follows his wife's explanation of how her anorexia is a mechanism of revenge, a self-punishment designed also to punish him. In response the husband now revises the contract and says, "I'd rather you go free than punish yourself." In this expression of heroic love, he transcends his own needs and takes the first step toward reforming the unequal bond he has had with his wife.

This point would not have been reached in the therapy if the other, intrusive parts of the system had not been removed. The intrusion of the parental and child subsystems would have interfered with generating the necessary intensity. It is this intensity that brings the key issues to the surface. In the

sequence that follows the issues are guilt and blame.

DR. FISHMAN: See, Herb, what she is telling you, in a sense, is that it is all your fault. That you ignore her.

HERB: Yeah, well, I am getting that.

DR. FISHMAN: The thing is, she lets you ignore her. She could wake you at 9:00. She could meet you in town. She could insist that you go away for a weekend.

The point of therapy here is to not allow the husband to be burdened with the sins of the total process. This sequence also has a serendipitous by-product. By utilizing this tool of guilt-leveling we can bring out any injustices undealt with, any grievances not settled, any accounts not yet paid.

The accumulated sins of the marriage are all revealed. The couple is righting a wrong, reordering a skewed relationship to bring it back to parity. This sequence contains a kind of ultimate purging which must be experienced before the relationship can right itself and make possible a fresh start.

In the sequence that follows I continue to further the process by escalating the intensity, supporting the husband in order to draw Dorothy out and give her something to push against.

DR. FISHMAN: All right. She could take you out to dinner. She could get you to take her out to dinner. She could have parties and she doesn't. And I don't know why she doesn't.

HERB: Why aren't you more aggressive in those areas?

DOROTHY: I was—and you told me I was disgusting—to go away from you. Listen, you have a very short memory. I think about it. And don't say things like that. Don't put me through this, okay?

HERB: Dorothy, going out to dinner, meeting me in town, those things I have asked you if you wanted to do.

DOROTHY: Why? So you can get drunk and fall asleep?

HERB: Oh, come on. We go away. Maybe we don't go away enough, because we can't afford it.

DOROTHY: I have gone away with you, okay. I can name you times—years—where you never went to bed with me. If I ask you, I am disgusting. [You say,] "Go away from me."

HERB: Oh, come on. We have a disagreement about something and you let it build up in your head.

DOROTHY: You forget. You get drunk and you say those things. You have a very short memory.

The ability to remember is important. The fact is that a system has a history, and in order to produce

lasting change that is coherent with the family's experience we must talk about the significance of damage and of repairing damage. As the system is transformed the participants realize that they can enter into new complementarity. "We don't have to remain stuck back there," they say, "because we have settled some of the damage; it has been repaired."

There is a school of thought that new pattern of complementarity can be structured without having a process of renewal and amnesia and repair of damage. In my view, when the sense of injury among the participants runs deep it is extremely important to have a meticulous, detailed revision of areas in which damage has been felt. This process entails the retrieval of memories and injury and the offering of an opportunity to attack the person responsible for past hurts. In addition, there must be an opportunity for the one who did the hurting to feel that the sins have been expiated. It is from this kind of dialogue that a new accountability arises that can help further the process of revising the couple's contract and structuring a new complementarity.

This couple's dialogue involved a discrete review of specific injuries and a settling of old accounts. The wife got back at her husband, the husband found out that he had to ask for forgiveness, and the wife decided to grant it. This entire process followed from carefully maneuvering the couple into a situation where they could discover two things: that the wife could attack her husband, and that the husband can stand being attacked.

The wife in this system remained caught between wanting to stay in the family, with a husband who came to her only when she was sick, and living in a psychosomatic system where everything was supposed to be perfect. This extreme split had consequences: recall that the immediate outcome of this exercise in reviewing and repairing a list of discrete abuses to the self was that the wife had another anorexic crisis. This time, however, the husband felt he owed her nothing and so could threaten to leave. What had transpired up to this point allowed this man to feel that he had answered for the cumulative grievances in the relationship and that now they must go on to something new.

HERB: But isn't part of life forgiving and forgetting, and going on?

DOROTHY: Yes, but I can't. I told you that meant a lot to me. I told you—you kick me out once too often—and that was it. And you did. I told you, "You will never do that to me again, ever." Never, never again. Now you forget all these things. But I don't forget them. Because they were very, very painful, really painful. It is only now that I can even talk about it. You wonder why I think there is something wrong with me—I think you have given me

every reason to think that there is something wrong with me. My whole way was not the way a lovely woman and a mother should behave.

DR. FISHMAN: What about from now on; what do you want?

HERB: What I said before—come out of this thing and whatever your personality is ...

DOROTHY: I don't think you could handle me. Honest to goodness—I don't think you could.

HERB: If I can't, I can't.

DOROTHY: But are you going to make me feel like some sort of an inferior creep—like a streetwalker? Are you going to make me feel common? I don't want to be common, because I'm not really.

HERB: I never said you were.

DOROTHY: I don't believe you. I don't believe you.

DR. FISHMAN: See, Dorothy thinks you are weak. She thinks you are very weak. The only way she can support you as a husband is by being weaker. And I don't think you are weak. I think you can take having a strong wife. You will be more alive than you have ever been.

HERB: I think I can too.

DR. FISHMAN: You better tell her that. I think you will be ten times more alive than you were a year ago, when you have a strong wife.

HERB: Dorothy, I want you to come out of this and be a strong personality—or whatever it takes.

DOROTHY: If you are willing to take the chance.

HERB: I'll take the chance. Is it a deal?

DR. FISHMAN: Shake on it.

DOROTHY: Hey, I can't take the humiliation again, you know that.

HERB: There will be no humiliation.

DOROTHY: You know I can't face that.

HERB: There will be no humiliation. Shake.

DOROTHY (*shaking his hand*): I will have to think whether it is worth it.

DR. FISHMAN: It is worth it. The fact is you don't really have a choice. Because if you don't do it, you'll die—either physically or emotionally.

(I get up, put on my jacket, and walk out of the room.)

By the end of the session a symmetrical pattern has emerged. Dorothy challenges her husband, "I don't think it's worth it. I want to come out of this and be a strong person or whatever it takes," and her husband responds, "I want you to come out of this and become a strong personality." The therapist monitors the emergence of corrective patterns. This is a system that has been stuck in a complementary sequence and where Dorothy has always been one down. At the end of this session there was a new pattern emerging. They could both be symmetrical. For both spouses to challenge each other was an indication to the therapist that the session had achieved its goal.

Herb had emotionally hit his wife once too often and Dorothy had not had an opportunity to give him the detailed, formidable thrashing that he deserved. When she finally did, it was extremely liberating for this man. That was why later, when she tried a desperate move—gorging herself with laxatives, leading to coma and hospitalization—she came to and found him freed. What she saw was an annoyed man who could in fact actually leave her because he had no debts. One only stays around if one has debts.

About three weeks after the coma episode Dorothy and Herb came to me with another problem: their lack of a sexual life together. I was not surprised by this complaint, for their lack of sexual intimacy was evident from the distance between the two. Although I am not a sex therapist, I decided that rather than referring them to a specialist, who would create another uncertainty in this system, I would first try my own home-grown approach at solutions. I suggested that they begin by buying the book *The Joy of Sex* and perusing it as a manual. Considering Dorothy's training as a "proper girl," the mere act of buying this type of book was one more opportunity to challenge her tendency to avoid conflict and her compulsive good-girliness. I also suggested that they see some X-rated movies. In the following weeks they went through the book and saw some movies, and they reported that their sex life had improved. In actuality I think the book and movies had very little to do with it. I attribute the amelioration of the sexual problem to the same process that made them bring it up in the first place: if they saw it as a difficulty, then clearly they were ready for more intimacy and had come to realize that sexual intimacy was important to them. They were now a couple. Dorothy was a wife, not just a daughter to her parents, and Herb was now an active husband. As a couple they could now address their problem and have a conjugal relationship

rather than remaining two adolescents living around the block from their parents.

A few months later, following the termination of their therapy, Dorothy called me to say she had another problem. "My parents are fighting like cats and dogs," she reported, "since I stopped being available and spending so much time there." I offered my services, but Dorothy said that she had decided her parents were having "growing pains" and that they would work it out themselves.

As mentioned earlier, in working with adolescents the key pivotal conflict involves in many ways the parental couple. Once the couple has been transformed, by being seen in therapy alone as a couple as well as with the rest of the family, new patterns will emerge that will affect the children. Triangulation and conflicts can be resolved in the presence of the children, and conflicts can be resolved between the children in the presence of the parents without the parents intervening. Once this stage is accomplished then one has a sense that the therapeutic goals have been reached.

A consistent metaphor used in this book is that of the adolescents being in orbit around the adult dyad, whether this consists of a mother and father whose marriage is intact, a divorced couple still connected, or any other adult parental figures. The parental subsystem for many families continues to be the nucleus around which the children orbit. It is for this reason that it is so essential to end therapy only when that system is stabilized and functioning well according to the principles enumerated in this chapter. If we imagine a solar system where the nucleus is unstable, unpredictable, and busy tearing itself apart, we can easily conjecture the catastrophic effects on the outlying planets. As it goes on the astronomical realm, so it goes on the level of individual families. And that is why as family therapists we must pay such close attention to the couple as the center of the family system.