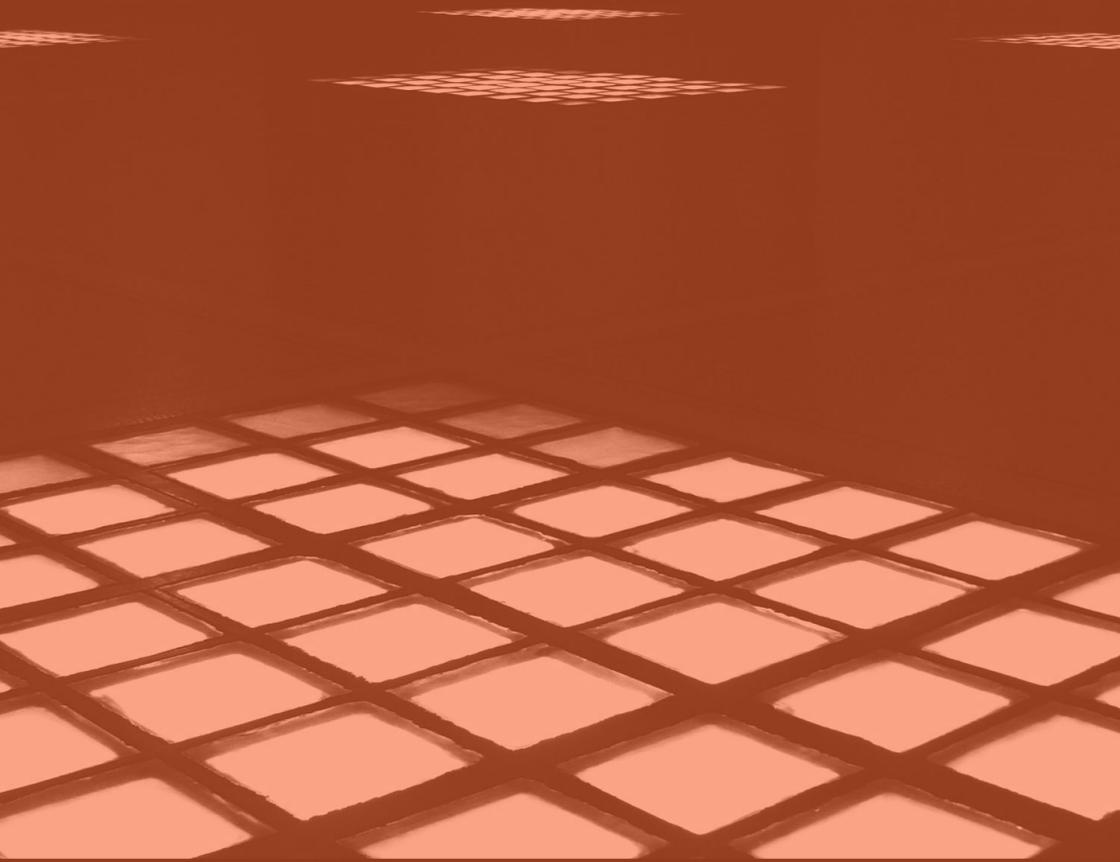


H. Charles Fishman

# Follow-up



*Treating Troubled Adolescents*

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**H. Charles Fishman**

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## Follow-up

ONE OF the key assumptions made in this book is that the therapist works not only toward the amelioration of the family's presenting symptom but also toward the stabilization and maintenance of new structures within the system. Follow-up sessions conducted at set intervals or in response to calls for help form an essential part of the overall therapy. This book cannot provide extensive follow-up material for each of the cases presented, but it can take a look at the follow-up done with one family and analyze its implications.

The family I chose to illustrate the follow-up approach and technique is the family introduced in the previous chapter on couples therapy. The therapy had succeeded in assisting the couple to work through their history, redress grievances, and begin the difficult process of forgiveness and a renegotiation of their contract together. During the course of therapy with Dorothy and Herb, Dorothy had a disastrous fight with her father, took a huge number of laxatives, and went into a coma. When her husband came to see her in the hospital there occurred a dramatic confrontation: Herb made it clear that he and Dorothy should part if that was what it would take to keep her well. After this confrontation Dorothy did stay well and she has not to date abused laxatives. The exploration of the follow-up with this couple concerns itself with the patterns of effective change and their maintenance.

I believe the single most important concept for follow-up is Gregory Bateson's dormitive principle (see Keeney 1983). This notion refers to the intellectual error of confusing the name of the problem with the context that maintains the problem. In this case the name of the problem is the children's depression and the mother's severe anorexia. The context that maintains the problem is the dysfunctional system that was described and treated in the previous chapter. Thus the follow-up should address the status of the individual problem and, just as important, it should evaluate the context and changes in the context.

### **ONE-YEAR FOLLOW-UP**

One year following therapy I phoned and asked Dorothy, "Do you remember me?" She answered, "Yes, we were just speaking of you last week." Concerned, I inquired further. Dorothy replied, "There

was a trip to Florida advertised on the TV, and I said to myself, thinking about you, "You know, we should have the driveway paved, but what the heck, it's better if Herb and I go on a vacation." During this conversation I asked Dorothy what she thought was keeping her well. First, she said that she would never become ill again because her children had done so beautifully after she got better. (Greg had just spent the summer in Europe with his team, and Jenny was on the school newspaper and doing very well.) Then she said, "The second thing I learned was to stay out of my parents' marriage."

## **TWO-YEAR FOLLOW-UP**

Two years and three months after the cessation of therapy I invited the family back for a follow-up interview. I framed this event as a research tool and not as a therapeutic session. Dorothy, Herb, and Jenny arrived for the interview. Greg was too busy with his friends and school.

## **EVALUATING THE SYSTEM**

To assess process I first had this family undergo an interactional diagnostic family task, the family task described in the book *Psychosomatic Families* (Minuchin, Rosman, and Baker 1978). I then scored the instrument impressionistically, using my clinical judgment, in an attempt to ascertain whether the family still manifested the patterns of a psychosomatic family: conflict avoidance, diffusion of conflict, rigidity, enmeshment, and overprotectiveness. While observing this task I prepared my questions for the second part of the follow-up interview.

The second part involved seeing the family together and also as subsystems. I saw the individuals in different subsystems because I believed that it would violate boundaries to ask the couple about their marriage in the presence of the daughter. Similarly, Dorothy's anorexia was her own business. I first saw Dorothy, Herb, and Jenny (the son was too busy to attend). I observed the atmosphere in the room: did they seem to feel comfortable together? How was the daughter doing? Was she still glued to the home, caring for her mother? Did she feel free to go off and attend to her own needs? What about the son? Was he still at home because the system needed him there to stabilize the parents' relationship? Was he at home simply for convenience? I already believed, on the basis of the family task, that there was no longer the diffusion of conflict. But I could not be certain because this was an informational interview.

Once I had ascertained that things seemed to be in good shape, I was interested to know what the family members had done differently so that this new, happier status quo was maintained. Was there a new organization that accompanied the newfound happiness?

I then saw just the couple. I wanted to know how they felt about their relationship. Were they still locked into a dysfunctional struggle, either symmetrical or complementary? I wanted their assessment regarding how the children and the grandparents were doing. Again, I wanted to know what had changed in the family structure.

The third part of this interview involved seeing Dorothy alone. In this setting I asked about her anorexia. I again wanted to know what she thought had changed in the system that rendered everyone happier.

### *Transformation and Growth*

The systems therapist must examine not only whether the system is being transformed in terms of dysfunctional patterns but also the extent and nature of the transformation. Is there sufficient transformation so that the adolescents are free to expand into other contexts that augment development? Are there developmental lacunae? In terms of our follow-up family have the two children fallen developmentally behind their peers because they had spent so many years taking care of their mother? After all, when their friends were at the mall or playing sports, they were sitting at home observing their mother's every move, fearing she might at any given moment go into another coma. At the cessation of therapy it is the therapist's responsibility to make sure that the children are at least on the road to achieving developmental maturation.

In our follow-up session the fact that the son, Greg, did not attend seemed to me good news. It suggested that he was more appropriately attached to the extrafamilial context and not, as he had been during the therapy, tethered to the home and the family. Of course I needed more information to complete the picture. For all I knew, Greg might have disengaged from the context only to become involved in the drug culture. My goal in the following sequence was to ascertain to what extent Greg had disengaged.

HERB: Greg is out of high school and in college. Jenny's a sophomore. Dorothy's got her head screwed on straight.

JENNY: Mom has gotten into personal fitness.

*We see an old pattern that never really changed. Herb snipes at Dorothy and Jenny supports her.*

DOROTHY: I have to rechannel my energy somewhere. I'm using the same amount of energy towards doing something constructive.

DR. FISHMAN: Very good. Sounds great. Now, where is Greg going to college?

HERB: He's going to the state college nearby, so that's why he's still home.

DR. FISHMAN: So he's still living at home.

HERB: Yes.

DR. FISHMAN: And how is that?

HERB: He's all right ..

DOROTHY: Someday he'll move out of the bedroom.

HERB (*laughing*): He's all right—he just doesn't want to leave his happy home.

DR. FISHMAN: What do you think that's all about?

DOROTHY: Comfort. He keeps saying, "I can get a good meal at home, why should I go eat school food?" You know—he has his own bed and his own phone and a car, and he can come in any time at night. He's got a place to live. Except I think a lot of it is immaturity, too. I think that if he lived away from home he would have to be on his own and make new friends and be in a situation where he was unfamiliar with the surroundings. And it's very difficult to push him out and say you have to be there. Hopefully, he will do it eventually.

HERB: He's got to because he can only go there for two years.

DOROTHY: After that he's got to go somewhere else.

DR. FISHMAN: Does he have friends?

DOROTHY: He has a lot of friends.

DR. FISHMAN: Girlfriend?

JENNY: No.

HERB: Not yet.

JENNY: Girls call. He's got girl *friends*, as in ...

DOROTHY: I don't think he has, like, a girlfriend.

The fact that Greg has a lot of friends is very important. If he had a girlfriend it would signify a different level of disengagement, a closer step toward separation. It concerns me that he does not, and I wonder whether there is something that we could have done in the therapy to have made him more autonomous and disengaged.

DR. FISHMAN (*to Jenny*): Do you two fight a lot?

JENNY: We don't talk. I mean, he has his friends, who are not my friends, and the only time we talk is when he's yelling at me because of the car or something like that. I mean, we talk, say hi and stuff, and sometimes we go to the same parties and will be at the same place, you know, but we don't associate together.

The family did not undergo a remarkable transformation, but it did modify itself to accommodate Greg's moratorium. Obviously, they wanted him to get out, but they accommodated somewhat to his need for an intermediate step. The overall direction, however, had been set, and the mother, father, and sister were aware that Greg was hanging on a bit long.

The parents' response did not indicate a system that needed the son to stay home as a homeostatic maintainer. One could sense flexibility and accommodation, but the main goal—that he would have to leave—was not lost. In fact, this family had established guidelines for when Greg would move out, guidelines that suggest that the system was ready to release him yet willing to accommodate a bit longer because there were problems involving his readiness. This was realistic. After all, this system was stuck for quite a while, and its history must have taken a toll in the flight capacities of the adolescent.

In retrospect I think it would have been beneficial to have done, in the initial sessions, more work with the young man himself to address these developmental lacunae. The danger is, of course, that one will create a therapy that becomes "terminally interminable." I prefer a model of therapy in which the therapist moves in, makes a change, and leaves the door open the way general practitioners do.

### *Has the Oldest Adolescent Left Home?*

Figuratively speaking, there was another adolescent living in this family: the mother. And she, too, underwent considerable development and liberation. There was good evidence of the mother's ability to disengage from her own parents and escape a powerful pattern of enmeshment. We must ask, however,

if there were now clear methods for boundary making. Boundaries can be effected through brief therapy, a therapy directed at the salient issues—the joints in the system. The relationship between Dorothy and her parents was clearly an infected joint. Yet apparently the change did not necessitate a complete break. The firm upholding of boundaries between Dorothy and her parents undoubtedly created some friction and some crises, but these did not mean that she had ejected these people from her life. Instead, what occurred was a reorganization of boundaries that allowed Dorothy to remain in contact with her mother and father, but in a relationship with rules for controlling intrusiveness.

Boundary reorganization is not simply an issue of dependence versus independence, as self-actualization theory or psychoanalytic development theory would have us believe. It is more a matter of shifting dependencies into interdependencies, but with new rules that permit space for growth in all participants. The way in which Dorothy and her husband disengaged from her parents also served as a model for their two children. My hope was that the children would learn that leaving home is not running away—it is walking away. One of Dorothy's difficulties was that *her* mother had never successfully negotiated Dorothy's departure from home. In fact, Dorothy's grandmother had been very much involved during Dorothy's mother's entire married life in the personal affairs of their family.

A firm boundary is one that is built specifically to resist the parents' efforts at triangulating their daughter into their unresolved marital conflict.

DOROTHY: I just refused outright to discuss anything with their marriage at all. If it would come up, I would leave the room or say, "I'm not going to talk about that—that's out." And then when I refused to talk about it, they started talking to one another. They really did get back together again. But it took a long time, didn't it? It took about a year before they got back together again. But then they took a trip together and I found a senior citizens group for my mother to belong to and then she got a circle of friends. And I moved them out of my life, but I can't say that I didn't manipulate it, because I really did, I mean I kind of had to channel things. I got my father a job as a *maitre d'*.

DR. FISHMAN: It's good to do a little therapy.

DOROTHY: I wouldn't say that it was therapy; what I did was, I tried to get them out of my life without hurting their feelings.

Notice that Dorothy, who said she had cut these people out of her life, was still responsibly connected to them. The transformations that had to occur did not really call for a total severance of ties. It was not an amputation, but a shifting of relationships in certain key areas. Furthermore, Dorothy's

disengagement was followed by a re-engagement on another level. Only to the extent that she became a responsible grown daughter could she get her parents out of her life and successfully disengage.

It is clear that the therapy changed this woman to the extent that she could now engineer the establishment of new boundaries between herself and her family of origin. Before therapy she would continually get enmeshed in the private details and difficulties of her parents' marriage, a situation that would draw her in and incapacitate her. In the follow-up session she talked of controlling first the external intrusion—how often they visited and called. She then got to more difficult ground—the psychosomatically dangerous areas that might have entailed her parents splitting, being angry with each other, and leaving her. She was able to enter this risky interpersonal domain because she had essentially freed herself from her family of origin.

DR. FISHMAN: Okay. And how are they doing now?

DOROTHY: They're fine together. I wouldn't say that things are rosy, but they're fine together. They're as good as I've ever seen them. And that's great, because they like a certain amount of hassle like that.

*This is an extraordinary development. Dorothy, upon realizing that it was her parents' way to have a "certain amount of hassle," knew that she could exit without trying to fix it.*

### *Has Herb Changed as a Husband and Father?*

At one point in the follow-up Jenny mentioned that her father had changed in a very significant way: he was no longer upset when Dorothy went out to work, and in fact he supported it. Prior to therapy Herb was extremely resistant to the idea that Dorothy might want to work and establish an independent context of her own. This change was significant because it allowed Dorothy access to a different context that confirmed her as an individual and because it allowed her to feel much better about herself without the worry that she was somehow upsetting her husband.

HERB: Can you tell if I've changed?

DR. FISHMAN: Over the last twenty minutes?

DOROTHY (*to Herb*): I think that's the biggest thing that I've noticed—that you're more tolerant and you spend more time with me.

HERB: Well, I can't disagree, but if it's a change, I haven't noticed. I don't say I spend more time now than I did before. I think we do things more together because the kids are older and they're not around. Like we go out to dinner

more together.

Obviously, the therapy had left lasting changes. Although he did not perceive it as a permanent change in his personality, both his wife and daughter attested to the fact that Herb had become more considerate. This recognition was unusual because not everybody accepts the reality of change easily. And indeed, the couple's interactions showed him to be more considerate—in the way he looked at Dorothy, listened to what she had to say, and he carefully chose his words. This dramatic change was a direct response to the intensity of the work done in therapy, the result of his wife's strong prodding and insistence. That Herb failed to acknowledge the change is not significant. It is enough that those around him saw him differently.

### *The Marriage*

The change in this couple's marriage was extraordinary. The husband was clearly more available, they were more of a couple, and there was a sense of playfulness between them. The amnesia for the earlier difficulties was also impressive. We can account for this with the assumption that history is based on the present context. What people look for in the past is based on the parameters and characteristics of the present, and at present this couple was a happy, solid unit.

Not that all was perfect, of course. Herb still tended not to perceive his wife's power. Dorothy, however, was now ready to defend her own interests and was no longer a passive actor deferring to her husband. In addition, Herb had removed himself from the lifelong mission of trying to make his wife eat.

We should also take notice here of a different emotional tone in the couple's interaction. In the past, during therapy, Herb never permitted himself to be playful or to present himself in a "one-down" position. Now, not only was there playfulness, but he even allowed himself to be the buffoon. He came into the session with his galoshes on the wrong feet and allowed himself to be the butt of a playful joke.

So the follow-up session revealed that the therapy had in fact brought about important changes. There was now a respected boundary between the couple. Herb was no longer unhappy that his wife worked, and Dorothy had been given the space to develop herself. Furthermore, in terms of the system's rigidity, Herb was much more tolerant. In the past there had been difficulty because Herb felt that he had

married beneath him and was always trying to raise his wife socially. In response, Dorothy would feel deeply rejected and act as if she were always walking on eggshells in her attempts to please her husband. In the sequence that follows, the family discusses the nature of the changes that have occurred.

DR. FISHMAN: What do you think changed, such that things got better? I'm going to ask each of you. Jenny, what do you think?

JENNY: In our family? What changed? Um—I think all the change happened to Mom, I guess. She's a lot less—um ...

DOROTHY: You can say it.

JENNY: I know, I'm trying to think. Like, I'm not worried, because I mean she's fine now—now that she has a job and is really happy and everything. And when it comes to—she's not like, "Oh, you *have* to sit down and eat dinner." Sometimes she makes me go to bed but usually she's more like, "You want to eat at school, eat at school; you want to eat at home, eat at home." She's more relaxed. She's more confident, I think. He seems more relaxed, too. Most of the change has been in Mom. She's a lot more relaxed and it makes me feel good, so *I can go away without thinking*, "Oh, my God, I'm going to come home and see her curled up on the couch and in pain." I'm not worried about her any more.

#### *Will the Kids Be Able to Leave Home?*

Jenny's statement that she could leave home without fear of dire consequences may indeed have been the most important result of the entire therapy. Transformation of the system, Dorothy's freedom from her parents (as well as her parents from her), the creation of a boundary between the kids and their parents, and, finally, the spouses' reunion as a married couple resulted in growing space for this girl. She was still close to her parents, but she was not tethered to them. Her ability to grow was no longer being hindered by her intense ties to her sick mother.

When I asked Jenny what had changed in the family, Jenny went immediately to the heart of the issue: "I can leave now because my mother is fine." She pointedly brought out that she no longer had to be "on duty" as a watcher over her mother. In addition, both Jenny and her brother were doing very well in school and in their social development.

In the following segment Jenny had left the room and I concentrated on checking the state of the marriage relationship.

### *Checking the Marital Dyad*

DR. FISHMAN: I want to ask you some questions about your marriage.

HERB: Go ahead.

DR. FISHMAN: What has changed, if anything, in your marriage? *(Pause.)* You might want to talk together about it.

HERB: Basically, I think that what's happened is that Dorothy's gotten rid of her mother and father—out of the house and out of our lives—and she's had more time to do things with the family, such as the kids or even myself. Plus her own self, which is more important than the three of us. Such as meeting friends, going out to lunch—you know—going to these different meetings that you have, and teaching the aerobics. Once she got her mother and father out of our lives the whole thing changed. When we first started here, we started with the premise that Dorothy's mother and father were mostly the problem.

Dorothy's changed relationship with her parents was a decisive turning point in the transformation of this couple's marriage. Dorothy began by blocking her parents' intrusion in her life. She then widened her own context, finding new relationships and creating a circle of friends. Applying these same lessons to her parents, she was also able to help them broaden their contexts. It is interesting that she worked avidly and intelligently at this transformation of both her and her parents' lives and that the combination proved so strong. It may have been that these patterns of enmeshment could not yield to boundary setting alone, but also required a careful assembly of alternate people and places for the intruding parties to focus on. In a sense, what Dorothy did was remain engaged with her parents enough to organize a satisfactory distance between them and herself.

### *Crisis: A Dangerous Opportunity*

The system had changed during a point of crisis. Notice, however, that it was not just Dorothy's realization but also the effect of the crisis on the marriage that had propelled change.

HERB: And I think that was the culmination of it all. Then Dorothy finally realized at that time that she had to kick the monkey off her back or ...

DR. FISHMAN: Did you really?

DOROTHY: Oh, absolutely. I thought, I'm going to kill myself, I'm going to die, or I'm going to get better right now, but it can't go on—it couldn't go on like that. I was filled with so much hatred. I can't even explain to you. I would be driving in a car and there would be this uncontrollable rage—all at once. I was going to go out of my mind—I mean I really was angry. And all my energy was being used up in this hatred and anger. I didn't have time for him. I didn't have time to even care for myself.

HERB: You didn't have time for anything. Not only me, you didn't have time for friends outside, the immediate family —what have you.

DR. FISHMAN: In terms of the two of you, what has changed now that your folks are off the scene?

DOROTHY: We do more things together. We go away a lot more together, don't you think?

HERB: Oh, yeah. We go out and we're together, and we've had to do things together. I mean, there's only the two of us and either you get along or you don't, and I think we've always gotten along fairly well without all these outside influences.

DOROTHY: I don't think we ever had anything basically wrong with the marriage.

HERB: We never fought per se.

Another interesting point that surfaced in the follow-up was the spiraling nature of change. The moment Dorothy got her parents out of her life, she began to fill up her life with more than just her husband. One senses from the way Herb talked about his wife that this lifted a load from him. In the past he had absented himself from his wife not only because of the anorexia but also because he had become everything to her, and this was too much of a burden for him. As she became less needy he felt he could approach and appreciate her more. This is an example of the spiraling of change, the husband responding to the wife's change with more change.

### *Living a Workable Reality*

There was a tremendous need for this couple to say, "Whatever was wrong with Dorothy, it never affected our basic tie, the fact that we cared for each other." I sensed some exaggeration here, but this was fine. It was part of the renewal, this complementing of each other and building on what remained.

DR. FISHMAN: You used to say that you thought Herb was very critical of you, especially in public. Do you still think he is?

DOROTHY: No, not at all. Definitely. He's my biggest supporter. And he will say nice things about me in front of other people. A lot of that, you have to understand, was the way I was looking at things. You know, I wasn't looking at things very clearly. I made up an awful lot of things in my head. Oh, I believe that the situation was that way, but I turned it around so that I was the one that was put upon, I was the one that everyone was picking on. I could take any situation and turn it into criticism of myself, because I hated myself so much.

*Dorothy is still focusing on herself to explain the events of the situation. She still prefers to say, "It was not that my husband was so critical—it was the fact that I was so sick that prevented me from turning things around." There is a beautiful consistency here in the self-sacrificial stance that she takes towards her illness and that now prevails. Of course, the couple has crossed a certain threshold; Dorothy is well, and even she realizes that there are limits to her*

*self-sacrificing reappraisal of events. But the overall contour, the profile of the system, remains the same. Dorothy remains at the center, willing to absorb much of the blame, and in so doing bails out her husband. This pattern is of course reminiscent of the one that needed changing. But we must keep in mind that the system has in fact been rearranged. These people have been transformed and their problem overcome. The echoing of old patterns is merely evidence of the fact that a system can change radically and yet certain aspects return to a comfortable status quo.*

However contradictory it might seem, this couple's return to a status quo is no reason for alarm. A neophyte therapist, upon seeing this kind of display, might believe that the structural patterns had not really changed at all, thereby confusing the general features of structure with the depth and rigidity of the patterns that had made Dorothy ill. The fact is that this couple was not behaving the same. If her husband were to stop being considerate, Dorothy might threaten to leave him and actually carry out the threat. What Dorothy did was shape a reality that did not challenge the present happy status quo. It may be that this was just one more method of conflict avoidance. But, on the other hand, when Dorothy talked about how happy she was and the fact that she was not symptomatic in any way, what she was giving us was, like all histories, a partial one, a story supporting the present status quo. At least in part, she was editing and restoring the image of how she believed a couple should be.

DR. FISHMAN: Do you feel that Herb and Greg gang up against you?

DOROTHY: Oh, it was bad. I would make it into a situation where the two of them were in cahoots all the time to check on me. You know, it wasn't like that at all. I saw it that way. I think the situation was that the two of them were concerned that my health kept going downhill, and I made that into criticism. I took that concern and turned it into criticism. Now he can't be in cahoots, because Herb and I are in cahoots with one another. So if he doesn't like it, we can tell him, "You're odd man out."

*Here we see the limits of what change can bring about. The mother's account is fairly consistent with the pre-morbid phase of her pathological development. In the premorbid we saw an excessive tendency for Dorothy to overburden herself, absorb pain, and safeguard others. Here she returns to that sacrificial stance. This stance, however, is not consistent with reality. Her husband and the children were in cahoots against her. She was not delusional. In fact, her behavior encouraged Herb to form a coalition with the kids. That reality is now edited out, and amnesia prevails in the areas of the most severe conflict. This amnesia is not simply in the service of the ego, it is amnesia in the service of maintaining a new family organization that makes her happy. And her new image of the family is of a good family with strong roots and a history that is not rancorous and filled with conflict.*

*The couple's new alignment and strength become evident when Dorothy describes how they deal with their son. "If he doesn't like it, we can tell him, "You're odd man out." This is a new alliance, a closing of ranks with her husband. The youngster must accept his appropriate place in the family. This is a fundamental realignment of the hierarchy that has prevailed in this system and represents a return to a more satisfactory organization.*

HERB: And I think basically Greg is a good kid. We don't really have any trouble with him at all—other than spouting off about something. But as far as getting into trouble, not studying, into drugs, alcohol, or things like that—we don't have any of that kind of stuff. So, I see no problem. If he wants to stay home another year, fine. But after that he's getting the hell out. Because that's—you know, by then he ought to be able to ...

DR. FISHMAN: Will that be all right with Dorothy?

HERB: Oh, yes.

DOROTHY: He has a part time job. Oh, it's just fine.

HERB: But maybe I'll have to pay for it. Get him on a campus where everything is closed in and I don't have to pay for a car; that's worth about five grand a year. But there's only one thing I'd like to bring up about this whole thing. When we came here—do you mind a little criticism?

DR. FISHMAN: No.

HERB: I don't think you were forceful enough in getting Dorothy to change her ways.

*(Dorothy laughs.)*

HERB: It took a couple of bangs from her problems for her to finally wake up. Now, is this the culmination of the therapy that caused her to change her mind, or ... ?

DR. FISHMAN: After the therapy there were a couple of bangs?

DOROTHY: No.

HERB: Like, remember the last electrolyte imbalance, where she went to the hospital?

DOROTHY: It was during the therapy, though.

HERB: Was it the culmination of therapy that made her realize this after that bang? What I thought was maybe if somebody had said, "God damn it, Dorothy, you've got to stop all this stuff. You've got to stop indulging, taking laxatives and all that stuff ..."

DOROTHY *(to Dr. Fishman)*: That's what you used to try to get him to do. You used to say, "How can you be so patient, why don't you just tell her to knock it off?"

HERB: Yeah, but you were going around saying, "You're picking on me," or, "You and Gregory are picking on me." I don't know—the only thing is I don't know what finally woke her up—whether it was the therapy or being scared from the bang or a combination of it all.

This is a most revealing segment because it touches on the phenomena of crediting change. When therapy is effective one hopes that the participants own and possess the change without giving outsiders too much credit for the transformation. This process helps to crystalize a sense of autonomy, a sense of steering one's own life. Here we had the husband openly criticizing the therapist because he felt the therapist did not create sufficient change in his wife. He went on to talk about how certain changes had to occur after they left the session and claimed that it was from these experiences that the legitimate and

decisive change took place. Herb clearly was not aware that these external incidents occurred because of the deliberate imbalance that the therapist had created in previous sessions. The forces for change had been prepared in the therapy, forces that allowed Dorothy to attack her husband and allowed him to fight back and even threaten to leave. The conflict, disgust, and survival that took place outside the treatment room carried out sequences instigated by the therapy. In terms of the overall therapy these operations between husband and wife turned out to be especially powerful.

DR. FISHMAN: I think you contributed to waking Dorothy up. Because I kept saying, "You need to be there for your wife."

DOROTHY: But I can tell you another thing from my point of view. The last time I was in the hospital, Herb came to see me, and I've never seen him so completely disgusted with me. There was no sympathy at all. He said, "I am so sick of you. I'm sick of what you're doing, I can't take it any more." I really got scared I was going to lose him. I felt at that moment, here you are, eighty pounds, with your face twisted. I couldn't move my face any more, I mean it was just over to the side. My hands were like claws, and I thought, who would ever bed you? And I felt he was going to go. I think I got scared.

*It was not merely insight that made her realize she was desperate and had to change direction. A new interactional template had been created in therapy that could then be generalized outside of therapy. In this case the new paradigm for behavior was the challenge, the direct confrontation and the ultimatum. Herb utilized this template to challenge his wife and say, "Listen, if you don't shape up, I'm going to leave."*

HERB: I thought you were going, too, but not that way, not through the divorce court.

The key challenging reaction of the husband had been made possible by a variety of sequences engineered by the therapist. First the wife was supported and pushed to attack her husband, to get out all of her complaints against him. This process of attack was carried to such an extreme that the unbalancing event was finally allowed to happen. Feeling assaulted enough now to be able to make complaints, the husband then did all of *his* reacting. Herb's assertive move in not allowing himself to be manipulated by the power of the symptom, the anorexia, was an eventual result of previous sequences in which his wife had been allowed to gain ascendancy and to punish him. Without that kind of preparation he could never have done what turned out to be decisive in fostering his wife's change. After that key event in the hospital, Dorothy finally retreated from anorexia. She dropped the use of laxatives and placed herself on the road to physical and emotional recovery. In the next segment Dorothy was seen alone.

DR. FISHMAN: What is your weight now?

DOROTHY: My weight now is about one hundred fifteen, up from eighty.

DR. FISHMAN: And is that pretty stable?

DOROTHY: It's been that way for about a year I guess.

DR. FISHMAN: What are the positive parts of your life?

DOROTHY: You once asked me this and it's always stayed in my mind. You said to me, "What would you ever do to have fun?" At that time we sat—I must have been in here twenty minutes, I couldn't think of one thing to do in my life that would be fun. Not one thing! Now I can think of a million things that are fun.

DR. FISHMAN: Like what?

DOROTHY: Staying up all night and watching cable TV movies and drinking orange soda. I mean, that's fun!

DR. FISHMAN: Alone or with Herb?

DOROTHY: Alone, or with Herb, whatever. Going on vacations is fun. Snorkeling is fun. Playing is fun.

DR. FISHMAN: Do you take vacations together?

DOROTHY: Yes. Just going out on a Saturday and going to New York or looking in stores or something like that—that's fun. Almost anything is fun now. In fact it's hard to find a bumner now.

DR. FISHMAN: Do you think Herb feels the same way?

DOROTHY: Oh, yes, I really think so. I think that he feels that life is a lot happier.

DR. FISHMAN: What have you learned? What would you do differently since you got better?

DOROTHY: Oh, well, of course I don't think I ever would have let myself get in that predicament in the first place. I think in retrospect, fifteen years ago I should have come for therapy. If I had come fifteen years ago, I would have been a different person a lot sooner. And that's where I made my mistake. Therapy was the *last* resort for me. It should have been the first resort. And that's why now I don't mind telling anybody. If you have a problem, that's the thing to do.

### *Fighting Entropy*

When there is change the participants frequently have to fight against the system's natural tendency toward disorganization. Dorothy and her family had to maintain a constant exertion toward change to prevent the previous disorganization from returning. Any detailed examination during follow-up involves identifying the homeostatic forces that the people are now resisting and attempting to change. It is only realistic that those forces will not go away easily; they tend to reassert themselves. A

good example is presented by Dorothy in the next sequence. She explains how her parents fight for the position to be benevolent, to be active and influential in her life. The parents' efforts to remain indispensable to her are irresistible, and the price of this woman's freedom is eternal vigilance.

DR. FISHMAN: What else have you learned in terms of your behavior? You mentioned to me at one point that you learned to stay out of your parents' marriage. Do you still feel that strongly?

DOROTHY: Oh, yes. I'll just give you an example. The day it snowed, Thursday, my mother called me on the phone and said, "Are you going on vacation this year?" And I have been telling her, "Oh, I don't know whether we're going this winter, the kids are in school, everything costs so much." Well, in the back of my mind I know very well we're going to go somewhere in March. When she called me up Thursday, she said, "Oh, well, I'll give you one thousand dollars." I said, "Why do you have to give me one thousand dollars?" She said, "So you can go on vacation with Herb." I said, "I don't want that one thousand dollars. Take that one thousand dollars and go on vacation yourself." "No," she says. "We don't need it. You bring sunshine into our lives, and you're always so cheerful." And I thought to myself, once again, I'm the only reason those two people exist. And it's the truth. But I have to work to stay out of the center of their existence, to make something else the center. And that's when I retreat. As long as I can keep her with her friends. I keep saying, "Make sure you keep your friends, you're going to need them. Your friends are so wonderful." Some of them are old hags—they're the worst gossiping biddies—but as long as she has them, they're something she can be interested in. So I have to stay out of that center and I know how to do that now. I know how to pull back now.

That the participants can tolerate and forgive some of one another's worst features is an indication that systems can change radically and still retain some quality of interdependence.

DOROTHY: But I don't feel guilty about it anymore. Another thing I learned was that it was okay that they were human and they made mistakes. And I think I learned not to hate. They can make their mistakes, that's fine. I don't have that same feeling of hatred anymore, or that frustration.

*The changed system has allowed Dorothy to differentiate and mature. The capacity to forgive the parent and not expect them to be perfect is an important change. It indicates that Dorothy does not hold them accountable for her problems and that the rigidity and striving for perfection that characterize a psychosomatic system are no longer present.*

### *From Structural Change Freedom Emerges*

DOROTHY: Whatever they did, they did for their reasons and it's okay because I'm okay and I have a choice now. I have a choice of how I'm going to live my life. I never felt that before—I never felt that I could actually *pick* what I was doing. Because there was always that nagging guilt that brought me back there.

DR. FISHMAN: You feel you're pretty much in control then?

DOROTHY: Absolutely. I can choose to do exactly what I want to do.

The desired outcome of therapy is an increase in the range of freedom for the participants in the

system. It is not simply a lessening of the constraints imposed by the system but also an opening up of new contexts and new possibilities for behavior. Dorothy now had a sense that she could exist outside as well as within the system. And since the system itself was no longer so suffocating, she felt free both to maneuver within it and to get out of it when she had to.

Our aim as family therapists is to construct a language of freedom within complementarity, freedom within systemic stress. Perhaps the real goal of therapy is to create a system that the participants can exist satisfactorily within as well as get out of when necessary—in other words, to provide as much choice as possible. The therapist must therefore check for change in terms of choice. The participants should be telling us that they feel less shackled, more open to possibilities.

DR. FISHMAN: Why do you think now you can tell your parents to go away? What's different? Do you have any idea?

DOROTHY: It's like saying, which came first, the chicken or the egg? Because I feel better about myself now. I mean, I have a healthy body, I know it's strong. I think my self-image improved.

DR. FISHMAN: Do you think it has to do with change in your marriage at all?

DOROTHY: That's hard for me to say. I really can't answer that question, because a lot of it I will attribute to—you know, when you don't eat anything for a long period of time, you get awfully funny in your head. You really do. I mean, my nerves were just—I cried all the time. I was miserable. Sure my marriage changed, but it was very hard to relate to somebody like me. I was always cheerful and pleasant on the outside, but I spent an awful lot of time crying and being depressed. And you can't relate to a person that's in that situation. Herb really had his hands tied. He couldn't do anything because I wouldn't respond at all. Sure things have changed in our marriage, but I think the change came about because I got a little bit better and a little bit better and then I felt better about myself, pushed them [her parents] out, and then went more to him.

*In a sense my question was a very difficult one. After all, how can the fish analyze the sea while swimming in it? The husband changed and became more considerate toward her; at the same time she drew the strength to throw the other, intrusive people out. Dorothy cannot say that the source of that strength was her marriage. What is evident to her, however, is that she was so consumed with fury toward her parents that she was not able to be there for her husband. She was hooked into the parental system, a daughter first and foremost. This changed when she changed her self-image, a process that began because of the husband's interventions. But that fact cannot be articulated. For Dorothy the change began with the arrival of a new self-image. That, for her, was the initiating step.*

### *The Canary in the Mine*

Coal miners used to take a canary into the mine with them. When methane gas rose to a dangerous level, the canary would die, a sure sign that the context was dangerous and evacuation necessary. In this family Dorothy, in a sense, had her own canary: the symptomatology. When she felt the symptoms coming

on, she knew that things were not quite right. She needed to locate the dysfunction—the poison gas—in her relationships with the significant people of her life.

DOROTHY: In the back of my mind, I'm always worried that if I do the least little thing, I'll slip back and I'll have anorexia again.

DR. FISHMAN: Has that happened at all?

DOROTHY: No. But I felt that I had to watch out in the beginning, had to be mindful of it. I said, *no, you're not going to do that*. There've been times when I was really tempted. Not so much now because the more I got out of the habit, the easier it got for me.

DR. FISHMAN: I would see those periods when you feel tempted to go back to the anorexia as the barometer that there are things in your life that are bad. If you pay attention to changing the things in your life, you won't go back. And you feel now that you have the power—I can see it in your family that you all have the power to meet any challenges. If you meet the challenges—and life is always challenging you won't go back.

DOROTHY: You mean, if you feel tempted, then look around? What's the situation in the family, what are the things that are making me unhappy?

DR. FISHMAN: Exactly.

DOROTHY: And that's what's making me go back to the anorexia.

DR. FISHMAN: It's a barometer.

DOROTHY: Is that what caused it in the first place?

DR. FISHMAN: We don't know what causes it, but we have an idea what changes it.

DOROTHY: Okay, that's the important thing. Who cares what causes it.

## Summary

I learned a great deal from the follow-up with Dorothy and her family. Sometimes I wonder what would have happened if someone had worked with only the children individually. It is hard to imagine that their moroseness and their feelings of inadequacy could have been ameliorated without dealing with the deep problems in the family. In retrospect I think I would have worked differently with this family in regard to Greg and Jenny. I might have tracked them more closely to ascertain their developmental levels, through individual sessions with the two of them together as well as alone. If necessary I would have done more with them in relation to the larger context, even going so far as to

bring in another child of their age to act as a co-therapist. Had I done this, Greg might have been further along in his relationships with peers, especially with girls.

Of course, in reality there is only so much one can do with a family without indulging in an interminable therapeutic process. Although I might have done more with the adolescents in this family, the results of the overall intervention were promising. As Greg and Jenny retired from their position as nursemaids to their mother they rapidly began connecting with peers, developing friendships, improving their school performance, and retreating from the moroseness that had characterized their personalities. These changes reassured me that there had indeed been a transformation of the system that directly affected these adolescents and significantly improved the quality of their lives.