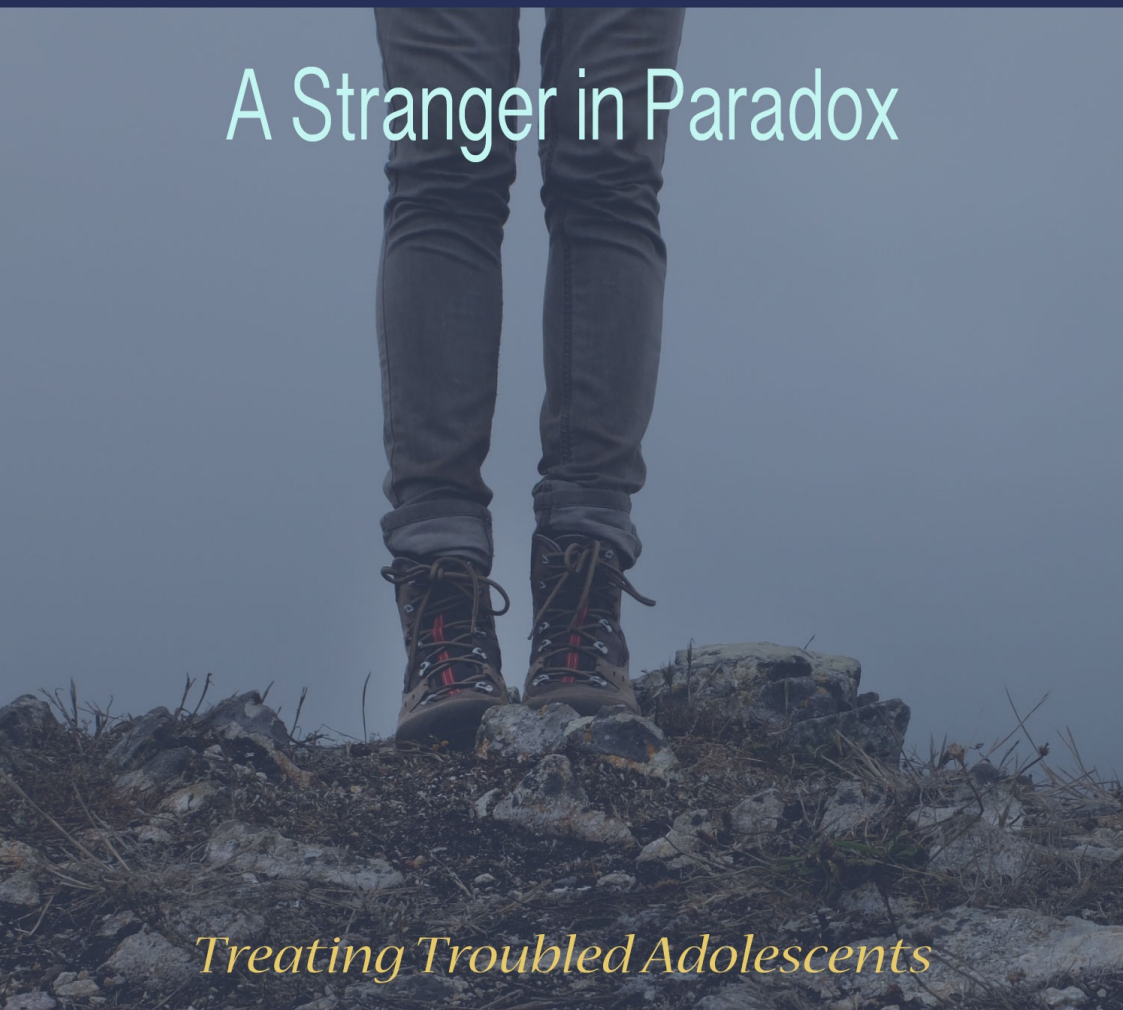
H. Charles Fishman

# The Suicidal Adolescent:

## A Stranger in Paradox



*Treating Troubled Adolescents*

# The Suicidal Adolescent:

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**H. Charles Fishman**

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# The Suicidal Adolescent: A Stranger in Paradox

> He believed that death was a sign that you were ready to further your knowledge to travel higher, learning and understanding more as you went.... He was a dreamer, a believer, a competitor and most of all he was a striver. He strove for what he wanted until the day he died.
>
> —A seventeen-year-old boy who killed himself a short time after writing his own eulogy as a school assignment

OVER THE PAST DECADE suicide among youths has emerged as a national epidemic, the second leading cause of death (after accidents) for American teenagers and young adults. Each year suicide claims more than five thousand Americans between the ages of fifteen and twenty-four. The growth in this phenomenon is truly alarming. Since 1950 the youth suicide rate has almost tripled, from 4.8 per 100,000 youths to 12.5 per 100,000 in 1985 (Drake 1987).

Despite the statistical data there has been surprisingly little research that deals specifically with adolescent suicide (McKenry, Tishler, and Kelley 1982; Drake 1987). Those who have studied the phenomenon list a number of possible precipitating or contributing factors, such as introjected anger (Durkheim 1951), social isolation (Trout 1980), alienation from peers (Barter, Swayback, and Todd 1968), and drug and alcohol abuse (Tishler, McKenry, and Morgan 1981). The necessary element in all adolescent suicide attempts is depression, although it is not by itself sufficient. Whether the depression is overtly manifest or is masked by another problem or by denial (Carlson 1981), the connection between depression and suicide is well supported (Rosenblatt 1981; Cassoria 1979; Mattsson, Seese, and Hawkins 1969).

Regardless of how one determines the cause, the therapeutic approach advocated in these

pages remains the same: we must look at depression and the ensuing suicidal behavior as emanating from a dysfunctional social context and view the social ecology as both the problem and the solution. Understanding the context that leads to suicidal depression allows us to transform the ecology and to free the members of the system from the trap of hopeless desperation.

**THE IMPORTANCE OF THE FAMILY**

The research that is available suggests that difficulties in the family are the most important predictor of adolescent suicide. For example, Joseph Teicher and Jerry Jacobs (1966) see suicidal adolescents as having poor parent-child relationships and family conflict which preclude the supportive relationships and successful modeling that would allow the youth to cope with the problems and stress associated with adolescence. Christopher Williams and Christina Lyons (1976) cite clinical studies indicating a relationship between a disorganized nuclear family and adolescent suicide attempts. A survey of the literature by Sue Petzel and Mary Riddle (1981) further supports the finding that suicidal youths experience greater family disorganization than do nonsuicidal youths and that continued youthful suicidal behavior may be associated with an inability to achieve adequate family relationships. Loss of a parent, family conflict, and a variety of dysfunctional parental characteristics such as emotional problems, health problems, and negative attitudes in parent-child relationships are contributing factors.

Others have found family stress, especially that resulting from mari tal and parent-child conflict, to be a key factor in suicidal tendencies in adolescents. According to Joseph Sabbatch (1969, 1971), adolescents attempting suicide tend to see family conflicts as longstanding and extreme. They describe their homes as filled with frequent quarreling, distress, and emotional disorganization; there is acute resentment of parents and/or stepparents, accompanied by decreasing communication. Indeed, serious conflict between the adolescent and the parental figures has been described as the single most common event triggering adolescent emergency

referrals associated with suicide attempts or threats (Mattsson, Seese, and Hawkins 1969).

Even in cases where the principal problems are in the larger context, the family mirrors and often exacerbates the external pressures felt by the adolescent. An unstable family can make it more difficult for the adolescent to handle outside stress, causing it to seem even more catastrophic than it is. As the essential agent for buffering the pressures of peers, school, and society and for potentially ameliorating suffering, the family is the mechanism through which one's fundamental sense of self and wellbeing are maintained. Thus the context offered by the family must be made as supportive and coherent as possible.

A lack of coherence in the family context can produce the uncontrollable contradiction and despair that characterize the depressed adolescent in transition to suicide. In order to resolve the acute and profound self-contradictions that undermine the adolescent's self-esteem the therapist must find the paradoxes in the adolescent's context and confront them. It is the therapist's responsibility to work with the system to produce congruence.

In their 1956 article on schizophrenia Gregory Bateson, Don Jackson, Jay Haley, and John Weakland relate the tale of the Zen master's attempt to bring about enlightenment. The master holds a sti ck over the pupil's head and says, "If you say the stick is real, I will strike you. If you say the stick is not real, I will strike you. If you don't say anything, I will strike you." The schizophrenic, like the Zen pupil, finds himself continually in a situation of paradox, but rather than enlightenment he achieves only disorientation. Similarly, the suicidal adolescent, living in a paradoxical context, only experiences more disorientation when seeking help and confirmation. The essential premises of self are undermined, and it is this disorientation, from which there is no exit, that leads to the suicidal despair in which the only recourse is dissolution of self.

## COMMON FAMILY PATTERNS

### *Triangulation*

In the families of suicidal adolescents, there are a number of possible patterns and paradoxical situations that engulf the adolescent. One of the most common is triangulation, in which there are fundamental contradictions in the directives to the child. Often these contradictory directives emanate from a split between the parental figures. The home life is marked by divided loyalties, forcing the child to side with one or the other parent and producing enormous stress for the adolescent. The child is constantly placed in a position of alienating one parent while being exploited by the other. Such patterns of chronic triangulation erode the adolescent's self-esteem because of the guilt of hurting one or the other parent. This can create a situation in which the parents' hopelessness is absorbed by the child. Of course, the adolescent can also experience triangulation in the larger social context, being pulled by the demands of peers, school, or other significant forces.

Triangulation undermines the child's sense of security. The message constantly communicated is that the world is not a safe place. In functional family contexts there are subtle ways in which the adolescent learns to handle rejection, so that when it occurs in the outside context it is not devastating. If the adolescent lives in a family where there is constant triangulation and thus constant rejection and guilt, rejection within the larger social context becomes unbearably threatening. There is no safe and supportive home to return to.

The physical changes, the emotionality, the strivings for identity, the sensitivity of adolescents to the vagaries of peer emotions—all these heighten the adolescent's vulnerability to triangulation. The system is undermining an already shaky self.

### *The Prematurely Disengaged System*

One definition of paradox is a self-contradictory statement that at first seems true. For

example, an adolescent sometimes seems to be very much like an adult, at least in physical appearance and maturity. We assume, then, that like an adult, the adolescent should be urged and even forced to be autonomous. However, for many adolescents in our culture this situation is paradoxical. Behind the facade of physical maturity is a child who still requires a great deal of guidance, supervision, and nurturance. And often when autonomy is assumed and encouraged a prematurely disengaged system leads to severe depression and suicidal behavior. We must remember that for the adolescent any urgently felt dependency needs are apt to be interpreted as signs of weakness and thus contribute to lowered self-esteem.

As a rule family therapists tend to see more enmeshed than disengaged families, but when a life-threatening problem such as suicidal behavior becomes evident, even the disengaged will come for therapy. In these families premature disengagement has often occurred because the emotional age of the adolescent has been misjudged. The child feels not freed but ejected!

This ejection is a very dangerous situation since, as Emile Durkheim (1951) points out, the greater the density of the family, the greater the immunity of individuals to suicide. These disorganized family situations breed the feelings of confusion, inadequacy, and low self-esteem related to suicidal behavior. When the ejected adolescent finds the external social context difficult to manage, the child does not go back to the family, which is already a place of devaluation and rejection. Dependent on the reflected appraisal of the peer group or other outside forces and lacking family support, the adolescent becomes extremely vulnerable and may turn aggression against him- or herself. The therapist must determine why the family has prematurely disengaged and is no longer available to the child. Very likely the system is in such disarray that it is no longer attuned to the adolescent's needs.

### *The Perfect Family*

Generically, all of the family systems of suicidal adolescents could be described as overly rigid. These systems do not change shape to accommodate to the new developmental demands of

family members. A clear example of rigid systems are families that stress perfection. An imperfect self cannot be tolerated in a system that keeps repeating the message, "You have to be happy, you have to be competent all the time." Such systems are extremely oppressive and create a tremendously high threshold for change. The suicidal symptom of the adolescent can be seen as a desperate attempt to produce change.

In treating "perfect" families the clinician must evaluate the family to see whether it is possible for it to confirm the adolescent as a person. The preparedness of the family to meet this need can be tested by asking these questions: (1) When rejected at the peer level, can the adolescent return home to somebody who is mindful and caring? (2) Can the family present a context that acknowledges the self of the adolescent per se, and not just as an achiever? (3) Can the family allow the adolescent self-definition independent of external standards? If the answers to these questions are positive, the family has a cushion of flexibility and will be adaptive to necessary change.

## General Principles

### CHANGING BOTH STRUCTURE AND AFFECTIVE COMMUNICATION

Therapy with families of suicidal adolescents must do more than ameliorate the dysfunctions of the system. The therapist should be concerned not only with organizational features of structure but also with what flows from that structure—empathy, warmth, and effective communication. After the organizational features are corrected, *then* the therapy should be directed toward helping the suicidal adolescent feel valued and forgiven—toward giving the child not only toleration but a voice.

### MODULATING THE IMPULSIVE SYSTEM

In families with suicidal adolescents the message that is constantly reinforced is that the

impulsive solution is expected, if not rewarded. One is not expected to wait out anything, certainly not suffering. We can speculate that much of the adolescent's yielding to suicidal impulses derives from this culture of immediate indulgence, a refusal to postpone, an inability to tolerate contradiction or pain.

The family must be challenged if they accommodate to the adolescent's every whim. If every desire is satisfied immediately, the adolescent has no preparation for tolerating the inevitable frustrations of life. The therapist should examine the family context to ascertain whether it is creating so much stress that modulation is virtually impossible. For example, is one parent drinking heavily? Are there individuals who are overly intrusive? Is there a confluence of forces such as poverty or illness?

**HELPING THE FAMILY AVOID CREATING A VULNERABLE CHILD**

After a suicide attempt there are times when the family becomes overly protective of the adolescent. The family shields the adolescent from normal stresses and challenges and the resulting overprotection impedes development. This can lead to the creation of a vulnerable child. This presents **a** paradox for the parents: how can they treat their child like a normal adolescent when the child has done something so terrifying? As a result, the parents cannot begin to approach their child in any kind of normal way. This situation is exacerbated when it occurs in a system marked by conflict avoidance, which is often the case.

In these situations the therapist must work to modulate the guilt felt by the parents. If the family persists in seeing the suicidal adolescent as vulnerable and fragile, then none of the key issues will be addressed. The parents will overprotect and not challenge the child, thereby reinforcing the very difficulties that helped create the problem in the first place. Modulating the guilt is one way to prevent continued confusion and suffering. This process involves working toward reorganizing the system and reopening communication. For the therapist's purposes it does not matter whether we are dealing with what appears to be a suicidal gesture or a serious

attempt. Both must be seen as danger signals; both demand focusing on the existential significance of the event to 'generate intensity and open the system to exploration. Indeed, what is necessary at this point is a sophisticated analysis of the communication that occurred around the event, with a therapeutic emphasis on the structuring of alternatives.

Unfortunately—and contrary to family therapy lore—in my experience not all parental systems are emotionally available and willing to work toward structuring alternatives. For example, I recently saw a family in which after a month of intensive inpatient work the parents continued to cruelly berate their suicidal sixteen-year-old son. The psychotic father said repeatedly, "You're stupid, you will never be the man I am. In fact, I can't believe that you will be anything." He said this while the mother was waiting her turn to be just as cruel. (The father, who claimed he had graduated from college at age seventeen, had not been able to hold a job for years. The family was living permanently in a motel while waiting for an insurance claim to be settled.) After struggling to change this system we recommended foster care for the boy.

In an unresponsive system the therapist cannot allow the suicidal youngster to continue to be devalued by parents who do not understand the situation, who minimize the suicidal behavior, or who react by treating the child as a dangerous freak. The suicide attempt must not be allowed to become a barrier, within either the family or the surrounding context, that prohibits the adolescent from getting back into the mainstream. It is the therapist's job to connect with the child and to other outside resources that can be useful and relied upon.

**LOOKING AT THE LARGER CONTEXT**

We should also keep in mind that it is possible to overestimate the family's participation. Many families of suicidal adolescents enter into therapy thinking that they alone are responsible, ignoring the fact that the adolescent lives in a broader context that can be extremely influential. These families act as if they are indeed totally responsible for the life of the adolescent. This belief, of course, denies a fundamental fact of human existence—that people are free and responsible for

their actions. Adolescents, for example, may join in suicide pacts or be heavily involved in the drug culture, factors that may play a great part in precipitating the suicidal behavior. The family's automatic assumption of its responsibility, then, can present a distortion for the family therapist.

The common idea that the child's context is provided solely by the parents and that therefore the family *must* have been doing something that provoked the suicidal behavior should be resisted. Such guilt-inducing assumptions help neither the parents nor the therapy. Indeed, these are families where much of the therapist's work involves saying, "You really didn't have such total control of your adolescent's life." Blaming the family for the suicidal behavior often does nothing but freeze the situation. It creates rigidity and fear which only make the family less willing to work on the problems they may have.

**BEING AVAILABLE AS A LIFELINE**

A good therapist does not always work strictly through the system. In some situations the therapist must be available to act as a lifeline of positive valuation. In conventional family therapy this might imply that the therapist needs to substitute for and displace the family. And in some cases such action is indeed valid, for the family situation is so bad that the therapist as a lifeline is all that keeps the troubled adolescent afloat. There may not be time to bring the family around, and the therapist must act quickly. Hopefully, in time the therapist's valuation of the child will strike a responsive chord within the family and the therapy will move toward bringing the parents into the process of providing the necessary valuation and support.

**TEACHING FINALITY**

There is an old Hasidic belief regarding parenting: parents should raise children to give them the sense that in one pocket there is a slip of paper that says "for my sake, and my sake alone, the world was created" and in the other pocket is a slip of paper that says "I am but a grain of sand." There are families that do not confirm their children as individuals but do a good job of

helping them to understand the limits and finality of things, to see that they cannot completely prevail in the world. Yet it is a commonplace lesson that needs to be taught. We cannot simply wish things to be. In families with suicidal adolescents that fundamental lesson somehow did not get learned, and the adolescent is left with an insufficient appreciation for the terminable and final nature of things. Unfortunately, this lack of understanding can produce fatal miscalculations.

One of the central concepts of the therapy in this book is the notion of developmental estrangement, the idea that the adolescent must come to an introspective realization of a separate self and of a responsibility for that self. Thus it is a key task of the therapy to facilitate the experience of coming to terms with this existential reality of aloneness, mortality, and vulnerability. In the struggle to have and accept this experience, the parents can give encouragement and empathy, but they must not intervene to rescue the child. The emphasis of the therapy is on the respect for the adolescent's need to struggle and overcome challenge with help.

Having considered the lessons of finality and estrangement the therapist must look at whether the family has allowed the youngster to differentiate sufficiently. Problems of overprotectiveness and differentiation can help create a depressive state and can make the adolescent feel more devalued and despondent. However, to work with differentiation early on may make the child feel even more bereft and thus only exacerbate the depression. Addressing such problems should be attempted only after the adolescent has shed the profound depression that makes the situation so vulnerable and dangerous.

## Clinical Example:
## Faith, Child of Four Warring Parents

Faith, thirteen years old and in the eighth grade, was admitted to the hospital for treatment after an initial suicide attempt. She had taken sleeping pills and antihistamines before going to school, and when she began acting in an intoxicated manner she was referred to the hospital

emergency room. The apparent precipitant for the suicide attempt was one of a series of disputes between Faith, her mother, and her stepfather. In addition, Faith had been extremely upset by the continuing overt animosity between her mother and biological father. According to Faith, whenever she expressed warm feelings for her father, her mother became angry.

## ASSESSMENT USING THE FOUR-DIMENSIONAL MODEL

### *History*

Faith's parents were separated when Faith was a baby and were divorced a year later. Both remarried. Her mother, a former alcoholic, was a full-time management trainee in a big department store. Her present husband, a refrigeration specialist, was twenty-five years older than she. This stepfather had three grown children but had been in contact with only one of them since his bitter divorce from his first wife. Faith's father and his second wife owned a small gift shop and had a three-year-old son. Faith lived in Virginia with her mother and stepfather and visited her father and stepmother every other weekend. The biological parents had minimal communication regarding Faith, and when forced to talk on the telephone, one inevitably hung up on the other.

Further complications in this system involved the grandparents. The paternal grandparents were a powerful force in the family, with the father remaining very close to his mother. Faith was even more strongly affected by her maternal grandparents, who up till then had had a tumultuous marriage. The maternal grandfather had in the past threatened to kill his son-in-law. At one time this grandfather had also attempted to molest Faith, an attempt that was fortuitously interrupted by a cousin. Apparently the man had a reputation for dangerous behavior, and there are indications that he may have been sexually involved with Faith's mother.

### *Structure*

Faith was triangulated, caught in the middle between her warring parents. The mother was

struggling to diminish the extreme closeness between herself and her daughter, while the father was involved with Faith in an unreliable manner. The overall conflict within the system was exacerbated by the conflict between the maternal grandparents. To this already conflict-laden situation must be added the stepfather's estrangement from his former wife and two of his three grown sons. These layers of generational and relational conflict were a heavy burden for this thirteen-year-old.

### *Development*

The obvious developmental pressure was Faith's emerging adolescence. Many of the concerns surrounding her development were those that every family deals with. Because of the conflict between the families, however, the parents' effectiveness in this time of need was greatly diminished. The mother was overinvolved and felt defensive in the face of the father's criticisms. The stepfather seemed compelled to rectify the mistakes he had made with his own children, and as a result he too was overinvolved with Faith, but with much more conflict than the mother had. The father disparaged both the mother's and the stepfather's attempts at establishing a hierarchy; he insisted that he wanted only to be Faith's friend.

Other developmental issues involved the mother and the maternal grandmother. The mother was training at a business some miles away from home, and the traveling only compounded the expected pressures on her as a thirty-two-year-old management trainee with a family. The maternal grandmother was apparently having her own marital difficulties, struggling to decide whether to continue in a destructive marriage.

### *Process*

The central process issue was the tremendous hostility between the families. The paradox for Faith was that she was living the role of a wishbone, pulled in opposite directions by people she loved. In this position Faith naturally felt that if she loved one side, she was betraying the

other.

At the same time, Faith was functioning to keep the two sides at odds. She would often express to her father her unhappiness with her mother and stepfather, eliciting his indignation and animosity, of course, even though he was bent on keeping his distance. There was no conflict avoidance as in some other families discussed in this book. These two families had no difficulty expressing conflict. The pattern, however, was that the conflict led only to emotional explosion, not resolution. An available third person would activate to diffuse the conflict, thus returning the system to its paralyzed state.

**THE HOMEOSTATIC MAINTAINER**

Who was acting to maintain the dysfunctional homeostasis that provoked Faith's suicidal behavior? The father was the most consistent but others assumed the role as well. During therapy, whenever a meeting of the minds appeared to be imminent, one or the other of the parents would act to return things to the status quo. The one person who consistently acted as a co-therapist during the session was the father's wife. Unlike the other family members, this woman seemed committed to resolving old problems and establishing a new, more functional status.

In addition to family members there was another suspected homeostatic maintainer in the system: the mother and stepfather's therapist. This man encouraged the couple to maintain a total boundary between their family and that of the father. Furthermore, the therapist advised them not to tell the father anything about Faith, even positive things, and suggested that there be no coordinated planning for Faith. He thus actively facilitated the unfortunate wall-building between the two families.

**THE THERAPY**

Often the suicidal adolescent gives signals of depression that are homeostatically handled in such a way that they are denied, suppressed, and deprived of their significance. As a result the system does not correct the systemic problem to provide new balance for the child. So much of the work in family therapy is to amplify the preventive import of the suicide attempt and to exacerbate the homeostatic patterns that need to be shifted. Often, the suicide attempt is on some level intended to break through these patterns and force the parents to reconnect with the child to whom they have not been responding. In some cases this change does not occur.

The task of the therapist is to transform the family system's message to the adolescent so that the message recognizes the worth and competence of the child's self. If, however, the therapist explores the capabilities of the system and finds it inadequate, then the clinician must take on the family's responsibility of providing positive confirmation.

In these extreme cases, the child cannot remain in a system that intensifies a sacrificing of integrity. The therapist must help arrange a new exit, other than suicide, one that allows the self to balance reality—one that allows the adolescent to see that life itself is not miserable and that this is only a particular, difficult time that is subject to change.

The goals in the therapy with Faith and her family were straightforward. Of primary importance was the necessity to begin a new family organization in which all four parents worked as a unit, thus releasing Faith from her tormenting situation. An additional goal was to provide a lifeline for Faith, making it clear to her that there were adults outside the family system on whom she could rely for help.

Yet another goal was to address the extremely dysfunctional relationships with the grandparents, particularly the maternal grandfather, who was potentially homicidal, had attempted to violate Faith, and had a possible history of sexual abuse of other family members.

Lastly, the therapy was directed toward helping to create a context of negotiation between and within both families. Given the dissonance that existed, the current system was extraordinarily inflexible. Therefore, it was necessary to have sessions with both families in which a paradigm for effective negotiation was created and modeled.

The first session with Faith and the two sets of parents was held at a metropolitan hospital; the setting only added to the extreme tension between the two families. The therapist for the family, to whom I was consulting, sat next to me. Faith, a tall, gangly adolescent with black hair and deep blue eyes, was in the middle. Bob, the biological father, sat tall and fair next to Helen, his wife, who was instead dark and notably overweight. Opposite them sat Susan, the biological mother, also very tall and lightly complected, and her husband, Matt, notable because of his extreme thinness and pronounced limp.

DR. FISHMAN (*to no one in particular*): So what do you all think about this?

MOTHER: Well, she's here to get help, and the family session is part of the treatment, is my understanding.

DR. FISHMAN: Now what is it that has occurred?

MOTHER: I think Faith should answer that. Since she's the one who took the pills, she should say why she did it or ...

DR. FISHMAN: Then why don't you ask Faith why she did it.

MOTHER: Why did you take the pills?

FAITH: Because I thought you guys were putting me down a lot, and—I don't know—it seemed like you just didn't like me being around and stuff, and I just I didn't like that, so I just thought, well, if it happens, I die, and if it doesn't—I don't know.

STEPFATHER: By "putting you down" do you mean telling you to do your homework and turn the TV off at 10:30 at night and stuff—is that putting you down?

I was trying to ascertain what kind of family this was. Faith's statement suggested that her

serious suicide attempt was in response to a message from the family system telling her that her absence from the scene would simplify things. The stepfather's response raised another possibility: that Faith was just a thirteen-year-old girl dealing with the normal issues of rebellion and discipline as she began to increasingly assert herself. There is obviously quite a difference between these two views.

As the session continued Faith and her stepfather engaged in a dialogue about incidents of her shoplifting and cutting school. Faith was sensitive to her stepfather's accusation of her being stupid. After three or four minutes of this, the stepmother reacts.

> STEPMOTHER: Well, the exact incident they're talking about, I don't know the full story or anything, but it sounds like to me as if they're talking about a problem that's stemming from something else. I don't think she's just not trying. I think the reason she's having trouble is the relationship-at home. If children don't have confidence in themselves—you can't ask them to do things if they don't have the back-up behind them which is giving them the confidence and support that they need. I think that's what they're missing. They're just looking at the outside of the problem—not doing her schoolwork. They're missing the important thing—whatever she's missed along the line.
>
> *(As the stepfather and Faith continue to disagree, the father, looking angry, speaks up.*)
>
> FATHER: The thing I understand from this conversation—the child needs confidence. You got to give a child confidence. I think Faith—if they would give her a chance instead of putting her down all the time, you'd see a change. She would apply herself. She's not ignorant, she's a very intelligent person. She has an athletic ability you would not believe. I'm really proud of her.

I was beginning to see how Faith was torn between the two sides of the family—her mother's side and her father's side. In the rest of this session my goal is to challenge the adults regarding this family split, to make them aware that whatever their animosities toward one another they had to help extricate Faith from her precarious position in the middle. My efforts are focused on getting this message across to the parents in order to produce change in both warring camps as quickly as possible. What follows is a transcription of a number of attempts to provoke change in this system.

**FIRST ATTEMPT**

DR. FISHMAN: It seems to me the difficult part is that the adults aren't exactly clear on the way to approach Faith on what's best for Faith. During the course of a month she spends time with everybody and clearly you have differences. What Faith needs so she won't feel so confused and so she won't feel somehow criticized, is that all of you agree.

STEPFATHER: Well let me rephrase my question. *(To Faith:)* If you're doing the best you can, and you get a C that's okay with me.

FAITH: Then Mom says that if I get a C, I have to take seventh grade over.

MOTHER: When did I say that?

FAITH: This year.

MOTHER: Yes. The first semester we did not question her about what she was doing, other than occasionally ask do you have any homework, what did you do in school. We didn't know how she was doing until after she got her report card. But sometime in January we became aware of the cutting school problem. And it was pointed out to her that you cannot get away with it. So we cracked down on her this semester. *(To Faith:)* And you know that don't you? We didn't bug you at all last semester, did we? Think about it.

*(The mother and stepfather continued to discuss grades with Faith, who responded defensively. The father was visibly angry and moved forward in his chair.)*

DR. FISHMAN *(to the father):* You're reacting. Why are you reacting?

FATHER: This is ridiculous. She just told you herself, she cracked down on her. The way I would have solved the situation would be not to crack down on the kid, but to say, "Hey, honey, you've got a problem, let's talk about it. Somebody said you were cutting school. I don't care if you were cutting school, that's between you and yourself—you deal with that. But I want you to come to me and talk to me if you have a problem; let's sit down and work it out." I'm not going to come down on the kid and say you have to do this or else. That's not the way to deal with things.

STEPMOTHER: I'm just wondering, everything seems to be revolving around the schoolwork. Is that really the problem? If you were doing good in school, would everything be all right? That's what it sounds like, and I just don't think ...

FAITH: No. Some of it has to do with home and stuff.

STEPMOTHER: With what, Faith?

FAITH: Like the beginning of the year I used to be on the phone a lot, and they got mad at me because of that. But that's stopped now; usually I'm not on the phone. But when I'm supposed to clean the house—and Mom helps too—but I'm supposed to figure out what I'm supposed to clean. *(To her mother:)* And Mom, *I don't know* what you want me to do. You say, "Look around, look what you can do," and stuff. But Mom, I don't know what I am supposed to do.

MOTHER: So how do you figure out what kind of housework to do? It's what you think you are capable of doing, right? The reason you're not on the phone so much any more—maybe cracked down is not the proper word—you can use any word you want to—but the way of cracking down was, "No more hanging on the phone constantly."

DR. FISHMAN: You're saying that because your daughter wasn't doing her schoolwork, you said she shouldn't be on the phone.

MOTHER: Yes, she was being limited.

DR. FISHMAN: That does make some sense.

*By supporting the mother I am attempting to get things moving, assuming that the differential support of one member will bring a reaction from another.*

MOTHER: That's what was happening. And it hurt, I know it hurt. There are no other children in the family, so I know her friends are important.

*(The father is now visibly agitated and he responds, in turn causing the stepfather to intervene.)*

FATHER: Oh, boy. *(To the mother:)* It's your attitude. You've got an attitude problem. You don't know how to deal with kids. When I was married to you, you didn't know how to deal with her.

STEPFATHER *(to the father):* You didn't care whether she starved to death or not.

*(Both wives turn toward their respective husbands with calming motions.)*

FATHER: Wait a minute, I want to hear this; you want to bring up some dirt, we'll bring up some dirt.

STEPFATHER: That's why we're here I thought.

**SECOND ATTEMPT**

DR. FISHMAN: No. We're not here for that. We're here for one very simple reason. This girl has four parents. If you parents can bury some hatchets, she won't be doing things like this—she won't have to. If you can't bury hatchets and speak to her with one voice, if you can't agree on what all four of you are doing, she is going to grow up very confused. She is in a very dangerous position. Whatever has happened is water over the dam. Everybody is equally at fault, even though nobody believes it. The only reason we're spending our time here—we're not doing marriage therapy, or divorce therapy or anything like that—the only reason is for Faith. Is everyone agreed that that's why we're here?

STEPFATHER: To help Faith, that's why I'm here.

FATHER: Of course, we're here to help Faith.

DR. FISHMAN: The way to help Faith—it's not easy, but it's very simple. All four adults must be clear on what they want from her and what the consequences are.

FATHER: There's only one thing wrong in this whole session here. We're here to help Faith, but if her mother doesn't get help, there's no sense in her getting help.

STEPFATHER (*pointing at the father)*: Have you gone to your analyst yet?

MOTHER (*to the stepfather):* Please, honey.

DR. FISHMAN: Maybe you're not ready. Maybe you're not ready for us to start.

*(Faith is sitting with her head down and her eyes closed.)*

FATHER: I asked them to get her a psychiatrist and they wasted ten days. This is why she's in here. I wouldn't have wasted ten days.

DR. FISHMAN: If you're going to call each other names and cast aspersions we're going to get noplace.

STEPFATHER: All I'm doing is replying. I'm not starting anything.

STEPMOTHER: Can I say something here, please? This business about us all getting together. We have tried—and I don't know how to say this without your saying that I'm blaming somebody—but over the years we have not been included in Faith's life. Up until maybe a few years ago, he couldn't even get to see Faith.

THERAPIST: But we want to start with today....

*(As the bickering among the four adults continues, Faith sits very quietly with her hand partially covering her face and tears on her cheeks.)*

**THIRD ATTEMPT**

DR. FISHMAN: The reason for this meeting is because she did something and she could have died.

*In order to increase the intensity of the session I reiterate the fact that Faith has made a serious suicide attempt. It is now very important for the parents to emphasize to Faith the notion of finality, since in all probability the girl has no idea of the true significance of her action. By ignoring the severity of her act the family implicitly acquiesces in her denial of her own mortality. If the family can be brought to show their anguish and upset it would put Faith's attempt into a clearer perspective.*

FATHER: Faith came to me two weeks ago and told me this isn't the first time she's done this.

DR. FISHMAN: That makes it even more urgent.

FATHER *(to Faith):* What did you say, something like four or five times?

MOTHER: Faith, what did you want out of this session?

*The mother's attempt to stabilize things by including Faith demonstrates the same triangulation process that led to the girl's depression.*

*(The intensity has started to build. Faith's hand now covers her face and she is sobbing softly.)*

DR. FISHMAN: I don't think Faith should stay. I think she should go back to the room. This really doesn't involve Faith.

*As I see how very sad she appears, I realized that by keeping Faith in the room we are only emphasizing for her the seeming hopelessness of the two sides of her family ever getting together.*

MOTHER: I do think Faith wants to say something about what she wanted out of this session.

DR. FISHMAN: That's not her job. It's our job, and your job—the adults. And from all our experience as family therapists, we know that Faith needs to live in a world where all the adults agree on what is best for her. What's gone before is water under the bridge.

THERAPIST *(to the mother):* Do you agree that Faith should leave?

MOTHER: Yes, yes.

(*Faith leaves the room with the therapist, who returns a few minutes later.)*

**FOURTH ATTEMPT**

DR. FISHMAN: I can tell you on the basis of experience and the basis of research, if your daughter is not to do things like she has done, if she is to grow up so that she is not conflicted, the four of you have to speak to her with one voice. Here's what I would suggest. Let's bring up specific issues that need to be addressed—areas where you disagree—and resolve them so that you can agree on what's best for Faith.

STEPMOTHER: One thing, since she really lives with them, and only visits with us, it's very hard for us to know what they're going through. The homework, the cutting school—we weren't aware of that. There have only been a couple of times she's brought her homework along.

DR. FISHMAN (*to the mother):* Do you need more support from this family, from father and stepmother?

MOTHER: Faith comes home and she doesn't talk about their family over here. And she is not to talk about our family when she's over there. That is what I've asked her, because I do not wish to know what is going on over there. And that was the idea of the counseling back in March. She spoke to the counselor, and she came out and said, "I can handle it myself."

STEPFATHER: You asked about *more* support. I don't think we have *any.* We're going to have to go back a bit here, a year or two. *(To the father and stepmother:)* I spoke to you on the phone and you said you're always there to pick up Faith when you say you'll be there. And you're talking to a guy that sat for half, three-quarters of an hour waiting for you to pick her up, because you overslept. And this is a regular occurrence. So I used to take her with me, which upset you.

MOTHER: Yes, but that was solved, Hon, by ...

STEPFATHER: Yes, lately you've been on time.

DR. FISHMAN: So that's what you want? You want it so you can depend on each other?

STEPMOTHER: But lately it hasn't been like that. I think that's what you're saying. It was a problem a while ago, but it's not really the problem right now. Right?

STEPFATHER: Right. But if I had not treated it the way I did it would be a problem.

DR. FISHMAN: Are there other areas that need support—for example, the music and the schoolwork?

STEPFATHER: I would love it if she would take her guitar over there and practice. She does not practice it enough. She enjoys playing it when she feels like playing it. And I would never say she's stupid. But she will not do her homework unless she's forced to. Like we were discussing—I would come home and there she'd be on the telephone for over an hour.

DR. FISHMAN: So where would you want support? On the guitar? On the cutting school? On things like that?

STEPFATHER: Yes. I don't think it should be necessary to tell the child four times before she'll do it once. This should not be necessary.

STEPMOTHER: We were never told about the cutting school. They never did come to us and say, "Could you help us," or "Could she bring the guitar?" So, it's all right with us if she brings the guitar. We'd be glad to help if she'd bring it over. If there's a cutting school problem—no one ever has asked us to help. That's what I was saying about being left out.

DR. FISHMAN: You would like to be included more.

STEPMOTHER: Yes.

FATHER: Oh yes. *(To mother:)* It's been more than ten years since we've been divorced, and how many times have I been included in something? How many times have you called me up and said, "She has a gym meet in school, would you want to come?" or things like this?

*The father here is speaking to the chronicity of the situation—more than ten years of lack of coordination, more than ten years during which Faith has been shuttled between two very*

*separate homes, with each parent approaching her from a different direction.*

The stepmother's reaching out signaled an opportunity to begin some bridge-building. I decided it might be too threatening to introduce the prospect of direct communication among these people and that it would be more useful to present myself as a neutral third party through whom they could begin to open channels of communication.

DR. FISHMAN: So you would like that?

FATHER: Yes. There's no communication here, for one thing.

DR. FISHMAN (*to the mother):* What about that? You don't necessarily have to talk to each other, you can talk to us.

MOTHER: I said earlier, what works best for Faith and I, is that what goes on in our house we solve at our house, and their problems, they solve at theirs. Now, Faith would like what you're saying—our all working together. But when it comes down to doing it, I called him *(indicating the father)* the day Faith took the overdose. That very day he told his mother that I didn't call him, that Faith called him from the hospital.

*This is new information. Clearly, Faith and her mother have talked about the split in the family and Faith has communicated her desire that the two families come together, but her mother has apparently told her that that would be impossible. Could Faith's suicide attempt have been an effort, conscious or unconscious, to create sufficient crisis to fulfill her wish?*

FATHER: I don't know where you get your information.

STEPFATHER: From your mother.

FATHER: Well, my mother is a very confused woman.

MOTHER: I do not care to ever call over there, and haven't for a long time, unless I absolutely have to.

A new problem has been introduced: the involvement of the grandparents. The father had a very close relationship (perhaps too close) with his mother, who for many years bailed him out whenever he acted irresponsibly. Somehow the grandmother was involved in the communication difficulties on the occasion of Faith's hospitalization.

DR. FISHMAN: How about things like a gym meet? Things like that—would you be willing to have this family involved? To have her father be involved?

*I direct my efforts toward bringing the group down to a more mundane, less emotionally charged level.*

MOTHER: I don't know. I have no idea at this point.

STEPFATHER: Something like that, I would prefer if Faith would have a voice in it also.

*The stepfather assumes the role of the homeostatic maintainer.*

DR. FISHMAN: Assuming that she wants it.

I acquiesced to Faith's having a voice only to keep the dialogue moving. In this system, where the dysfunction is created by the repeated introduction of triangles, including Faith in the decision-making process would only serve to render the system more inefficient and to continue the triangulation. The stepfather's desire to bring in Faith was an attempt to undermine attempts at negotiation. It is clear that the people in the room cannot successfully negotiate the issue if the final decision rests with Faith, who not only is not present but is in no position to arbitrate her own precarious situation within this divided family system.

MOTHER*(to the father):* Faith would have been very hurt if we told you about what's going on. About what she should have done or she shouldn't. Because she still feels that she has to be very good at your house.

STEPMOTHER: Why does she feel that?

MOTHER: Because Daddy won't see her any more if she's not very good.

*Here another possible component in the suicidal drama is raised. Faith apparently feels that she has to be perfect for her father. It is possible that in this inflexible system the child has experienced so much past rejection that she fears one more transgression will cause her father to desert her completely.*

*(Both father and stepmother groan and shake their heads as if completely disgusted.)*

FATHER: Oh—we're going down dusty roads here.

MOTHER *(addressing Dr. Fishman):* All I can say is, before things can move on, that has to be talked out with Faith.

DR. FISHMAN: I hear what you're saying, and I think it's important. But the issue is between Faith and her father. We can help with that in a separate session.

MOTHER: But because of the way Faith feels, it would hurt her more to know that her dad knows. You see? Do you understand that? Because she feels she's got to be good!

STEPMOTHER: Where does she get the idea that she has to be good. That doesn't make sense.

DR. FISHMAN: What we're doing is, we're putting together a series of different sessions. That's a different session. *(To the mother and stepfather:)* That doesn't involve you. That's between Faith and this set of parents *(indicating the father and stepmother).*

**FIFTH ATTEMPT**

DR. FISHMAN: One way of looking at what Faith did is that Faith is attempting to change things here, among the adults. There's a lot of pain, and I would imagine that, as in every family, everybody is equally right and equally wrong. The point is to work together so that this girl can go through her adolescence. You have a challenge before you so that she can grow up in a way that is not troubled.

MOTHER: Faith and I have already talked about that. What she's wanted ...

FATHER: What you wanted, not what she wanted.

MOTHER: It's what she wanted.

FATHER: And a while ago it was "what Faith *and I* want"—and really she meant "what I want." She's been a manipulator all this time. She's been dealing with us and she's been making everything fine for herself—not for us.

DR. FISHMAN: Are we ready to move on?

MOTHER: What we're asking is what Faith wanted.

STEPFATHER (*to Dr. Fishman):* You're asking for a miracle.

I am becoming increasingly pessimistic. Every effort to encourage negotiation seems to be

quickly derailed. However, I decide to make another attempt.

**SIXTH ATTEMPT**

DR. FISHMAN: I don't think you have any choice but to provide a miracle or she'll grow up very very disturbed. It may be a miracle, but it also requires some grown-up behavior.

FATHER: I made a mistake when we got divorced; I should have taken custody of her and you would have never gotten to see her—only under my conditions. And see how you would have reacted. That would have been a test for you. All these years we've been going through hell, and now you want to turn around and make everyone think that you're such an angel. Well, you're not. You and your whole family, your sick father—you know I could bring up some really bad things about him. He threatened me with a knife. He tried to molest my daughter.

STEPFATHER: You tried to molest your little cousin, too, at the family picnic.

FATHER: Who?

DR. FISHMAN: Listen, I don't know whether we're going to get anywhere.

STEPFATHER: I think we might be better off with private sessions. You get their side and our side, and then you try to sort it out.

FATHER (*to the stepfather):* You better clean up your backyard before you start throwing stones. Because I know more about her than you think I do.

STEPFATHER: I don't have any stones. I've been throwing them back.

FATHER: You're throwing accusations. You show me the proof. I'll show you the proof.

MOTHER: All right. We do know, I do know—Faith and I know what you want. Faith and I did sit down before she went to this counselor in March. I pointed out why I did not think it would work.

DR. FISHMAN: What would work?

MOTHER: Why it would not work that we could get these two sets of parents making these decisions together. Because as I said, I won't call over there unless I absolutely have to because we always end up in arguments. Now from Dad's [the grandfather's] side—that

answer you'll have to get from Faith.

STEPMOTHER: Can I say something? Earlier when we said about what they do at their house is left there, and they don't care about what we do—that's a definite difference from how I feel, and how we feel. I have felt ever since she was little that a little child should be able to talk about whatever they want to under these circumstances. Because when they're little—they are just going to say normal things, like, "I went with my mom to the zoo today." Just to say, "That's nice," and make her feel like it's fine to talk about things like that. But don't ask questions, just let her talk. And I remember her saying when she was younger, "I'm not allowed to talk about you unless it's a problem," and she [the mother] still feels that way, I guess. I thought why can't she mention things? That seemed abnormal not to be able to talk about her life at home.

DR. FISHMAN: You're saying you would like to decrease the separation between the two families.

STEPMOTHER: Yes. I think she [the mother] is separating us by saying I don't want to hear about that. I mean I don't want to hear about every little thing; I wish she could have the freedom to mention the simple everyday things, or even if it's a problem, or even the good things.

DR. FISHMAN: So you think it would be good to bridge the two families. With the good things, not telling each other's business.

STEPFATHER: I have no difficulty with conversations on the phone, it's the two of them *(indicating the father and mother)* that can't talk.

DR. FISHMAN: So you agree with that philosophy?

*It is my guess that by moving the emphasis away from the biological parents and making an effort through the stepparents, who are potentially less angry, the system might start changing. I continue on that track, trying to make co-therapists of both stepparents.*

STEPFATHER: I have no problem.

DR. FISHMAN: Or if there's a difficulty that needs to be bridged?

STEPMOTHER: Yes.

STEPFATHER: I agree. I've called over there. I'm the one that called up and told you visiting hours and everything, how to get there.

MOTHER: Yes, they [the stepmother and stepfather] can get along all right.

STEPFATHER: But there's an awful lot of animosity between the two of them *(indicating the father and mother).*

DR. FISHMAN: It may well be that it's hopeless, that they can't get over it. There are a lot of marriages where the marriage was a success, but the divorce fails.

FATHER: This is all a farce, you know. I mean this is a part of my life that I'd like to forget. I mean, I was twenty-four when I married her. I must have been a little sick when I did it.

DR. FISHMAN: The fact is, with all due respect—can you forget it?

FATHER: Oh, yeah, it's all over now.

DR. FISHMAN: Tell me one reason why you can't forget it.

STEPMOTHER: Because she's still a reminder.

DR. FISHMAN: Yes. Had you not had children you could have just gone on.

STEPMOTHER: But the child is in the middle, in a sense—although no one ever puts it that way.

DR. FISHMAN: You know something, she loves you just as much as she loves them.

STEPMOTHER: Sure, we know that.

FATHER: And I know she doesn't want to hurt us, and she doesn't want to hurt them. Maybe that's why she gets quiet.

STEPMOTHER: We know she's been in the middle. That's what has always bothered us, but you know—(to *the father)* you have a temper, and just Susan's voice gets you mad. *(To the mother:)* And although you might not lose your temper, you hang up on us.

FATHER: Susan doesn't get so mad, but she hangs up on the phone all the time.

STEPFATHER: He hung up the last time, though.

FATHER: The reason I hung up was she waited until she got home to call me. Something happens to my child, I want to know right away.

The stepmother has begun to provide some perspective to both parents. But when the parents start grumbling at each other again about a past transgression, I decide to intervene.

**SEVENTH ATTEMPT**

DR. FISHMAN: The question is how to get this girl out of the middle.

FATHER (*to the stepfather*): I don't have anything against you, Matt. I think you're an intelligent person. I just can't get along with her *(indicating the mother).*

THERAPIST: Did you hear Dr. Fishman's question?

FATHER: No. I wasn't listening.

THERAPIST: His question was how to get Faith out of the middle.

STEPFATHER: I've had quite a few quiet talks with her and told her that I don't like her being put in the middle. But I must agree with Susan that what we do at our house, stays at our house. Now if he asks her how she's doing at school, fine. But what we're doing, what we bought, or ...

STEPMOTHER: No, no. I mean when it's dealing with Faith herself.

STEPFATHER: Day-to-day stuff concerning her, neither one of us objects to it. But we had the feeling she was being pumped over there.

STEPMOTHER: For what?

STEPFATHER: What we were doing and everything else.

STEPMOTHER: Only if we thought she was depressed about something, or was having a problem. If we pumped her it was because she wouldn't talk about what was bothering her and she's got to get it out, that's all. Because we only see her on the weekends, and you don't come to us and tell us what's going on. So, we're on the outside, feeling that there's a problem and not knowing where to start.

DR. FISHMAN: Would you like to be included?

STEPMOTHER: Sure, that's why we're here.

DR. FISHMAN: Would you like, for instance, to have Matt [the stepfather] call you and tell you what's going on? So that when she comes over you get a sense of how her life is going?

MOTHER: You can't do that without talking to Faith first.

DR. FISHMAN: Of course, but assuming it's all right with Faith.

STEPFATHER: The answer is yes.

DR. FISHMAN: Would that be all right with Susan [the mother]?

STEPFATHER: I think if Faith really wanted it.

DR. FISHMAN: Ask Susan.

STEPFATHER: Well, she's not going to be 100 percent, I can tell you that ahead of time.

DR. FISHMAN: Ask her anyway.

STEPFATHER: Would that be okay—if I called Helen and went over things?

MOTHER: I do not know, because I don't know how Faith feels about it.

STEPMOTHER: Assuming Faith wants it.

STEPFATHER: If Faith would say she would like to have it that way? I certainly have no objection to it. It's not as though we were old friends ...

DR. FISHMAN: That's not the point.

MOTHER: But see, that is the point. Faith doesn't want it to happen. If we're going to be in the same room and we can't get together—Faith and I did talk about this, we really did.

STEPMOTHER: Talk about what, us getting together?

MOTHER: Yes, we can never be together—we can never be together in the same room.

STEPMOTHER: Well, we're not going to have a family dinner or anything—we're talking about Faith.

DR. FISHMAN: We're talking about both parts of Faith's life being there for her.

MOTHER: We can't be together in the same room—that's not going to work.

STEPMOTHER: Like if she's in a gym meet and we're at one end of the auditorium and you're at the other—that's not going to bother her, to know that we're in the same room.

DR. FISHMAN: Assuming that the four of you are grown-up.

An incongruity seems to have surfaced. On the one hand, Faith seems to desperately want both her parents to be together; on the other hand she doesn't want them together in public. As we continue the session it becomes apparent that Faith is afraid her parents would embarrass her by going to war with one another in public.

STEPMOTHER: Did you ever ask her?

MOTHER: Yes, and she didn't trust it.

DR. FISHMAN: She didn't trust you? She thinks you're childish, that's all.

MOTHER: We'll make fools of ourselves, and it embarrasses her.

DR. FISHMAN: We're making the assumption that you're grown-ups.

STEPFATHER: She's afraid we'll get into an argument in front of her friends and embarrass her.

STEPMOTHER: Well see, that's because this hasn't ever happened before—that we can sit down and talk. This is the closest it's ever come.

DR. FISHMAN: The question is, can you be decent and distant to each other? We're not going to resolve anything. It's just for the girl, it's only for Faith.

STEPFATHER: That's why we're here—for Faith.

DR. FISHMAN: That's why you're all here, why you're all going through this, which I'm sure is very unpleasant.

STEPFATHER: But it is going to stay the same if we take the attitude that we can't work it out. Unless we can talk enough to carry it out, to say, "Look, Faith, we're going to try to get along. We both want to see you at the gym meet. So we won't sit together, but we'll be in the same room, and we won't cause a scene, and we won't embarrass you, because we all

love you and we're proud of you and we want to make you happy." So if we don't start somewhere ...

DR. FISHMAN: Each of you ask your spouses.

STEPMOTHER (*to the father*): Honey, you'd love to go to gym meets, wouldn't you.

FATHER: Sure I would.

STEPMOTHER: Now if we went, and they were there, and we saw them, what would you do? We'd just sort of walk the other way, right?

MOTHER: Faith doesn't want us walking the other way.

DR. FISHMAN: Listen, I'll tell you something. It's not Faith's choice. You love her very much, she loves all of you, she shouldn't be caught in the middle at all. The four of you have to decide. When you were thirteen, if you were in the same situation, would you have wanted your parents there—assuming they were grown-up enough to behave themselves? *(To the mother:)* What would you have wanted?

*(The mother leans over and talks quietly to the stepmother.)*

STEPMOTHER: Can I say something? Susan just said—she said even if we just walk in and walk the other way, she said Faith doesn't want even that, unless we can talk. Now, would that be pushing it? Would that be asking too much? To say, "Look we might not talk, but it's just a start."

DR. FISHMAN: It's just a start.

STEPMOTHER (*to the mother*): See, you can say that. At least we're trying. If we get through it and we're all there and we don't have an argument in front of her, that would be one step up.

DR. FISHMAN: Is each of your spouses willing to do that?

FATHER: Yes, I'm willing to do that, sure.

DR. FISHMAN: Matt?

STEPFATHER: I'm willing to go if she is. I'm sure there's not going to be any conversation, but she's still his daughter.

DR. FISHMAN: You'd better ask your wife.

MOTHER: I have one statement. *(To the father:)* Are you going to continue telling Faith to tell her schoolmates that she's a Polack?

FATHER: Where are we digging this one out of?

Clearly, in this session different people have assumed the mantle of homeostatic maintainer. The four were close to an agreement when the mother brought up the divisive issue of the father's ethnic origin. I had to work to get them back on track to produce closure and to establish the beginnings of a new organization. Eventually even the mother, somewhat reluctantly, agreed that the four adults would decide the gym meet issue, saving Faith from having to decide between her two sets of parents.

A week later there was another joint family session. Just before this session the therapist and I met with Faith alone to learn how things had gone in the previous week and how she was feeling. Had her depression lifted? Was she no longer suicidal? How well was she doing with the other kids on the unit and in the classroom? The answers to these questions would be indicators of how well the parents were doing in creating a new system in which Faith would no longer be triangulated.

DR. FISHMAN: How about some of these suicidal feelings and actions that you had? Where is that?

FAITH: Like, yesterday, I felt, why couldn't I have died, and stuff.

DR. FISHMAN: Why, what upset you?

FAITH: Things that have happened here—something that happened between this girl and me. So I got mad and stuff, but I got over it.

DR. FISHMAN: This was a split-second thought? For a few minutes you felt like dying?

FAITH: Yes, I wished I'd died.

THERAPIST: Do you feel like you know more alternatives to feeling suicidal?

FAITH: Yes, I talked to the person and we worked it out.

THERAPIST: And is that something you've learned here—about talking with people?

FAITH: Yes, to talk and stuff.

DR. FISHMAN: So what do you think has changed in your family, or whatever?

FAITH: Nothing in my family at all. I'm able to communicate more with people.

DR. FISHMAN: What about your family?

FAITH: My family? I'm able to communicate with my dad and my stepmother. And Matt talked to me a little bit; we were able to talk. But me and my Mom, we've just not been working things out.

DR. FISHMAN: Do you see that as kind of a major problem at this point?

FAITH: Yes. *(She pauses and fidgets, saying nothing.)*

DR. FISHMAN: How do you see the problems with your parents?

FAITH: I don't know. You say they ought to be much stricter with me, and I'm sorry, I don't agree with that.

THERAPIST: Well, we want to know your opinion.

FAITH: Well, I think they're strict enough. It's one of the reasons why I'm—I don't know. I think it'd just be like, "Do this," and "You can't go out," I don't know.

DR. FISHMAN: You mean you're not treated like someone your age, you're treated more like a little girl?

FAITH: Well, they want me to do the work at my age. But then I can't be allowed to go out or anything. Ever since she [the mother] went to school, I've got to help her.

DR. FISHMAN: In what way?

FAITH: Well, like I had to do more and more every night. I can understand that because she's not home as much. But—she's always like, "Here, help me with the housework." You know, I've got homework to do, too. At the beginning I didn't do it because I didn't understand that it was graded. So I copied other peoples'. But they won't listen to me

when I say that.

DR. FISHMAN: So being heard is part of your problem?

FAITH: Yes.

DR. FISHMAN: How about with your dad and his wife?

FAITH: It's all right with him. I mean, he understands me and everything. The only thing is—I don't know—he's trying to be with me more when I go over there. But he got mad because I said I was always with Brian [her three-year-old half-brother]. I felt that I was always babysitting and not getting paid for it. And we got in a big argument, and I didn't want to go over there for a while. Stuff like that. But, I mean, we worked things out; we were able to talk to each other.

DR. FISHMAN: So that's better?

FAITH: Yes. It's just—I mean, in a way I'd like to live with them, but I don't want to live with them because, I don't know, I just feel I'd be with Brian the whole time.

DR. FISHMAN: A built-in babysitter?

FAITH: Yes, and I don't want to do that.

Faith clearly was no longer the depressed, waiflike creature of the first interview. She had much more energy, more bounce to both her walk and her voice, and her affect was much more animated. Faith's complaint about her mother seemed the very normal complaint of a thirteen-year-old girl emerging into adolescence who has suddenly had increased household responsibilities foisted on her. We saw it as separate from the pathology of the system.

As the parents entered the room upon Faith's departure, they all seemed more at ease, perhaps because in the past week of therapy they had become more accustomed to being in each other's presence.

DR. FISHMAN: How do you think Faith is doing?

MOTHER: I don't know, I haven't talked to her for a while. I don't think she feels we're working together.

DR. FISHMAN: As a family?

MOTHER: Yes.

DR. FISHMAN: I'll tell you some of our observations about Faith. She seems like a very gentle and a very fine girl.

MOTHER: Yes, she is.

DR. FISHMAN: But also, like every girl her age, she's very fragile. Which we all were, too, at thirteen. Because what she did is very scary. Sometimes kids, even if they're not serious about killing themselves, they have no idea how little it takes.

MOTHER: I think even though she feels that we're not working together, she's still hopeful that we can, she's hopeful.

DR. FISHMAN: I think that all of you did a lot of work. I know how tough it must have been for all of you. There are many hatchets that you have to bury, a lot of difficult times.

The mother seemed to receive the message from Faith and the therapist: "For God's sake, get the parents to grow up and get their act together"—a sign of real progress. My goal at this point was to find out whether she and the rest of the system have indeed changed enough to release Faith from her untenable position in the middle. As the session continued, however, the name calling, casting of aspersions, criticisms, and accusations all revived. The father vehemently denied the accusation of improper behavior toward his niece and offered to take a lie detector test. Needless to say, these goings on made me skeptical that anything had really changed. I therefore decided to proceed by repeating the message from our last session.

DR. FISHMAN: The four of you know the situation, the challenge—and I mean it as a challenge —how can you find a way of working together? That's what Faith needs.

THERAPIST: The area that a week ago you had succeeded in reaching agreement on was the hypothetical gym meet.

STEPFATHER: Well, if Faith wants them to come, fine.

STEPMOTHER: I thought we cleared that up.

MOTHER: It's not up to Faith, remember.

STEPFATHER: You'll be notified, if you want to come, you can come.

FATHER: Can I ask a question? I thought we were here to clear the air.

DR. FISHMAN: I don't think we're really here to clear the air. We can't clear the air. You guys are going to have animosity for the rest of your lives. Are there concrete, specific ways in which you can present a united front to Faith?

STEPMOTHER: I'll just say that we always felt—we always tried to keep Faith out of the middle and tried—we were aware of the two-family situation and so we have tried to keep from saying anything about them. It didn't always work, but we definitely tried and we're going to keep trying. Now, as for what they want to do, how they feel about us—I feel that we can try to keep our personal feelings separate from what we show Faith. And as far as hearing things one way or the other about them, I don't think that's what's important. I feel that at this point what's important is how Faith is feeling.

DR. FISHMAN: I feel the same way about Faith.

*The Mother and stepmother clearly have gotten the message. Have the men?*

MOTHER: I just feel that these things—things involving Faith and her father are very touchy to me. (*To the father.*) I don't know if you can understand that, Bob. But I would not want to see my any child in that position; not just Faith, but any child.

DR. FISHMAN: I think everybody feels the same way. Everybody wants to protect Faith.

FATHER: Faith said some things about you two that I can't believe, but I've never brought that up either. And if you ask me why I'm not bringing them up, it's because I don't have the proof. So I would not have the gall to bring them up to you in the first place. If I even thought that of you, I would never bring it up to Faith.

STEPFATHER: I would like to hear them. Because we're hearing that she does not want to go over there because all she is is a babysitter over there.

*The men have not gotten the message. This is more of the old anger.*

MOTHER: Maybe that's something for one of the sessions. Why is she lying like this, if this is the case?

STEPFATHER: We're getting one side about over there, and apparently she's going over there and giving them a bad picture of us.

FATHER: She doesn't give a bad picture of you. It's just—at our last session when we were talking and Faith was with us, she said that you told her to kiss your ass. Did you do that?

STEPFATHER: One time.

DR. FISHMAN: You know, Faith is young, but Faith knows how to play both sides against the middle.

*This last comment is my attempt to utilize the circularity of the system. Faith is not just a victim—she is also a protagonist in this complex triangle. In fact, now it is Faith who helps keep the fires of dissent burning.*

STEPFATHER: That's what she was attempting to do when I told her to kiss my ass. It seems I made an impression, and I'm glad of it.

FATHER: Now let me explain something to you. I'm her father and I've never talked to her like that. You're not her father, and you shouldn't talk to her like that.

STEPFATHER: You have no idea why I said it.

DR. FISHMAN: And that's exactly why—both of you are out of context.

STEPFATHER: Well, my son says "fuck you" to me, and that's the first time he's ever talked like that to me, and I didn't return the thought back to him. I wouldn't have the guts to do that—maybe you're overreacting. You've got to use your head. You're an adult.

DR. FISHMAN: The fact is she's a child, and the fact *is* she knows how to play you guys off against each other.

STEPFATHER: She tries.

DR. FISHMAN: Well, what do you think is the way out? This is your family. This is the situation you have created.

STEPMOTHER: Well, I've been aware of Faith playing between us, so the few times she said anything about them, I was aware not to let it—I know their feelings, I know they don't like us, so I'm careful not to take sides.

DR. FISHMAN: Are you suggesting something? Are you suggesting that when these things happen, you will call the others? What about that?

*Playing up this suggestion is my attempt to create a new organization in the form of a new social convention. There needs to be an open channel, a hotline between the two families, so that when there is upsetting information from Faith, either family can pick up the phone and call the other.*

STEPMOTHER: I wasn't thinking about that, really.

DR. FISHMAN: Well, what about that? What about calling her mother and saying, "This is what we've heard, let's check it. We adults have to stick together." That's what we're talking about — this is the battle of the generations.

STEPMOTHER: What I'm saying, and I'm not saying it for Bob necessarily, but when she has said anything, I didn't take what she said at face value. The way she's presenting it could be different from how it really happened. So I try to be unbiased about what she says.

DR. FISHMAN: I understand that. Can you check it out?

STEPMOTHER: Yes, if it's something really important that she's saying and I think it's important to know if it's true or not—yes.

DR. FISHMAN: Good.

THERAPIST: I'm not sure they [the husbands] can. Bob still can't talk to Matt about "kiss my ass." It seems like that's still something that needs to be hashed out.

FATHER: Well, let's put it this way, she's my only daughter. If I hear some man talked to her like that, I put him on his ass. I don't like that. They're my kids, it's a touchy subject. I love them both. What I created, he destroyed.

DR. FISHMAN: This is exactly what we're talking about. How can all of you separate some of your egos and say, "Wait a minute!"

MOTHER: My question is, are you *(indicating the father and stepmother)* seeking custody of Faith?

FATHER: I'm not going to lie to you, we talked about it. I think that if she goes back to the same environment and things don't work out, then I might try for custody. But if things change, if the four of us can get together and talk and have a better environment with

my daughter—just so when she comes to my house we don't curse at her and we don't say, "You can't do this" or "You can't do that." Kids are really impressionable. If you tell them they can't then they think, well my father won't let me do that, then I don't like my father.

*The father's position is that of the peripheral parent. The most important thing to him is that his child like him. He fears that if he establishes a hierarchy and enforces rules, his daughter will not love him. Interestingly, both the child and the father have the same fear of being deserted by the other.*

Clearly, the antidote for this peripheral father-daughter relationship is to get the father to become more involved in a parental capacity and not just serve as a weekend buddy. In the last segment of the session, new information indicated that the father himself might be planning moves in that direction. He had been talking about suing for custody, which would represent a new escalation in the war between the families.

DR. FISHMAN: So if the environment changes?

FATHER: If the environment changes, there's no reason to change anything. But there's got to be a change.

DR. FISHMAN: Are there concrete ways that you can all work together?

FATHER: We've got to get close to Faith, for one thing.

*The father is absolutely correct. A more genuine relationship with his daughter would help him become more sensitive to the stepfather's functioning as a parent.*

As the session moved on the parents discussed Faith's desire to call her stepmother "Mother." The father had said at one point that he did not feel comfortable with that, but with urging from the others he agreed that it was an issue between Faith and her stepmother and should be left for them to decide.

My goal is to have these four parents resolve a conflict which would signal the emergence of a new pattern. I therefore return to a concrete and observable issue, the gym meet.

THERAPIST: So, we have a hypothetical gym meet that we've agreed on. What else?

DR. FISHMAN: Between you two families.

STEPFATHER: I guess we could call if she tells us something. But I also realize what you said, she'll play one against the other. Kids have a tendency to do that.

DR. FISHMAN: I can tell you something about adolescents: they're mercenaries. They're working to get what they can. And you guys, because of the split in the situation, are even more vulnerable.

STEPFATHER: Okay, when I hear a so-called rumor, I'll consider calling over and ask them whether it actually happened.

FATHER: I'll tell you, it's really hard for me to say this, but I'm ready to forget everything that ever happened to us and to just start all over and try to burn these bridges and get done with all this argument. I'm tired of it. Let's just try and get along together. And if I hear something about you and I don't believe it, I'll call you up, we'll talk about it.

*This is an impressive statement from the father. For over ten years he has been warring with his ex-wife. To agree now to put the warfare aside and move on is a significant change, and all I can do is emphasize its importance to his fragile daughter.*

DR. FISHMAN: Your daughter is a fragile human being—she needs that.

FATHER: Yes. Maybe I've neglected her a little...

DR. FISHMAN: Don't get into that, you have many years to correct the situation. That's not the function here.

FATHER: It scares me, it really does, I don't know where she's at. It's great, you know, to have somebody say "I love you" or "I care about you, I really want you to be around, I want to listen to what you have to say, I have confidence in you."

DR. FISHMAN (*to the mother*): What do you think?

MOTHER: I don't know if I should believe her, but I want to believe her.

THERAPIST: Do you believe in this principle of rumor control?

MOTHER: If I say that, when I hear one more thing—Faith will be going over there again ...

FATHER: Well, this is our stumbling block here. First of all, there's nothing to that. I don't know where you get these things. It's just a rumor.

*I believe mother and father are somewhat disoriented by the newness of their changed positions —thus the non sequiturs.*

The discussion moved on to rumors of the father's having indiscreetly tickled a niece and the instability of his marriage, problems that had been blown out of proportion. After discussion and explanation the families were able to come to some closure on these topics.

DR. FISHMAN: The important thing is this kind of communication, coming to some kind of understanding about suspicions and fears.

MOTHER(*to the father*): But when I call you to check it out, I don't want you getting angry at me for checking it out, okay? Is that understood?

FATHER: What do you mean?

MOTHER: If she comes to me with a rumor, I'm going to call you and I'm going to tell you exactly what she said, and I don't want you to be offended.

FATHER: I'm not going to be offended.

MOTHER: No, the things that we've mentioned, the rumors and ... and the other—I'm pointing out these major rumors, as they say, and I didn't consider them as rumors.

DR. FISHMAN: Ask Matt to call them.

STEPFATHER: I'll call over, verify whether the rumor is true or not, or what Faith is saying—we'll probably discuss it first.

DR. FISHMAN: You probably should.

FATHER: Well, I hope this all comes out, because this really makes me uneasy.

DR. FISHMAN: Okay, the point is to go beyond it, so the two of you are a bridge to one another and Faith doesn't get caught between you. Okay, shall we bring her in now?

*(Faith enters the room.)*

DR. FISHMAN: Now, is there anything that any one of the four of you want to say in terms of bridges and things like that?

STEPMOTHER (*to Faith):* We're in agreement [that] if there's something at school or something like that, we can all come and be there to watch you and there's no problem with that. Can you understand that?

FAITH: Yeah.

STEPMOTHER: And we talked about getting together, the four of us, and the one thing that we covered today was that since there has been some problem with rumors—you know, things said about us, each of us—that if something's brought up one would call the other and check it out instead of just believing what was said. Because there's been a conflict there that's gotten in the way of understanding what's going on.

MOTHER: It doesn't mean we're checking up on each other and on you, it's just that ...

FAITH: I hear what you're saying.

DR. FISHMAN: And about gym meets?

MOTHER: She *(indicating the stepmother)* already said that.

STEPMOTHER: Yes, anything to do with school, or some function that we'd be going to.

FATHER: What about school? How are you doing? How are you making out?

DR. FISHMAN: We'll work on that; that's another session. *(To Faith:)* Do you have any questions of your parents? And by parents, I mean all of them.

Much to my pleasure and the therapist's Faith then created a challenge. She asked permission to go on leave from the hospital in order to spend some time with a friend (and probably get a chance to see the boyfriend she met while in the hospital). The parents' newfound organization was challenged to see if the four of them could resolve together this very normal problem in adolescent control.

The father, always courting the goodwill of his daughter, was an easy touch; after asking a few questions, he readily agreed. But this was too good an opportunity to ignore. All four needed

to agree. I asked, "What have the four of you to say?" The mother, stepfather, and stepmother then questioned Faith closely about where she was going, who would be there, and how she would behave.

Faith then left the room to return to class and the therapist and I excused ourselves, while the two families discussed the pros and cons of Faith's request. As we observed from the monitor, we were extremely impressed by the new organization that seemed to have been established. All four parents participated equally in deciding how to make this parental decision. After about fifteen minutes of discussion they were all agreed and the therapist and I returned, along with Faith, to hear the verdict.

FATHER: We've all talked it over. We've analyzed everything and we don't think we can let you go. We don't think that you're responsible enough right now. Maybe in a little while, if you buckle down and things go well. And if it's something we know more about.

MOTHER: We think you're doing fine. We really do, except for some of the difficulties in your schoolwork. Other things we've seen you are doing well.

FATHER: Is there anything you want to say?

FAITH: No.

STEPFATHER: We just feel that without knowing exactly where you're going and what you will be doing—well, it'd be a little bit like just dropping you off at the boardwalk.

FATHER: I've never really said no to you, Faith. But this is something that really worries me. We all talked it over.

THERAPIST: The four of you?

FATHER: Yes, we all talked it over.

*(Faith leaves the room. As the therapist and I get up to leave the father crosses the room to the stepfather and shakes his hand, thanking him. Then he goes over to his former wife and puts out his hand to her. She takes his hand and holds it tightly, pulling him toward her.)*

MOTHER: I don't hate you, you know.

FATHER: I don't hate you either. I want us to stop fighting. We're going to burn these bridges. That's the way I want it.

MOTHER: I've been afraid of you. It took me a long time to be able to talk to you.

FATHER: It took me a lot of guts just to shake your hand.

## Summary

With this scene the system seemed transformed.[1] The four adults appeared finally to be working together. For the first time in at least ten years the father and the mother appeared to be ready to bury some hatchets.

I noticed, however, that while this touching scene was taking place between the father and mother, the stepmother stood in the doorway with her arms crossed over her breast, staring at them. I saw this as the previous organization raising its head. It was a clear reminder of how difficult it is to transform a very chronic system and that there was much more work to be done. But the therapy seemed to have achieved the goal of all four parents living in a system capable of giving congruent messages to the girl. All of them were now acting as her parents.

The following week both families were again able to come to a consensus on a complex issue around Faith's desire to see her boyfriend. They continued in outpatient therapy after Faith left the hospital. They have sometimes used the therapy sessions to air their complaints about one another, but have rallied when necessary to handle problems. At this writing, all involved are committed to therapy. They see that it is in their mutual best interest for the good of their daughter.

I see this as a very good outcome. We cannot hope to transform problems like this family has suffered in only a few sessions or even a few months. But if the therapist can bring the family to be genuinely engaged in therapy, then there is real hope, even for chronically troubled families.

## *Notes*

1 If this chapter has seemed slow moving, the experience is akin to our experience in the treatment room. What we found necessary was an intensity of repetitions—an erosion of the old, dysfunctional patterns.