

H. Charles Fishman

# Treating the Violent Family:

First Do No Harm

*Treating Troubled Adolescents*

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**H. Charles Fishman**

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## Treating the Violent Family: First Do No Harm

Yet each man kills the thing he loves,  
By each let this be heard,  
Some do it with a bitter look,  
Some with a flattering word,...

OSCAR WILDE

FAMILY VIOLENCE is generally thought of as physical abuse or the threat of physical abuse between family members. The exact prevalence is not easy to determine because the phenomenon is often narrowly defined and because statistical data is often based on disparate sources such as emergency room reports, police statistics, or self-report. Nonetheless, ample evidence exists, as Richard Gelles writes, for "exploding the myth that family violence is infrequent or rare" (Gelles 1980, 878). Surveying a nationally representative sample, Murray Straus, Richard Gelles, and Suzanne Steinmetz (1980) found an incidence of physical violence between marital partners of 16 percent in a one-year period and 28 percent over the course of the marriage. Gelles (1980) reports estimates of child abuse from six thousand to one million incidents annually, and David and Patricia Mrazek (1985) state that more than two thousand child mortalities per year occur as the result of physical abuse. As Peter Jaffe and his associates (1986) point out, increased media attention highlighting the problems of family violence has led to a growing public awareness of the need for specialized services, such as shelters for battered women and child advocacy groups.

The most common explanation for the persistence of the phenomenon in our society is that each generation learns to be violent by being a member of a violent family (Straus, Gelles, and Steinmetz 1980). Researchers have also consistently found that family stress and a lack of

warmth and sensitivity within the present family are factors that contribute to the perpetuation of violence (Gelles 1980; Carroll 1977; Mrazek and Mrazek 1985).

For the clinician I believe the most important factor is the presence of stressful family relationships in the *present* context. In his 1977 study of the transmission of family violence between generations, Joseph Carroll found that even among those who had been abused as children, less violence was associated with those experiencing a high degree of marital happiness. Reporting on factors contributing to child abuse, Mrazek and Mrazek (1985) point out that a primary factor in triggering abuse is stress within the family as well as in the surrounding community. It is these contemporary forces that unleash the violent expression and therefore must be addressed directly in therapy.

It is often the case with violent families that those who commit violence see themselves as victims rather than as abusers. As Salvador Minuchin notes in his *Family Kaleidoscope* (1984), perpetrators of family violence often see themselves as helplessly responding to the victim's baiting and plead for understanding of their plight as a "helpless victimizer."

It is my contention that the plight of both victimizer and victim in violent families is actually a problem of invaded boundaries. In fact, violence in families is usually precipitated by an intrusion of boundaries, an intrusion that leads to helplessness, fear, anger, and confusion, and ultimately to violent expression. In dealing with violent families the therapy is directed toward making or strengthening boundaries—toward reorganizing the family rules around established, functional boundaries. If the family can create a functional boundary in the therapy room, there is greater assurance that they will be able to do so outside the therapy room. The questions the therapist must pose begin with these: How is the context within which these family members operate making them helpless? What maintains the problem? What is the cause of the extraordinary stress that has pushed the system to the point that violence emerges?

## General Principles

Working with explosive, violent families requires the therapist to keep firmly in mind four basic principles: first do no harm; create a therapy of experience; develop positive regard between family members; and deal with both the family and the broader context.

### PRIMO NO NOCERE

The first principle should be every therapist's primary concern: *primo no nocere*, "first do no harm." The great physiologist Walter Cannon coined the concept of the wisdom of the body to explain the homeostatic mechanisms of the human organism. The therapist must assume a similar stance when working with families, even those with very serious problems. There is a kind of wisdom of the family, in that the system's organization, problematic though it may be, does serve some function and should not be summarily dismissed. The do-no-harm principle is especially valid when dealing with violent families, and the therapist must tread carefully when reinforcing the adult subsystem. To do otherwise may jeopardize the safety of a family member.

This makes working with such a system especially difficult, for in order to move forward the therapist might have to issue directives that could undermine a participant's protection. For example, in the case that follows, there is a dysfunctional coalition between mother and son against the father that needs to be lanced. But there are also moments when the mother needs to recruit the son for help against the father. Thus the therapist must be vigilant and monitor the situation closely, so that the therapy does not vitiate a life-saving coalition. Indeed, this is the special dilemma of the therapist treating a system that has violence. For the therapist could unwittingly deactivate an apparently dysfunctional system that is, in fact, exquisitely functional on some level.

### A THERAPY OF EXPERIENCE

An important concept that we borrow from the logicians is that one cannot prove a

negative. One cannot prove that violence will not recur. Because the therapist is in the vulnerable position of deactivating a possibly life-saving coalition, it is essential to have reliable criteria for progress. In other words, the therapy must be one of *experience*. After all, if we are in good conscience to say, "Mother, give up your protection," then we must also be able to assess and change the dysfunctional patterns then and there in the therapy room as they emerge in family enactments. Moreover, the therapist must work to change these patterns quickly, because the family is involved in a potentially dangerous situation.

As mentioned in chapter 2 there are a number of characteristic patterns that can be seen and transformed in the therapy room. The cross-generational coalition mentioned earlier is one such pattern. Once identified, such coalitions are addressed, split, and broken down, so that restructuring can occur right there in the therapy room. Another common pattern is conflict diffusion by activation of a third party. Here the therapist must address the system's ability to resolve conflicts between dyads, especially between mother and father, without involving a third person as a means to defuse the tension. Complementary or symmetrical schizogenesis is another pattern often encountered in violent families. In these systems patterns of mutual escalation must be disrupted in order for family members to begin building more functional interactions.

Since we cannot prove a negative—that the violence will not recur—the therapist must take extra care to verify the existence of new functional transactions in the treatment room. In the absence of such new behaviors, or if the old patterns reassert themselves, then the therapist must take appropriate action to assure the safety of family members.

#### **WORKING TOWARD POSITIVE REGARD BETWEEN FAMILY MEMBERS**

As stated earlier, the therapy deals initially with breaking down coalitions and establishing a more functional hierarchy, with the therapist watching vigilantly to see that new patterns are indeed emerging and that the system has not been destabilized to the point where real danger

exists. When functional patterns do begin to emerge in the therapy room, the therapist can be reasonably sure that the danger has passed. One of the key functional patterns to foster, then, is the development of positive regard between family members. This pattern needs to be sponsored and reinforced in the therapy room.

Joseph Carroll (1977) found that mediating factors for transgenerational violence included a high degree of physical punishment that modeled violent behavior, combined with either a lack of warmth or a high degree of stress within the family. Thus therapy must work to create a context where there is more warmth and less stress. Of course, the diminishing of violent punishment goes hand in hand with changes in other areas.

As demonstrated in the clinical case that follows, in working with violent families the therapist must deal with and reverse the prevailing degradation. Clearly, a kind of degradation can be felt by both victim and victimizer. The therapy needs to address feelings of self-worth and foster an atmosphere of respect so that more positive sides of the self can emerge. One important way of handling the degradation felt in such situations is by enabling a process of negotiation to take place from positions of mutual respect.

Therapy with violent families must deal not only with the system's organization and structure but also with the affective tinge that colors a relationship. Without addressing the basic issue of *liking or disliking*, we will not change the violent adolescent, and therapy should not be concluded until positive regard has been established.

### **DEALING WITH BOTH THE FAMILY AND THE BROADER CONTEXT**

William Goode (1971), in his resource theory of intrafamily violence, states that the more resources a person can command, the less likely it is that he or she will actually deploy violence. This theory, which is supported by empirical data (O'Brien 1971; Gelles 1974), concludes that violence is a last resort when other resources have failed or are lacking. The most difficult

ecological forces are those involving the family's larger context, such as poverty. For situations such as these the therapist must function like a traditional social worker to help the family deal more effectively with available resources. David and Patricia Mrazek (1985) report that families that are unable to use community resources are more vulnerable to stress and therefore are at a greater risk of resorting to violence.

It is essential that the therapist not delay the process of dealing with the broader context. Because the pattern of family violence can become readily entrenched and is so difficult to undo, any potential contributing factor must be addressed quickly. Those people and forces destabilizing the system must be included—for example, the extended family, estranged or divorced spouses, or helping services that may be working at cross purposes. With violent families, the dangerously explosive behavior involved requires that the inclusion (or the planned exclusion) of these forces must begin immediately. For example, part of the problem in the context of the clinical family in this chapter was that each parent's individual therapist was acting, unknowingly, to stress the system. It became necessary, therefore, to ask the couple to either discontinue their individual therapies or bring their therapists into the family sessions.

In this family, I believe the father's alcohol usage is a problem. In the true contextual point of view, it is a pattern that emerges as secondary to the severe stress within the system. And the effective stabilization of the father's drinking problem could be achieved by working intensively to transform this stress in the family. In the event that the problem had not abated, I would have tapped the broader context and suggested adjunctive treatment modalities such as AA. This would strengthen the context and serve to stabilize the father in a non-alcoholic mode.

### **Clinical Example: Mike, His Mother's Gladiator**

In this family not only were the children violent but the parents were as well; they were two sides of the same coin. Violence was pervasive in this family and was essential to the

maintenance of the dysfunctional homeostasis.

The family lived in New Jersey and had arrived in therapy because the oldest boy, Mike, was in danger of losing his scholarship at a private school. The parents were in their early thirties. The father was employed as a clerk in a retail store while attending night school to complete college, and the mother was a full-time nursing student who worked evenings as a waitress. There were four children: Mike, age fifteen, Thomas, fourteen, Vanessa, eleven, and Cindy, ten.

Father was a weekend drinker who frequently drank heavily on Friday nights and would come home drunk. At such times he would often hit his wife, and a physical battle would ensue between them. When this occurred the older boys, particularly Mike, would often attempt to rescue their mother by entering the fight. The boys had rageful fantasies about their father. In fact, Mike had gone so far as to threaten to kill him. This was a family in which tempers were short and fists likely to be thrown at any provocation.

Both parents were in individual therapy, but there had been no coordination of their separate therapies—neither had seen the other's therapist and there had been no joint sessions. These individual therapists, knowing only one side of the problem, gave advice out of context which served to compound the spouses' mutual anger and exacerbate an already explosive situation. For example, Mother's therapist told her to "go to your husband and tell him what you feel." But at home, when she tried to get a hearing she was only further frustrated and became hopelessly demoralized, feeling that she had no voice and no power.

The mother was preparing for her own career but saw her plans in jeopardy because she and her husband had not effectively completed the job of child rearing. The two eldest boys were each enduring a difficult adolescence. Mike had run away from home and was failing in school, and Thomas had been tormented by desires to be violent with his father. The family members were constantly involved in one another's business and offended one another in explosive ways; they had great difficulty with maintaining boundaries and with not hurting one another. Each

experienced a sense of entrapment. The system offered restricted choices for all. The only way to go with this family was to attempt a radical weaning of the parents from the children. The outstanding goal was to disengage the parents from the kids and establish functional boundaries.

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

### *History*

This family was in great upheaval and in a repetitive pattern. The father would go out and get drunk and violence would emerge, followed by a period of rapprochement, when the father would become extremely contrite. It was apparent that these parents, who had married very young and never finished their own childhoods, were trying to complete their growing up now. They were extremely sensitive to educational failures in their children because they had dropped out of school themselves as a result of adolescent rebelliousness.

### *Development*

Clearly, the developmental pressures were extreme in this family. Three of their children were adolescent, the eldest fifteen years old when therapy began. The parents were aged thirty-four and thirty-two. But it was apparent that these adults were, in a way, addressing their own adolescent needs by seeking continued education in order to better themselves.

### *Structure*

The father and mother had many marital difficulties and had been separated for eight months, reuniting a few months before the inception of therapy. They were not only distant but embattled; there was a war between them—and it was by no means a cold war.

Because of his drinking and his consistently angry and critical role, the father was overtly estranged from his children but also very intrusive and overinvolved. The mother and children

were much closer.

Other structural factors to be considered included work conditions, financial difficulties, and pressures on both parents due to their own continued schooling: they were, after all, raising four still-needy children while addressing jobs and difficult educational ventures.

### *Process*

In the therapy room there was an almost palpable sense of tenseness and anger among the family members. Everyone monitored one another—especially the father—very carefully. They seemed to fear that the father would suddenly blow up. It was interesting to note that the observers watching this family from behind a one-way mirror also expressed a fear of the father; there was even some speculation that he could be an "ax murderer."

As the process pattern emerged it became apparent that the family used a third person to diffuse conflict. The more impressive sequences were the symmetrical battles that flared up between the kids and, especially, between the parents.

## **THE HOMEOSTATIC MAINTAINER**

The mother served as the homeostatic maintainer, activating to smooth things over when tempers started to heat up and often joining with the oldest boy. This served both to diffuse the conflict and to protect the mother. It was essential to diffuse the tension, since the first priority was the safety of the family members. Unfortunately, the manner in which this was done—a coalition between the generations—ultimately led to greater tension and conflict.

## **THE THERAPY**

I was the supervisor behind the one-way mirror. In the room were the therapist and the family: the mother, the father, and the four children, all casually dressed. As we started the

second session, the therapist began to explore the issue of responsibility, challenging the family about who was in charge of what in the family and getting immediately to the issue of boundaries.

Dealing with responsibility is essential in treating adolescents. The three adolescents in this family had to undergo developmental estrangement, the realization that one is responsible only for oneself and that ultimately one's parents cannot rescue one from one's responsibilities. Indeed, adolescents who believe that parents can rescue them will not work diligently. In the following excerpt the therapist tries to facilitate the experience of developmental estrangement for Mike by examining the boundaries between the generations.

THERAPIST: But, I mean, they know when you have to study, what you have to study.

MIKE: I tell them when I have to study at home. I told Mom.

THERAPIST: So you mean your studies are not *your* responsibility. They are not something that you handle on your own.

MIKE: Handle on my own?

THERAPIST: Yes.

MIKE: Well, there was a particular thing the other night ...

FATHER: She's asking you the question in general and once again you're evading the facts.

MIKE: No. I'm asking you then.... I told Mom I had to study for history, which I did a little at school.

FATHER: Okay. But what the doctor asked you is, whose responsibility is it to study, yours or ours?

*The father's mood seems to be related both to the son's pain and to the pressure brought by the authority of the supervisor behind the mirror.*

MIKE: I don't know. I really don't.

FATHER: That was a simple, down to earth, good question.

MIKE: I don't know. Last night you had done that, yes.

FATHER: She asked you a general, general question. Nothing about last night. Nothing about last night. All she said to you was—and I will repeat myself again, okay—whose responsibility is it, ours or yours?

MIKE: For me studying?

FATHER: Yes.

MIKE: Well, lately it has been yours.

FATHER: That's what she asked. But whose responsibility is it, is what she asked you.

Both father and son were increasingly angry in their responses. The mother looked exceedingly uncomfortable and pained. From my assessment of the family it was clear to me that the threat of violence and the fury expressed between Mike and his father could only be allowed and tolerated if the parents were split. The boy was his mother's protector against the father, and his mother supported him against the father. The boy was furious at his father for abusing the mother as well as for not respecting him. As for the father, he felt he would not be driven to drink so much if he did not feel that his family was against him.

As the father and son argued, the mother seemed increasingly tense, looking from one to the other. I saw her position as untenable, triangulated between these two people whom she loved very much. At this point I decide to intervene to try to transform this dysfunctional organization. It was keeping these people helpless by creating stress sufficient to cause the violation not only of interpersonal boundaries but also of the societal injunctions that say that violence, especially to loved ones, is a sin.

I enter the room as a co-therapist, my only goal at this point is to support the mother. This support, I believed, would add sufficient intensity to help this obviously tormented mother and wife out of her agonizing position. I sit next to the mother and start speaking to her softly. After introductions, I focus the family's attention on the question of responsibility.

DR. FISHMAN: You know, I think that is a key question. I agree with you. Whose responsibility is that?

FATHER: It's a simple question, also.

DR. FISHMAN: Yes, absolutely.

FATHER: This is what I go through at home with him. He does everything he can to avoid giving me a direct answer. *(To Mike:)* Don't you?

*The threat of harshness or violence from the father is obvious and is read by Mike.*

MIKE: No, but I don't know what you are going to do if I give you a direct answer.

FATHER: You usually say to me, "Dad, I hope you don't get angry, but may I speak," and I will say to you, "Yes, Mike"....

MIKE: Lately it's been my responsibility, okay.

FATHER: Lately?

DR. FISHMAN *(to the mother)*: Are you comfortable with that, Patty?

MOTHER: With Mike? I don't know.

FATHER: With the answer.

MOTHER: Oh, yeah, he's right.

FATHER: I still think he's avoided the question.

DR. FISHMAN: I'll tell you what occurs to me and what comes through the mirror. *(To each parent:)* It's that you work hard and you work hard, but you don't pull together. You pull in separate directions. Is that your sense?

MOTHER: Yes.

DR. FISHMAN: So it must be confusing for you, Mike. What do your folks want?

MIKE: They expect me to have marks like I always used to have.

DR. FISHMAN: You know, that happens. I'm telling you that I think it's a confusing message.

FATHER: Okay, but may I ask something at this point? Michael has been told, and all the children have been told, that if they bring home a sixty, as long as I know—as long as we know that they tried their best, nothing will happen to them.

DR. FISHMAN: Sure, but what do the two of you want in terms of whose responsibility it should be—his grades?

FATHER: His.

MOTHER: I want him to be responsible.

FATHER: It's his school work, it should be his responsibility. It's the rest of his life, not ours.

Both parents are overinvolved with their children, blurring the boundaries within the system and subordinating the relationship between husband and wife. When one parent joins with the children, the other is left out in the cold. In the sequence that follows the father's overinvolvement is expressed in anger.

MIKE: Well there is nothing I can say until I bring up my marks. I'm not going to try yet, but when I *do*—*when* I do—then I'm gonna have a lot to say.

FATHER: You're losing me. I don't understand what you're trying to say.

MIKE: When my marks come up, when I have something to show for it—I'm going to have a lot to say.

FATHER: Can I ask you what you mean?

MIKE: Well, I mean, whatever you say will all have to be wiped out. You can't tell me that I'm stupid anymore. You can't tell me that I can't do nothing.

*It is apparent that Mike puts up with his father's insults because he feels he is not justified in complaining as long as his poor school performance continues. Here he is saying, in effect, "Insult me once more, trespass boundaries and disrespect me once more, and I'll attack or leave." The vindictiveness and revenge felt by the boy are strikingly on the surface. It is becoming clear that this cycle of escalating degradation and boundary trespassing is what breeds violence.*

FATHER: Mike, did I explain to you what I meant by the word *stupid*?

MIKE: Yes, but you can't say it anymore.

FATHER: I guess I won't be able to.

MIKE: You won't and I'll make sure of it.

FATHER: But then won't you feel better about it, too?

MIKE: I'll feel better because I'll be going out.

FATHER: Won't you feel better because your marks are higher?

MIKE: For me, yes. I'm not doing this for you.

FATHER: Well, hopefully, it's for yourself.

MIKE: It is for myself—and for Mom. Me and Mom.

As the system is being perturbed, the homeostatic mechanism emerges. The father's disparagement of Mike entrenches the boy deeply in a coalition with his mother. We see how the mother and the youngster are connected and overinvolved and how the father is left out in the cold. And to the extent that the father increasingly feels excluded, he is more likely to feel helpless, to feel that he has no allies in his own family. And, of course, the more isolated he feels, the more likely he is to drink and then become violent.

TOM: Why won't it be for Dad?

MIKE: Because it won't.

FATHER: Why won't it be for me?

MIKE: Because, Dad, you know something? I really don't really like you at all.

FATHER: Why?

MIKE: I just don't like you. You say I have a mean streak in me. Well, it shows in you more than it does in me.

*In a sense Mike is right. And here the father is being paid with the same coin with which he treats his son: meanness.*

FATHER: What brings the mean streak out?

MIKE: Probably me.

*I lean over and speak softly to the mother, asking her how she feels when her son talks to her husband this way. She says, "It tears me apart. It's killing me." I urge the wife to support her husband rather than the youngsters in order to free them from the grip of triangulation. This is counter to her reaction in everyday life, where she normally sided with the children, not the father, thus allowing him to lose authority in their eyes. My purpose is to try to lance the coalition that is central to the maintenance of the violence in the system.*

FATHER: Why does "you" bring it out?

MIKE: You know why, Dad. You ask me questions that—you know. You know.

FATHER: I want them to know.

Here we see the shaping of the violent adolescent. Of the many sides of his son's multifaceted self, the father picked the "rotten kid" to reveal. The father was trespassing boundaries and setting his son up with questions that show the boy in a bad light. The father's seemingly malevolent intent was to expose the boy and thus control him because the young man could be painted as always being wrong. But Mike saw through these techniques of entrapment and thus revealed his intense dislike of his father, responding with hurtful words: "I really don't like you."

The father, of course, is a victim of this triadic system as well. He goes into overkill trying to expose the rottenness of the boy because he feels overpowered by the coalition his wife and son have formed against him. The father's violence to the young man is by now fundamentally established. The son *cannot* trust him and will do nothing for him, and the father is effectively out as an executive authority. The system is a breeding ground for the malevolent self to grow and to strengthen.

Since the homeostatic mechanism has emerged—the overinvolvement between mother and son—I can work toward fostering the emergence of new patterns right there in the room. "Do

whatever you have to do so that your son doesn't talk to your husband this way," I say to the mother, fully aware that the son had felt justified and that the mother had felt compelled to support him.

In lancing the mother-son coalition, however, it was important to keep in mind the do-no-harm principle. The mother had actively communicated with the boy by gesture or position in a way that had recruited him. The therapist had to be careful, therefore, not to let the mother deactivate a support system that she needed. Unless there were radical changes that eliminated the mother's need for her son's protection, Mike would have to keep playing macho games with his father.

MOTHER: Mike, I don't want you talking to Dad like that. I don't like it. I don't like what I'm hearing.

MIKE: But the reason we were supposed to come to these sessions is to say what we feel.

MOTHER: All right. You are. But I don't like it. And I can say that, too—I don't like it.

MIKE: I'm sorry.

MOTHER: I don't like hearing you talk to him like that. I really don't.

Mike was caught in a situation where he had been called to the rescue, then told he was bad when he attempted the rescue. The therapist had to be especially attentive to the stresses in the transformation so that the family would allow the boy to feel competent and confirmed in other, more functional areas.

FATHER: Do you think I pick on you needlessly?

MIKE: No. But sometimes you do.

DR. FISHMAN (*pointing to Tom*): Your brother does.

FATHER: Why do you think I pick on you needlessly, Tom?

TOM: Needlessly?

FATHER: Yes. I pick on you for nothing?

*(I lean over to the mother again and say, "That was very good. That's exactly what you need to do. Because otherwise he's going to be a mess (pointing to Mike)—he's going to be very confused.")*

TOM: Sometimes.

FATHER: Like?

TOM: When you're mad at Mike, you might take it out on me, Vanessa, or Cindy, or Mom.

FATHER: When I'm mad at Mike, aren't you guys all doing something wrong when I holler?

TOM: No. Even if we aren't doing anything. When you get mad at Mike, you always take it out on us, too.

FATHER: Okay. I know what you're referring to. If I get really caught up with what Michael did, then the slightest little thing that you guys do gets me. You're correct. I'm sorry. You're correct.

*The father's apology is the first step toward an important goal: fostering a positive regard, a respect and liking among family members. Reaching this goal will become possible as the structure begins to change and as the mother begins to support her husband.*

I ask the mother if this dispersion of antagonism happens at home. She responds "All the time." I say to her, "This is an opportunity to have things change once and for all." I leave the room; as I do, the mother puts her face in her hands.

FATHER (*to Mike*): But you still have not answered my question as to why you don't like me?

MIKE: I don't. I just don't. I don't like to be near you. Probably because you do that ...

MOTHER: Mike, do you know why it is? Because I've let Daddy take over. I've let him take that burden. That's why you don't like Daddy. Because he's had it all, all these years—not me. You wouldn't like me either then.

*The mother realizes that she has set up her husband.*

MIKE: I wouldn't like you either?

MOTHER: No, because I've let him have it all.

MIKE: I sort of know what you've been going through silently, and I haven't been helping much. And I admit that. And Dad, I haven't been helping him out. I haven't been helping anybody. But *I will* now.

*Much of Mike's wish to do better in school is an effort to get out of situations where he is always considered wrong or irresponsible.*

The therapist makes an extremely important intervention to keep the new, albeit inchoate, pattern going. She says to the mother, who again has put her head down, "Continue. Tell him how you feel." The therapist realizes that the forces of the old homeostasis are telling the mother—and the therapist—to slow down, to stop this painful sequence of change. This kind of behavior, the emergence of this new mother-father coalition, is uncomfortable, and resistance to it is rising. So the therapist, as an agent of change, seeks to maintain the new pattern by allowing the family a different experience with one another right here in the room.

MOTHER: But you feel like Daddy—Daddy has been the sole disciplinarian in the family. And I have made a mistake by grouping up with you. It's been wrong. And that's why you don't like Daddy and you do like Mommy. I mean, it's easy to like me—what did I ever do when you did something wrong? Nothing! You'd laugh.

MIKE: Laugh at you?

FATHER: No, Michael. Mother didn't say you laugh at her.

MOTHER: You never took me seriously because I've always let Daddy do the hard work. I've always let Daddy be the heavy. It was very easy for me to do that. And now, when I see the way you guys talk, and the way you say you feel—there's no real basis for it. It's killing me right now. It's really—it's causing me pain. Because I can't stand it. I can't stand it anymore.

Of course, the mother's defense of her husband here is an incomplete story. It was not *only* because she joined in a coalition against him and left him with the main burden that the father is

an aggressive trespasser and disrespectful to his children. It was also because of the father's own irresponsibility. He cannot see this because she has always taken over to cover up for him, as she has done now. In this complex system, by not allowing him to work out his differences with the kids directly, the mother has crippled her husband in the act of defending him. To the extent that no one has ever attacked this man for being a trespasser who picks on the kids, he does not know he must change.

The therapist must now begin to work with Mike's relationship with his father in order to enhance his feelings of self-worth. A powerful way to do this is through negotiation. But negotiation only can work if it is done from mutual respect. Can the boy negotiate not from a position of being one down and degraded, but from a position of respect? Similarly, it is clear that the father also needs to be respected to be able to live in this family.

THERAPIST: Tell them why it hurts you.

MOTHER: Because I know he's been trying. George has tried. He loves those children. Maybe more—as much as I. I know he does. I've seen him in pain because he's wanted to do the right thing.

MIKE: I've never seen my father hurt in any way, except one time, and that was ...

MOTHER: I know—I'm telling you, I know. I have. I have seen it.

MIKE: I've never seen it.

MOTHER: I have.

THERAPIST: Tell him when you've seen it.

*The new pattern of mother supporting father rather than son might have become short-lived without the therapist's support to maintain its development.*

MOTHER: I've seen your father hurt every time you've done something wrong. I've seen him hurt every time that that—when he's tried talking, and he's walked away in frustration.

MIKE: I have never seen him.

MOTHER: I have.

Note in the next sequence how the therapist discourages the father from entering. The change being sought is a transformation of roles: the mother taking some responsibility for discipline and in turn allowing the father to become more nurturing.

FATHER: Mike, how many times have we talked? How many times have I said to you, and to everyone else, whenever you want to discuss something, I'm here, no matter how bad it is?

THERAPIST: George, please. I would like Patty to continue telling him about this. Because they have heard this from you many times before, but not from Patty.

MOTHER: Everything Daddy has done—even though you may not think so—he has done because he loves you. He loves you.

MIKE: No. I think he's right about the studying. I'm glad—I really think I do more because of it.

MOTHER: But everything. He's done it because he cares so much. If he didn't care, he wouldn't do it. He would say, "The hell with them, I don't care. The hell with all of them." Do you think it's easy? It's not easy to do what he does. It takes a lot out of you.

MIKE: Then I won't give him any—I will try not to give him ...

MOTHER (*crying*): And you don't know what you do to him when you do that. You know that you take more out of him, I think, because he's the one that's put so much in—and I've stepped back and I watched it.

*The stress on Mike to reform, to "show me something," amounts to wrathful projections of the father's own troubles in reforming his drinking.*

MIKE: I agree with how he feels. My word's no good until I start showing something.

MOTHER: Look at what you've been doing. You've been causing so much pain in the family.

MIKE: And I will try not to.

MOTHER: Not just your father. Not just between us [the parents]—all of us. We felt it. When you ran away, your brothers and sister felt it. Our whole world was turned upside down because of you. You affected every one of us. Most of all your father. He was so upset that

I didn't know what to do with him.

MIKE: But all I heard is that he hollered.

MOTHER: He didn't holler—he was scared! Because he cares so much he wants the best for you. He wants the best. I've seen him at Christmas. He's worse than me with you kids. When he saw those coats up there, he made me buy them, because he wanted his sons to have coats because you'd been complaining. And he went overboard on buying you guys clothes. It wasn't me. I was hollering at him for it. What he did was for you kids. The way he has taken his last couple of dollars to buy you kids shoes and stuff—and I hollered. But he said you were going to get shoes. And you kids were going to get haircuts before he did. He wouldn't get his hair cut because you guys needed a haircut.

At this point the father, struggling to control his emotions, gets up and kisses his wife, saying, "It's all right." The experience is obviously new for him and he is grateful that his wife had seen a side of him that he didn't know she so clearly understood. The therapist directs the father to sit down again when it appears that he is thinking of leaving the room. Spurred by his mother's revelation, Mike now goes out of his way to tell his father, "All I could see was your anger, and not your pain."

The following sequence demonstrates the emerging humanization of the father in the eyes of the family. That Mike and the other children were complaining that they saw only the dark side of their father suggests that they believed there was more and that they wanted more.

MIKE: Listen, Dad, every time something happens, or I do something wrong, you never say you are worried or hurt. You would get angry, or you wouldn't get angry. You just never showed that you were hurt or anything. You told me that it's hurting Mommy really bad. You said that it's hurting me, but it's hurting Mommy a lot more. That's what you would say to me, and that would be all with that.

FATHER: Sure you're hurting your mother. Look at her now, she's crying. The night that you wanted to leave home, she was crying. It hurts me also. Don't misunderstand. It hurts me also.

MIKE: It doesn't seem to hurt you.

FATHER: But when you're acting like that—do you leave me room to be human? How do you

know what's inside of me?

MIKE: I don't. It doesn't seem like that on the outside. It doesn't.

FATHER: Then why don't you ask me?

MIKE: Why don't I ask you? How can I ask you?

FATHER: A couple of weeks ago I went up to your room after we had an argument. What did I do? I put my arms around you, and I hugged you, and I said, "Mike, I love you. And if I don't do enough of this, let me know. Is this what you need?" And you said, "Yes," did you not?

*(The father gets up, crying. He kisses his wife and moves out of the circle to sit near the door.)*

THERAPIST: I think that what happened just now is an indicator of what probably happens at home. You see that Patty is doing a terrific job, but you say, "This is getting too emotional for me and I'd rather step out." And you step out until you can cool off and you can come back in with your rational, cool air—or angry. But you are much more able to show your rational understanding than your emotions. And when you get too emotional, you step out until things cool off.

FATHER: Okay, I see what you are saying.

THERAPIST: So the image the children have of you is either angry or disengaged—you don't care. It's not that you don't care. It's that you care so much. And you feel so tender and so soft that you have to move out. Because you feel that if you show them how tender and soft you are, and caring, then they'll step all over you.

The mother, having proven herself available to her husband and supporting him in dealing with the youngsters, is now also able to demand strongly that the pattern between her and her husband change. In the following sequence from the next session the parents discuss problematic issues between them—disappointments, drinking, their availability to each other. The therapist deals with their renewal of their contract with each other as spouses.

MOTHER: I am afraid of that pattern starting again. It's destructive to both of us and to the family, and I am afraid of it.

FATHER: Don't you think that the fear and the moodiness that you're having is affecting the

family right now?

MOTHER: Yes. It is. Yes, it is.

THERAPIST: Could you describe that pattern to me?

MOTHER: The drinking, the anger, hostility. I am afraid of the pattern starting up. And it is draining, and it's not good for both of us. Also because the next step is George is sorry. And he does come and say, "I'm wrong."

FATHER: It's not good enough.

*The mother has seen through her husband's talk and now demands more of him. She is aiming for a new boundary.*

MOTHER: It's not that it's not good enough. It's that I've heard it before. I've heard the awareness thing before and I've heard—I know I should be more aware—and it's just the same thing over and over again.

*The therapist acts to reinforce this change in the mother.*

THERAPIST: Let me tell you what I'm hearing. What I'm hearing is that you're both complaining to each other that you're not available enough to each other. We've had a lot of experience with families that have this kind of problem, and in my experience, always when one of the two members of the couple needs to go out to have fun in some way, it's because that person is not satisfied within their relationship. This is what you're both telling each other. And this is what you're both handling in different ways. George goes out to drink. You're busy with your own work. And you work a lot and then you come home and you're not available to him to the extent that he would like you to be. He complains about you not being available to the children, and not disciplining, and so forth. Which I'm sure is true. But basically what I hear is that neither of you is as available to the other as you would like.

Making these parents more available to each other meant having them focus on working together on the process of change. Following the principle of dealing with the broader context, the therapeutic team has told the family that therapy would be best conducted after they had temporarily stopped working with their respective therapists. In the following excerpt the therapist first learns that this had not yet occurred.

MOTHER: I am told to start becoming really autonomous and start finding some strength, start becoming completely, totally independent.

FATHER: But the fact that you're autonomous doesn't mean that you have to be a loner. The fact that you're autonomous means that you can handle situations. Do I have to be there every time something happens?

THERAPIST (*to the father*): You've got a point there.

MOTHER: Are you?

FATHER: When am I not?

MOTHER: George, you are not there all the time to handle situations.

FATHER: Then I get it when I come home.

MOTHER: I was told once and by several people what is wrong emotionally.

FATHER: Where?

MOTHER: In therapy. I have to start building trust. You know, ask your husband, be comfortable with him.

THERAPIST: Patty, I have one request to make of you. When you talk to George, talk about what you think and what you feel. Because if you bring in your therapist, it's like putting a third person into it.

MOTHER: Yes, I know.

*From behind the mirror I call the therapist suggesting that she work with the complementary behaviors of both parents' alienating obsessions: father's drinking and mother's studies. If they could get closer as a couple then the driven quality of these activities might diminish.*

THERAPIST: What I am seeing is that you are both feeling very lonely. You are both trying very hard and you don't know in what direction to pull. I would like you to try to work out now, here, something very concrete by which you both can be more available to each other.

MOTHER: Be more available to each other?

THERAPIST: You both want to make a go out of this.

MOTHER: Come home and take me out with you. I'll sit with you, have a drink with you.

FATHER: I would be willing to do that.

After this session at the suggestion of the therapist the couple went away alone on a vacation for a week. It was the first time in fourteen years that they had done this. As the husband and wife's struggle for availability to each other continued, the father, on his own, became more available to the youngsters in new areas. Near the end of therapy, about four months after the initial session, the atmosphere between children and father had changed.

THERAPIST: Are you more satisfied, more comfortable with Vanessa now?

FATHER: Oh, yeah. I'm fine with her. We had our little talk and she claims that she didn't want to talk to me because I didn't like what she would have to say. And I said to her, "Fine, well, this is your opportunity to express yourself." She said, "All right." And she sat me down and said, "I'm gonna tell you what I think." And she did. And I told her what I thought. And I think what I said made sense because she said to me, "Why are you always right?" Did I say to you that it was wrong for you to argue with me and express yourself? Did I?

VANESSA: No.

FATHER: All right, then. I listened to what you had to say, and you listened to what I had to say, and I am hoping that we resolved it. Later on when you went crying to your teacher, what did she say? "Your dad is right" (*he laughs*).

VANESSA: You're always right, Dad. I don't know how you do it (*they all laugh*).

As the father moved in the direction of availability and nurturance of the youngsters, the mother moved increasingly into unaccustomed areas of discipline and control.

MIKE: You don't think I'm being consistent in my math. There is nothing I can do about that.

MOTHER: Yes, there is. There is something you can do, but you don't want to hear any suggestions anyone can give you.

MIKE: Why should I accept suggestions? You don't think I'm doing well, that is your opinion.

MOTHER: You told me yourself you're flunking algebra.

MIKE: What I meant was, you don't think that I'm really trying, that's what you said. *(He begins to cry.)*

*He cries because his parents do not accept his limitations and keep humiliating him.*

MOTHER: Why are you crying?

As the mother began to assert greater control, she took some of the burden of being the "bad guy" disciplinarian off her husband. The parents could control Mike when necessary, but could they also allow him a voice? The therapeutic goal was not just the establishment of an executive hierarchy that could effectively enforce rules. The goal was also for an executive authority that could negotiate with the emerging adolescents, so that the children could feel respected and free.

In the following segment from the termination session the mother describes new pathways used by the children. They used to be wedded to her; now they go to their father. These changes manifest the family structure's increasing flexibility.

THERAPIST: What are the things that you feel have been accomplished?

MIKE: Nothing. *(Everyone laughs.)*

MIKE: It's made Mom—you know—she's not going off hollering. You know, all hollering at somebody. If she's not home, my dad's there. But if he's hollering, she just goes back.

FATHER: I don't understand that one.

MIKE: It's like—when she's home you let her handle it.

FATHER: What's wrong with that?

MIKE: I didn't say there was anything wrong with it.

THERAPIST: That's changed. How do you find that things have changed, Patty?

MOTHER: With me, or with the children?

THERAPIST: With the family in general.

MOTHER: I think that they are all working harder with their homework. They are becoming more conscientious. I think that they're all looking at me twice now. In fact, one of the things I've noticed is that they don't run to me all the time. I'm still learning to block out the fighting between the kids somewhat. I'm still working on that. But they don't come to me—if their father does something. It was constant. But they don't do that any more. That has stopped completely.

THERAPIST: Did they go to you?

MOTHER: Yes. Now they won't come to me. And if they have, then it's been, "What does your father say?" That's changed.

THERAPIST: So you feel that you're both pulling together?

MOTHER: Yes. The way we've been doing things—I love it. It's taken pressure off me in one way and it's taken pressure off him in another way. There's not that tension all the time—you know. That's gone. I don't feel like there's such a burden. That's changed.

THERAPIST (*to the father*): Do you notice how much more relaxed Patty looks? The expression on her face?

FATHER: That's because she had to be out for my birthday last night.

Notice in the next sequence how the therapist enhances Mike's position in the family and normalizes his behavior as part of a developmental process that they are all engaged in.

MIKE: But how come it always has to be me and not them?

THERAPIST: You know why—because you are the eldest. And you are the one who's moving apart now. You are more on your own. Your brothers and your sister are younger than you are. And it's only logical at your age that you should think differently and react differently, have different interests. And that's part of growing up.

*The therapist is emphasizing the need to respect the differences among the children. The older ones have more rights and more obligations than the younger ones. This is part of the overall goal of helping the family members to like and value one another. And with that respect and liking, the family can work toward the ultimate mission in the raising of adolescents: separation without devaluation.*

FATHER: Well, not only that. There is one thing that Patty and I picked up. If he's behaving himself, and if he's being himself, so to speak—I mean I realize we were all crazy at one time, we were all teenagers. They all look—they all take the example. This one [Tommy], the older he is getting, is becoming more and more protective of this one [Mike].

MIKE: Good, I protect him, too.

FATHER: I know that—that's nice. I'm not saying there's anything wrong with that.

MIKE: So, it's no longer you and mother against each of us. It's all of us against you. If you want to put it that way.

*Note that Mike has given a reading of the competing coalitions in the family.*

FATHER: Oh, I love it. I love it.

MIKE: If you want to put it in terms of that ...

MOTHER: It's lovely.

MIKE: Everybody's telling everybody they're against us, so...

THERAPIST: That's the way it should be. You guys have to pull together because you're siblings. And your parents have to pull together as parents.

FATHER: You know you're doing well. The only thing I said to you was that anything I discussed with you has been something that has been bad—hasn't it.

MIKE: Could we make some kind of thing here—my studying and my work and everything for school should be left to me.

FATHER: Great. Then, also right now, let's agree on something more.

MOTHER: What?

FATHER: Bedtime at a certain hour. Because, I'll be damned if you're going to stay up till 11:00 or 12:00 on a school night.

The initial presentation of this family was of a family in disarray. The therapy was aimed at the establishment of executive control and a restored interaction between the father and his

children. In addition, the therapy attempted to create a parental subsystem by issuing a clear message to the parents that they needed to be in charge. In the final sequence just presented, however, we see a warning of the problems to come. Just as Mike succeeds in wresting control of his own schoolwork, his father brings up an entirely new issue: bedtime. In retrospect, the therapeutic team should not have ignored this last request. The father was backing off in one area but intrusively digging into another. The system was lapsing back to a previous structure, and the therapy should not have ended at that point. This is precisely the kind of boundary violation that, two years later, would lead the therapist to work for a radical weaning of the parents, as we will see later in this chapter.

#### **THE FOLLOW-UP**

Initially this family system seemed to be one in which the causal problem was an overintrusive father. But it became apparent in therapy that the difficulties were more complex. The mother's coalition with her children was a means to establish a defensive alliance against her abusive husband. However, that very coalition also pushed the father into his role as an unloved enforcer of rules. After a great deal of work this dysfunctional system was effectively changed. There was a structural shift: the father learned to pull out of his role of angry disciplinarian and taskmaster and was restored to the family center. He began to be more mindful of the children in a different way, relieving his wife of some of the caretaking. This was not a comfortable change for him and he did it with hesitancy and questionable authority, but he did it. That transformation was essential in order to put a stop to the family's violence.

During the follow-up we found new problems emerging. The family accepted that the structural transformation was an honest one, but also found it difficult to uphold. Unaccustomed to her new role, the mother had become a "furious witch" in trying to contain the children. And the father was now perceived as a "hollow wall"; he made noises and gestures of controlling his children, but no one in the family really respected him.

The new structure was an oddly layered one. The pattern of violence had been suppressed and the youngsters were not as intimidated. But there was still edginess and touchiness. The children sensed that the one in authority had no right to be in control. Clearly, this issue of rightful authority and the observance of mutual responsibilities and boundaries remained a constant, fundamental problem within this family.

The next sequence is from the first follow-up session, held two months after the therapy had ended. The family continues to struggle with their changes. Strain has developed.

*Notice how the mother expresses her own fears about the changes in her husband, which she feels uncertain about.*

MOTHER: George and I are fighting to work out our problems. It's a lot of effort going into it, it really is. George has enrolled in a technical college. He's starting school in January and I'm really proud of him. And his drinking—it has gone down to almost rare—he does not drink like he used to. I still have fears—a tremendous fear. But I see that he's not going to get angry and hostile, and destroy the family. Now when I see consistently that it isn't happening, it's almost like I could make it happen because of my fear. And I'm trying to know that when he goes out, he's going to be okay when he comes home. He's not going to be drunk. He won't admit it.

FATHER: What won't I admit to?

MOTHER: He's been really trying. But it's been hard for him after all the time that's passed to understand that the fear can't leave just like that. It's very strong. We're working on it.

FATHER: Honey, we had a conversation about that once before. What did I say to you? I am not really putting a hell of a lot of effort into this. I'm not.

MOTHER: You did say that to me.

FATHER: Okay, I'm not.

MOTHER: That you're being nice because it's coming natural.

FATHER: Because it's just me. And I even asked you to stop and think about it. If you recall this past winter, you're right. I was a pain in the ass, literally. But that was last winter.

MOTHER: And when you came home that day and I was all upset. When something like that happens, I get like—you know the fear. And you are prepared for it and you're on the defensive when you come home.

FATHER: Not really, I haven't been.

MOTHER: It's because you're losing patience with me.

FATHER: I think it's a little ridiculous at times.

MOTHER: And it does put me into depression from time to time. Sometimes it takes me a couple of days to get out of it. It's just a fear of what can happen and what may happen. Really, I'm trying not to do that. I'm trying to take one day at a time.

The central transformation in this family was the father's foregoing his harsh disciplinarian stance and becoming friendlier and more nurturing to his children. This had two results: the children were able to establish their own turf in the family, and the mother took over the unaccustomed function of being in charge. Both changes were possible because the parents were in the process of resolving their difficulties as husband and wife and were no longer involving their children to diffuse the conflict. Mike's problems became manageable after he was freed from the coalition, and he was able to work on his own developmental issues. The couple was now struggling with coordinating individual growth as they both went to school while maintaining child-rearing responsibilities.

The family was seen for another follow-up seven months later. The following sequence is from that session.

THERAPIST: And Mike?

MOTHER: I wish he had come here tonight so you could have seen him. You won't believe the change.

FATHER: The kid on the tape is not the Mike now.

MOTHER: It is not. Just a total complete turnabout. It was rough going, don't get me wrong. We have our arguments and everything, but it's nothing like before. His marks have

improved. His attitude—he's much more free, he's much more open, he's much more expressive. When George and Mike talk there's no tension. It's comfortable. They communicate. There's no heavy, hard anger. It's just so different.

THERAPIST: That was happening toward the end already.

FATHER: Yes. But he doesn't walk out—if I start to push. He'll say—okay, okay, Dad, let's talk about it.

MOTHER: His relationship with his father has changed to a point where sometimes I feel like I'm left out. I don't voice it—I'm okay. But, he wants his Dad. And I really love that. My son Thomas says he wants to talk to Dad. It's such a difference. But you've changed, George. You've changed. You're not as authoritarian, angry, tyrant. You're not like that. You're much more sensitive.

FATHER: I don't have to be a tyrant, I hear about how bad you are.

MOTHER: So, that makes you calm down.

FATHER: That makes me calm down. I feel why the hell should I do it (*he laughs*).

THERAPIST: That's something you have to pay attention to.

MOTHER: I know that.

THERAPIST: Because you're both growing, but you have to be growing in a way that you're both interlocked.

MOTHER: Exactly.

FATHER: I compromise. It's like when I came back from my side job. Report cards were being given out and parents had to pick up the report cards. What did I say to you? "I'm going."

MOTHER: Yes, you did.

FATHER: I went with you.

MOTHER: Oh, yes, you did.

FATHER: I wasn't up to it.

MOTHER: We don't need the extra money. We could make it without it. We've done it before. It

would be tight. But it's tight with him working the side job. But he'd be home more. His mind is one-track right now. All he's thinking is the money. And he's right in one way, and I'm right in my way.

FATHER: I never said you were wrong. I agree with you. It would be nice if I didn't have to work weekends. What makes you think I want to?

MOTHER: Sometimes I don't think you realize how important it is for us to be together.

This is a case that argues vividly for a therapy that goes beyond the crisis induction and resolution stage, a therapy that monitors the changes in such a way that they do not ossify, creating further pathology in a different form somewhere down the line. The outstanding characteristic of this family was a tendency to make rigid whatever gains they attained. As a result, after one crisis was past, another was often created.

The next phase of the therapy began two years after the last session, when the family called asking for additional help. They were having difficulties with the children, and I agreed to see them the following week. Assembled in the room: mother, father, and the kids. Mike was now seventeen, Tom sixteen, Vanessa thirteen, and Cindy twelve. I was now the primary therapist since the supervisee had moved.

During this session the task of the therapist was to facilitate the disengagement of the parents from the children. This disengagement depends on getting the parents to recognize the legitimacy of focusing on their own goals instead of totally submerging themselves in their responsibility for their children's schooling. Once this recognition is accomplished, the therapy begins to move much further in maintaining the necessary changes in the family's structure.

MOTHER: We've been having a lot of difficulty since we've been here. This has been going on. It seems like when George and I gang up on them to study, they'll study. But if we're not on their backs, as soon as they feel they can relax, they do.

DR. FISHMAN: All right, I hear you now, but let's go back.

As I began the session, I questioned whether this was in fact an identical dysfunctional system. Were mother and father completely split? Had they relapsed into being a very unhappy family, or was this instead just a single area of isolated conflict? It soon became clear that the original therapy should have ended with absolutely clear boundaries established for the issue of the children's schooling, because the parents themselves were both struggling to complete their own educations and were thus extremely focused on school.

FATHER: The kids for some reason or other feel that Mom and Dad are supposed to wipe their little tails continuously. This is what Patty meant when she said that we were still having similar problems. This is the only part that basically has remained.

DR. FISHMAN: What are the other things?

FATHER: This is the first time also that all four of them have brought home failures. This is the main reason, plus the fact that Mike is up to his old tricks of cutting school, cutting classes.

MOTHER: This is the third year. We found out again last week that he has been cutting.

FATHER: Other than that ...

MOTHER: There's not much of any problems. It's been okay, nothing like before, it's just schoolwork.

DR. FISHMAN: When you say nothing like before, what has stopped?

MOTHER: Well, I have taken a more assertive role; I am not totally assertive, George does have to help, but I have become more assertive. Now I find myself hollering a lot and when I see him get upset I try to come in. Before I would let him do it all.

DR. FISHMAN: What else has changed?

FATHER: Patty and I usually discuss what we are going to do with the kids, what our plans should be with them. But it seems that every time we bend over backward, both of us, we get it socked to us.

DR. FISHMAN: What does "socked to you" mean?

MOTHER: Well, their grades, they tell us we are not fair, and ...

FATHER: Everybody else is at fault but them.

MOTHER: Right. Oh, when I get angry, even still to this day they can't handle it. I'm mean and they'll go to their father and say, "Calm Mommy down, she is mad again. She's angry all the time."

DR. FISHMAN: What do you do?

FATHER: I usually ask them what her reason for being angry is. This way I hear their side of the story. And nine out of ten times, if she is upset the kids and I will speak. And normally, I can see. Vanessa was the most recent one when Mom was upset because she thought she was unfair and we sat and spoke and she saw where Mom was coming from and that she was being fair. This is what usually happens.

DR. FISHMAN: So you feel supported by your husband?

MOTHER: Oh, he does support me. And I don't support him, I must say, as much as he does me. There are still times I have difficulty, when I see and accept it.

FATHER: It's not as often as it used to be.

MOTHER: I don't give 100 percent, I say like 80 percent of the time.

DR. FISHMAN: Could you agree 80 percent?

FATHER: Like I said, it's not like it used to be before.

MOTHER: When it was like 5 percent of the time.

FATHER: But what really brought us is that I have been noticing Mike's behavior and I caught a few things that were strange to me, as a father.

The feeling in the room is much different from when they first came to therapy. It was much lighter. By now all feelings about the father as a possible "ax murderer" have vanished; that kind of poisonous atmosphere is not present. Nonetheless, the family is not completely happy. The parents are struggling very hard to get their children to do better in school, as they themselves are trying to do. But they see only poor grades, absenteeism, and lack of effort.

The main issue for the present therapy is developmental estrangement. The more the

parents pressured their children around school, the more the children rebelled and did poorly, and the more confused they were about for whom and what they were in school. We proceed by looking at what in the parents' experience causes them to focus on school so much.

DR. FISHMAN (*to the mother*): Where are you now, still in nursing school?

MOTHER: I'm still in nursing school.

DR. FISHMAN: How is that going?

MOTHER: I have eighteen months to go, very stressful. Other than that it is going fine.

*(At this point the father has a spell of heavy coughing.)*

DR. FISHMAN: How are you, George?

FATHER: I'm still working as a clerk and going to school at night.

DR. FISHMAN: What are you studying?

FATHER: Computers. Hopefully, if they ever cut me a break and let me spend the time with it I need.

DR. FISHMAN: Who are "they"?

FATHER: My kids.

The parents' reaction suggests stress in the family system. When the mother said school was "very stressful," the father coughed vigorously. The father, when asked about his own career, said he would be doing fine in his schoolwork if the kids would let him. Clearly, the parents were struggling in school as they desperately tried to recapture lost time. The father's frustration regarding his difficulty in focusing on school will become important information for the therapist later in the session, when it is necessary to create a boundary between the parents and their children's schooling.

It is also interesting to note that at this point there is reportedly no more violence in the

family. In a sense, however, there is some of the same intrusiveness and the same sense of helplessness on both sides. The over-focusing on school created a suppressed rage, although to a lesser extent than before. Clearly, an intervention is necessary to increase a sense of control around this issue for both parents and children.

DR. FISHMAN: You guys are working pretty hard.

MOTHER: They keep you working.

DR. FISHMAN: Why are you working so hard?

*I begin an attempt to get these parents to see that their constant intrusiveness had not been successful.*

MOTHER: We are trying to keep them on the right road, we want them to do well for life, for the future. It counts now.

DR. FISHMAN: Has it been successful?

MOTHER (*indicating Vanessa*): Not with her it hasn't.

DR. FISHMAN: Yes, but she is so young.

MOTHER: She's thirteen. No, I know what you mean. It hasn't worked, no.

DR. FISHMAN: It sounds like you've been working very hard.

FATHER: And getting nowhere.

DR. FISHMAN: Something that you said really struck home. You said that your school plans are being curtailed by all the work that you are doing for these kids.

FATHER: Yes. Because I have to be home, I have to be around, I have to check on homework.

DR. FISHMAN: You know something? Maybe you don't.

As the session proceeds I continue to explore the parents' feelings about whether what they are doing is successful and whether it may be impeding their own careers.

During the original course of therapy this family was characterized by the youngsters' readiness to jump into angry or violent behavior. To further probe the system I challenge Mike, who is still the most problematic of these four adolescents, by asking a series of challenging, almost sarcastic, questions, to test the extent to which he might still be ready to engage in violent expression.

DR. FISHMAN: So he won't go to a school for the academically talented. Maybe he will decide to live with another family in another school district.

MOTHER: That is up to him.

DR. FISHMAN: This young man is a part-time student there at high school. *(To Mike:)* Next year you will probably be at public school.

MIKE: I wish you wouldn't say anything. I'm asking—like I'm not—you know ... *(He is upset.)*

DR. FISHMAN: Well, then, you tell me the truth.

*As I exacerbate the system, the boy attacks.*

MIKE: What do you mean? What do you want me to say? I wish you would stop exaggerating things—you've done it, like, twice already.

DR. FISHMAN: What am I exaggerating?

MIKE *(to Dr. Fishman)*: You're banging around the "part-time" student—real smart remarks. Like—I don't deserve—and I don't even know you. *(To his father:)* I'm sorry I had to say it here. This is open and I had to tell him.

*The father attempts to deflect the attack and come to the rescue. But Mike won't allow it. He then apologizes to his father for getting out of hand.*

The extent to which Michael felt offended by the intruding adults is apparent. My sarcasm and provocative challenge brought out the fact that this is a young man with a very large chip on his shoulder and that his father cannot effectively apply brakes to his son's behavior. From this testing of the patterns of violence it is apparent that the therapy must aim for a radical weaning of the parents from the children.

DR. FISHMAN: Between us, so you are going to school every day?

MIKE: Yes.

DR. FISHMAN: What I mean by part time is that I thought you were only going to school four days a week rather than five. Because that is kind of like a part-time employee. Forgive me if I am wrong; I would not want to misrepresent it, because you are right, I don't know you.

MIKE: But it's like this. It was in February and I took off on Fridays. My marks—if my dad would have spoken to the teachers at that particular time—when he called, I wished he would have, because they would have told him last week.

DR. FISHMAN: I was only saying that you are a part-time student, it is what I heard, that you were only going four days a week. To me that is part-time. Is that a misrepresentation?

MIKE: From what?

DR. FISHMAN: From whatever point. Was that a misrepresentation?

MIKE: It depends on what—I suppose he could be right.

*Mike's facial expressions and gestures show a young man about to blow up. He is angry.*

DR. FISHMAN: I didn't want to be disrespectful.

*I use the opportunity to say what this youngster has long needed to hear from his parents: "I didn't want to be disrespectful."*

Having violated boundaries through sarcasm, I realized that I had better make repairs. But the situation was not without advantage. By first offending the boy and then making repairs, I could establish a model for the father, who thought himself effective only when vociferous in making his displeasure known. So I use the opportunity to show that an adult can make an error and then retract and repair it.

MIKE: I know I asked you ...

DR. FISHMAN: Good. I appreciate it.

MIKE: Now if he would have gone and talked to my teachers, it was like I...

DR. FISHMAN: You don't have to talk to me about it.

MIKE: No. (*To his father:*) No, but if you had gone and talked to my teachers—I wished you would have because you would have heard what they have to say.

DR. FISHMAN: You know, I want to apologize to you. I was kind of probing you, hassling you and saying that I think you were wrong in going only four days a week, but you know something? I was wrong in saying that. You know why?

*I go out of my way to highlight this because it is a new message for these parents. In addition, I am honestly responding to the young man's fury. I really was sorry.*

MIKE: Why?

DR. FISHMAN: Because it is up to you. If you want to go four days a week, it is up to you. I apologize. It is up to you.

*This is a long-awaited response that the young man had been trying to extract from his father. I thus create an option, a behavior alien but necessary to this system, and I do so quite pointedly in front of the father, who needs to learn it.*

What is demonstrated here is the salve that is needed but rarely supplied in systems that are prone to violence: offering apologies, soothing hurt feelings, requesting forgiveness. For this essential behavior to begin, the therapist has to model it.

In the last sequence the young man was invited to reflect on why I was wrong. When he was ready, and only when he was ready—when he asked "why?"—then I responded: "Because it is up to you." This is a family that does not prize autonomy. Therefore, the therapist must prize it in the hope that the parents will learn to appreciate and respect the children's independence.

In working toward weaning the parents from their children I have established a necessary sense of apology and respect and focus the therapy on the reorganization of values in the system and the restoring of choice, specifically on Mike's having a choice concerning his performance in school. It is clear that if his parents continued to steal his choice and press the issue, violence

might emerge. So I work to stay on track, tenaciously reiterating the necessity of choice.

DR. FISHMAN (*to the parents*): The more you've done, the less they've done.

MOTHER: That's true. That is true.

DR. FISHMAN: I mean, they are fine kids. They may just not do very well in school, but that is all right

MOTHER: But can you allow that, how can you?

DR. FISHMAN: Well, talk to your husband about the alternatives.

FATHER: This is the one thing that ...

MIKE: In our house it's always school this and school that. It is constantly like that. I'm not putting it down, but, they just want us to have a better life than they did and ...

DR. FISHMAN: But you know something? There is no reason. How old are you now?

FATHER: Thirty-six.

DR. FISHMAN: There is no reason why at thirty-five they can't go back to school too. Why should they be any different from you? At what age did you drop out of school?

FATHER: I made first semester of college and then dropped out.

DR. FISHMAN: So maybe they'll do that. You are a young man at thirty-five.

FATHER: They can do that at thirty-five.

DR. FISHMAN: I'm suggesting that there is nothing you can do.

*The aim here is to help the parents let go and break the entrapment. In this kind of therapy it is extremely important to understand that the therapist is not playing games. I am sincere when I suggest that there is nothing they can do. This is not a ploy. It is an attempt to convey a real truth.*

FATHER: I realize what you are saying, but at the same time I made my point on numerous occasions. It is not that we are asking for that much.

MOTHER: There is nothing we can do. You don't feel there's anything we can do, doctor.

DR. FISHMAN: What you can do is to work harder on your own work so that your careers are functioning. The more you have done, the fewer results you have gotten. *(To the children:)* The more your parents have done, the worse you are getting. Would you agree? The more your parents have tried to help you in school?

MIKE: Yeah.

DR. FISHMAN: The more they do, the less they get what they want. *(To the parents:)* They can be happy. At thirty-five they can go back to school.

FATHER: There is nothing out there.

DR. FISHMAN: That's only twenty years, right? You guys will be happy and you'll be professional people and you'll be having a good time.

FATHER: That reminds me of a conversation you [Mike] had with me a few months ago. Where he would be content dropping out of school, working at a deli.

MIKE: I didn't say I would be content.

FATHER: If you had stayed in school I would have given you the money you wanted; you could have done a lot more.

*The Father again becomes the harping, nagging father and immediately gets Mike into a defensive posture. This is the persistent quality of the dysfunctional system: all this work, and still the father shows up with another demand.*

MIKE: I talked about it, I did. I mentioned it, I did mention it.

DR. FISHMAN: That's fine. Sure, a lot of people work in delis. Maybe you can work in the grocery store.

MIKE: It sounds like you're being sarcastic again.

DR. FISHMAN: Not at all. I'm not.

MOTHER: He can't do it.

MIKE: People do, they work anywhere.

DR. FISHMAN: Of course.

MOTHER: That's their prerogative.

DR. FISHMAN: Your parents are very concerned about their own careers. That doesn't mean that you guys have to be.

VANESSA: Doctor, I'm scared for him [Mike], I'm scared to death. I'm scared for him.

*Notice the pattern within the family. As I wean the father, Vanessa enters and immediately fills the vacuum. This means that the weaning process has begun.*

DR. FISHMAN: You don't have to be his father.

The parents are being removed, and the test that it is effective is that the sibling steps in. Now, of course, it is necessary to get the sibling out.

This sibling reaction is typical of the breakup of intrusive systems. The moment the therapist has some effectiveness in weaning parents from children, somebody else in the system, often the sibling next in line, steps in to intrude, worry, or exercise control. There seems to be a family rule that someone is always ready to step onto another's turf, to make pronouncements about what should or should not be done. It is the exercise of this extraordinary family rule that can create an atmosphere of suffocation that leads to violence. The following sequence illustrates just such a pattern.

DR. FISHMAN: Talk to him about it.

VANESSA *(to Mike)*:> Tell me the truth—what do you want to be when you grow up? Tell the truth Do you want to be something stupid or something smart? Or a little guy selling things in a booth?

MIKE: I don't think you are stupid just because you don't go to school.

DR. FISHMAN: I agree with you, of course not. You probably will have a very good job and be making lots of money, maybe they'll come to you for a loan. You have to think about that *(To Vanessa:)* You don't have to be his mother. You are doing what your parents do. You don't have to worry about that. *(To Mike:)* They'll come to you for a loan some day.

MIKE: Or maybe you won't.

DR. FISHMAN (*to the parents*): The two of you need to let them worry about their careers. They already said that the more you do the worse results you get. You're young people, you have your whole careers ahead of you. Don't let them drag you down when really, the more you do the more you drag each other down.

MIKE: And the more angry my father gets.

MOTHER (*to Mike*): I remember I told you once, "Honey, I didn't go to school, I'm turning out pretty damn well." It was hard, damn hard, and that's when you stopped trying and relaxed, and it got to a point where there was nothing we could do, remember? That is why we called Dr. Fishman. What are we going to do this time? We didn't have any notion of what to do. We tried everything that we could possibly think of.

DR. FISHMAN: Talk about going cold turkey [in dropping their pressure on the school issue] so you won't be so tormented. Maybe show them a little respect.

*As I press the parents to disengage, unconsciously I treat them like addicts. This is a family with an addictive father who in turn has created an addictive set of intruders around him.*

FATHER: Up to about fifteen minutes ago I would have said no.

Note that when I have been successful at zeroing in on a significant process, it takes on a life of its own. In the next segment the father, mother, and children work at the issue strictly by themselves. There is a momentum here, and it doesn't have to be pushed along at all.

MOTHER: From now on it's their responsibility. Do you think you can do it? Let's try it. Do you know the burden that will be taken off of us? What will we do with all our spare time? You and I, what do we talk about most of the time?

FATHER: The kids.

MOTHER: Always. We rarely talk about anything else. What are we going to do about this, the report card and school. Always. We never have each other say, "Hi, how are you?"

FATHER: What happened Sunday morning?

MOTHER: We got out.

FATHER: It was the first time in years that I said, "Come on, Patty, we're going to spend the morning by ourselves away from them."

MOTHER: Do you think you can do it?

FATHER: I'm willing to try.

MOTHER: I'll help you, because there is nothing else that we can do. If somebody says to me, "Do you think you did everything you could?" I mean I sat and studied with them, I memorized the stuff. I don't know what else we can do. I just don't know. Don't you think?

FATHER: I don't know how often we ask them, if there is a problem, to come to us—and they never do.

MOTHER: Exactly. They don't. A thousand times we said, "Boys, I'm there." They know you've shown them. Have they come to you?

FATHER: No.

MOTHER: How many times have I told them, "If you're having problems outlining, come to me and I'll teach you." Have they ever come to me?

FATHER: No.

MOTHER: I go to them. You go to them. We say, "Hey, guys." And look what we find out, always the same thing. George, we'll have so much spare time, I don't know what to do with it.

CINDY: When school isn't brought up, we always have a good time, don't we?

*This is a very important interjection. Cindy reveals that school is the loaded issue that destroys happiness in the family. Except for the issue of school—the one issue that constantly reminds them that they are failing one another—they are a very happy family. I see this remark as an extremely good prognostic sign that there is a rich sustaining fabric in this family; if we can only create a boundary around school issues, then both parents and children will be freed from an intense source of stress.*

Cindy's observation implies that there are real positives in this family. In dealing with a family system that is prone to violence, we find that the system has an undercurrent of degradation and loss of self-esteem, pride, and appreciation of who one is. What this child is really saying is this: "We do have something worthwhile somewhere, don't we?" An important part of the therapy in treating violence-prone systems is the restoration of a sense of well being

and worth as a family unit. Weaning these parents is not only structurally necessary to prevent violence, it is necessary also to enable them to discover that they can like and respect one another.

An important quality of this session is that the therapy moved into the area of self-esteem. The family needs to see a positive result from its difficult attempt to break old patterns. By removing the degrading stimulus—that is, the parents' attacking the kids on the issue of school—we restore a sense of well-being. It is not, then, just a question of preserving the autonomy of the children; it is also a matter of enhancing the atmosphere for the entire family.

FATHER: From now on there are going to be periods where your mom and I just have time for ourselves. When your friends come over you don't want us around you, do you?

CINDY: No, no, it's the way you said it. The thing is, we always talk about something, when we go shopping or something like that, we always have a really good time.

MOTHER: That's true.

CINDY: But school is not brought up. When it is, you get very upset.

FATHER: I think the problem is that Mom and I have been trying to push you guys so that you guys don't make the same mistakes we made. If you guys want to screw up now, you don't have to worry about it. No pushing of any kind in regard to school. There are going to be set chores laid down in the house that are expected to be done, period.

DR. FISHMAN: That involves everybody. But schoolwork belongs to each one.

MOTHER: It's their responsibility, I told them.

FATHER: You flunk another one, you cry alone, I won't be there.

DR. FISHMAN: You two will be out having fun.

CINDY: I always come to you when I need help, but sometimes I already know it.

FATHER: I've been impatient with you only when you wanted me to work out your problems, and you haven't attempted to try to do them. You expect every single answer from me. You don't sit down and try and do it on your own. That is when I get impatient with you;

that is when I holler at you to get in here and try it.

CINDY: I tried it, Dad. Mother, can I ask you a question? You guys go your own way, but I want them to help me. Okay, Mom?

FATHER: We're there for all of you.

MOTHER: I'll be there, but I'm not going to bat my head against the wall anymore.

DR. FISHMAN: Do you guys have any time to go away on weekends?

MOTHER: No, we don't go away. We don't spend, I'll tell you, any time on ourselves. We don't do anything together, we don't go anywhere.

MIKE: You really should, because I know how hard you guys really work in school.

DR. FISHMAN (*to the father*): You used to drink a lot. Do you still?

VANESSA: No.

MOTHER: When he goes, he goes all the way. All the way. You tell him.

FATHER: Normally I'll come home and I'll go to bed, but the reason I think everyone is laughing about it is because I came home and got in an argument with her.

MIKE: He'll come home either really happy or really, really angry.

DR. FISHMAN: How often is this?

CINDY: It's practically every day.

FATHER: Not every day.

CINDY: I said practically every day.

MOTHER: That is not true.

CINDY: I know it's not true, Mom.

DR. FISHMAN: Wait, tell your dad.

VANESSA: Remember he came home, he brought me and my brother a cake—that was when

he was really happy.

FATHER: What happened the last time I did this, which was what—about a month ago or a couple of weeks ago. What did I say? They got to me in the kitchen and they spoke their piece to me. Vanessa, I have to admit, put it the best, and she did it very respectfully also—and I admire her for that. She handled herself in a very mature fashion.

VANESSA: I mean it, too, if he ever comes home that way again, that's it. I'm not going to have any more respect for him.

FATHER: She also told me that under the conditions and in that state she has no respect for me; she was very honest. Everyone was afraid I was going to clobber them.

DR. FISHMAN: There was no clobbering.

MOTHER: No.

The family is still working on the father's recovery from alcoholism and his recovery of his children's respect. As the session continues, we proceed with the task of disengagement.

DR. FISHMAN: Are you going to be able to do it? Cold turkey?

MOTHER: Honestly, I don't know. I think I can.

DR. FISHMAN: I agree with you. I think you can, but I am wondering about your husband.

MOTHER: I am too. I really will have to—you'll have to talk to me when you feel like you are slipping.

FATHER: It hurts to see them failing.

DR. FISHMAN: I think there will be a crisis, I think one of them will come home with F's, but as long as they realize it is up to them, they will learn from their experience. Don't worry about it. Then they can go to school when they're thirty-five.

MOTHER: You feel they will bring their own grades up?

DR. FISHMAN: I think there is nothing you can do. But what you can really do is to work on your own careers. That is the only part of your family you can directly affect. Right now you can't really spend more time on their homework. They said it themselves: the less you do, the better they will do, because they'll realize that they are in it for themselves.

MOTHER: What if he fails the special high school? They don't mess around. You get a couple F's and you're out.

DR. FISHMAN: He'll take summer school.

MOTHER: They throw you out.

DR. FISHMAN: So he finds another school. Don't worry about it. If he gets kicked out of school, it will be another crisis, and he might realize what it is he needs to do for himself.

Thus I continued to encourage developmental estrangement. Once the children stopped rebelling through school and realized that school was indeed their own issue—that their parents would not rescue them—they would buckle down. In the past the school issue had been connected with pushing against their parents' authority, giving them the false illusion that they were gaining by not studying. If that false sense of gain were removed through parental distancing and the establishment of functional boundaries, the family could then get back to focusing on other, more positive issues that would help restore the mutual respect and liking that were the intended outcomes of the therapy.

## Summary

When I reflect on this family I am only guardedly optimistic about how they will fare. There are so many unsettled developmental areas that are in flux. There are the adolescent and young adulthood pressures as well as pressures on the parents, who are so much in flux, both seeking new careers, and perhaps attempting to get a chance at an adolescence of their own.

However, one can also argue for optimism. This family readily seeks help in turbulent seas. I conceive of the family therapist's role as analogous to that of a family doctor who gets a family through one crisis and is available should another occur. This seems a more realistic concept than saying to the family, "Now that you have had a course of treatment, you are immune to difficulties." The systems that all of us live in are too complex and too unpredictable to offer any such smug assurances.

