COMPETENCY-BASED THERAPY: A CASE STUDY

by

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(ABSTRACT)

Competency-based therapy as developed by Marianne Walters is a theory-based, systemic approach modified by a feminist perspective. This thesis presented the theoretical foundations of competency-based therapy and applied them to therapy with a female-headed single-parent family with three young-adult daughters.

The theory of competency-based therapy encompasses five major concepts which taken together distinguish it from other approaches to therapy. (1) Human behavior must be understood in its social context and the therapist needs to address problematic social sterotypes. (2) People have the capacity for functional behavior and the therapist's task is to focus on clients' competence to engender change. (3) The therapist sets the context for change by creating a new perspective and by working with process. (4) The therapist uses his or her own response to the family process as a guide to interventions. (5) The goal of therapy is empowering the client to make choices about how her or she will live and behave.

The dysfunction which brought this family to therapy was related to the wider social context which socializes women in ways which create special difficulties for the female single-parent. The emphasis competency-based therapy places on addressing the social inequities women face and on empowering women through a systematic search for competence is illustrated by the case study.

ACKNOWLEDGEMENTS

As a youngster I learned as children do, a lot of "untrue facts" which included the idea that adults are people who can do things on their own and who don't need help. This project has provided yet another example of the "true fact" that adults need all the help they can get. I am very much indebted to my thesis committee members, Linda F. Little, Sandra M. Stith, and Karen H. Rosen, each of whom made unique and crucial contributions to this project.

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CHAPTER I: INTRODUCTION

The second half of the 20th century has seen the rapid development of new psychotherapies based on systems theory and a major critique of western paternalistic society by the feminist movement. It was inevitable that the new therapies embodied the paternalistic world view of their creators who are mostly men. Perhaps equally inevitable was the critique of family therapy by therapists who embraced the tenets of feminism. Among the critics is Marianne Walters. Her original theorizing and imaginative practice of therapy has melded the essentials of systems work with feminist equalitarian values. The approach to helping people change which she has developed is often referred to as "competency-based" therapy.

Several major lines of research and thinking have contributed to the development of the new family therapies. These involve the application of general systems theory, to human behavior, the development of communications theory and new pragmatic ideas about the role of the therapist. Together with feminist thought, they form the background for understanding competency-based therapy.

Social change has led to the proliferation of "alternative" family forms, particularly single-parent families, in the United States in the 1980s. The social

issues faced by single-parent families have challenged therapists to create new approaches which do not embody the negative expectations of society or pathologize. Competency-based therapy has responded to this need.

Walter's approach to therapy has been written about infrequently. She has presented her work largely through a combination of videotaped case studies, lectures on theory, and live-supervised experience of therapy because she believes that teaching about therapy should be isomorphic with therapy itself and, hence, experiential, inductive, and complex.

This case study of work with a female-headed single-parent family will be conceptualized in the theoretical frame of competency-based therapy. But, instead of simulating experience through the use of videotapes and allowing readers to be active, inductive, and derive theory for themselves, it will present theory didactically and apply it to process which has been reduced to words.

Background

Traditional Therapy

Several major conceptual breakthroughs have revolutionized the practice of therapy in the second half of the 20th century. The application of general systems theory to human social groups (Bateson, 1972) brought about a major shift in the understanding of human behavior. And,

the understanding of communication techniques and the role of the therapist which emerged from the hypnotherapy of Milton Erickson have overturned our ideas about human character and ways of getting people to change (Brenner, 1974; Haley, 1973, 1985).

Traditional psychoanalytic theory has understood problematic human behavior as following from inalterable events occurring in early childhood which cause deficits in the individual psyche and concomitant dysfunction. Therapy based on this monocausal view sought to repair the damage to the individual's inner self by re-working the past. Transference in the relationship with the analyst and insight, or conscious understanding of the problematic unconscious self, were believed to bring about change. Since character was thought of as a permanent, intrapersonal entity, determined by early life events, treatment was long, intensive, and expensive (Haley, 1973).

Family Therapy

Systems Theory

Family therapy which is based on general systems theory and communications theory hypothesizes that the family is a self-regulating system which controls itself by rules developed over time through a process of behavioral transactions and corrective feedback. These rules are embodied in and maintained by interpersonal transactions,

both verbal and nonverbal. Causality is circular, and symptomatic behavior, when it occurs, is viewed as resulting from the system's natural tendency to maintain homeostasis within the established rules (Bateson, 1972; Palazzoli, Boscolo, Cecchin, & Prata, 1978; Watzlawick, Weakland, & Fisch, 1974).

According to systems theory, living systems have both the tendency toward homeostasis and the capacity for transformation. In pathological systems, rigid repetition of transactional patterns predominates. To restore the system's flexibility and eliminate problematic behavior, the therapist must make a change in the transactional rules. A rule change can produce a sudden radical alteration in the whole system (Rabkin, 1972), thus, opening the possibility of effective brief therapy. Character or personality is viewed as many-faceted and, in considerable measure, determined by response to interpersonal, group transactions (Morawetz & Walker, 1984).

Family therapy which is systems-based conceptualizes the family as a living system, open, with permeable boundaries, and set in the larger social and political system. The individual's environment is not just the family. The social context of the family, the wider social and institutional system, affects the smaller family unit

and, ultimately, the individual (Imber-Black, 1988; Walters, 1985).

Communications Theory

Communications theory is summed up in McCluen's truism, "the medium is the message." That is, what is said is not what conveys the message (about rules in a system) but who says it to whom and how they say it. Facial expression, tone of voice, body language, physical proximity, who is present or absent, habitual behavioral sequences, gestures and conversational patterns are what convey the meaning about what is going on in a family system (Bateson, 1972). In the language of family therapists, this is "process" as opposed to "content" or the actual words that are said.

Observation of the powerful, hypnotic, and non-hypnotic communication of Milton Erickson by communications researchers led to the application of many of his techniques in family therapy. Today, family therapists with a variety of theoretical orientations utilize techniques identified in the work of Erickson such as pacing and leading, embedded messages, metaphor, labeling, reframing, and confusion to bypass conscious defenses and enable an individual to see himself, his reality, and his possibilities differently (Erickson, M., 1985; Haley, 1973; King, Novik, & Citrenbaum, 1983; Rosen, 1982; Zeig, 1980).

Break with Psychoanalytic Tradition

Milton Erickson broke with psychoanalytic traditions and inaugurated a new approach to therapy. As a therapist he was active, personally engaged, and present-oriented rather than passive, distant, and interested in history. He viewed "resistance" as a strength to be harnessed to effect change, not as an obstacle to be struggled against. He believed lasting change could result from brief therapy which altered the clients' view of themselves and blocked certain crucial transactions in the family or social milieu. He assumed the unconscious to be a benevolent force to be accessed and utilized rather than a source of primitive impulses to be contained or civilized. He believed that people have within themselves the knowledge and capacity for healthy functional behavior and did not focus on the damage to the psyche caused by early trauma. He believed that the therapist does not cure but that he creates the environment in which the individual can heal himself (Haley, 1973, 1987; Rosen, 1982; Zeig, 1980).

The Feminist Perspective

For women, the social and familial context is fundamentally affected by the pervasive influence of paternalistic traditions. The situation in the family therapy field as it existed prior to 1980 is summed up in the statement of purpose of the Women's Project in Family

Therapy formed in that year by Elizabeth Carter, Peggy Papp, Marianne Walters, and Olga Silverstein (1980). They state that, "Family therapy--itself a maverick and innovative approach in the mental health field--seemed nonetheless to be organized by traditional models of family functioning. The profound and challenging implications for the structure, choices, development and interactions within families, created by the changing status of women, needed to be addressed."

"Feminism is a body of theory concerned with the social, economic, cultural and historic conditions which structure and shape the development and experience of women, the relationship between men and women, and the gender component of their prescribed roles in both public and private life. Feminism is the study of institutions within our society which maintain these conditions, and a conceptual frame of reference for the analysis of the ways in which these conditions mold contemporary thought and social systems" (Walters, 1986).

Family therapy theoreticians for the most part have been wedded to notions of family structure with traditional role models, family systems with gender-defined functions and expectations (Walters, 1981). The issue then is for therapists "to be conscious of and understand the social imperatives and conditioning that structure a woman's

involvement in domestic life in order to be able to validate [this involvement] even as [they] work to diffuse some of its more restrictive features" (Walters, 1986).

The fundamental power imbalance, both physical and economic, between women and men which is supported by the dominant culture, affects the functioning of family systems. Applying circular causality to family systems in which the wife is abused by the husband, thus, holding the wife equally responsible, ignores the man's superior physical strength as well as the effects of social conditioning to passivity and submission on the part of women (Bograd, 1984; Braverman, 1987; Goldner, 1985; Taggert, 1985).

In a conflictual marriage, the wife's freedom to choose whether she will stay in the relationship is conditioned by the hard economic fact that women earn 69 cents for every dollar earned by men (Fuchs, 1986), and women typically experience a 70% loss of income as the result of divorce (Weitzman, 1985). Furthermore, only about 25% of fathers actually provide child support in compliance with divorce settlements (Gelman, 1985).

Women are additionally constrained by the societal expectation that child care is a maternal responsibility. While this is gradually changing, with more fathers being actively involved in parenting during marriage and having

sole or joint custody after divorce, women still are held primarily responsible for children. They are usually expected to miss work when children are ill, arrange for day care, and adjust career goals to allow for the demands of mothering (Goodrich, Rampage, Ellman, Halstead, 1988; Portner, 1983).

The overriding belief in our culture is that men cannot deal with the interior life of the emotions, and that women must take care of them emotionally; that women cannot deal with the outside world, and that men must provide for them. This socially inculcated, stereotyped complementarity is found in rigid, exaggerated form in many foundering couple relationships (Walters, 1987).

These issues are particularly relevant to single-parent families headed by women since the effectiveness of the head of household is crucial for family functioning. Women who undertake single-parenting face the challenge of economic hardship, the need to be both nurturing and instrumental, social stigma, and mother-blaming based on assignment of total responsibility for children to women.

The Single-Parent Family

The myth that the "normal" American family is an intact, two-parent entity with 2.6 children, has been shattered by recent figures. Fewer than 10% of households met that criterion in 1986 (Darrow, 1986). In 1988, nearly

a quarter of all children under the age of 18 lived with one parent ("U.S. Children," 1988). Estimates are that 60% of today's children will spend three to five years of their childhood in a single-parent family (Goodrich, Rampage, Ellman & Halstead, 1988).

Although there is a gradual shift in custody arrangements underway, single-parent families are still overwhelmingly female-headed. In 1986, 89% of children in single-parent families lived with their mothers, 11% with their fathers ("U.S. Children," 1988). Poverty is a fact of life for single-parent families with 54% living below the poverty line in 1983 (Gelman, 1985). Single-parent families have an average income half that of intact families (Beal, 1980).

Because single-parent families have been so overwhelmingly headed by women there has been a tendency to focus on the father's absence as a significant factor. The unequal status of women, legally, economically, and socially has implications for female-headed families (Beal, 1980). Female-headed households, especially when they result from choice (i.e., divorce) are stigmatized by a society in which women are relegated to subservient roles; where common belief holds that a woman is "nothing without a man"; where a "broken" family is expected to produce problem children (Goodrich et al., 1988). Women who are

single parents are even more likely to be held responsible for what happens to the family and children and blamed for whatever problems exist. The absent father is seen as committing sins of omission, if anything.

There are differences in family functioning between intact families and single-parent families. The differences are reflected in the quality of relationships between parent and children. Task overload, economic difficulties, high levels of anxiety, isolation from extended family and social networks, depression and loneliness are common experiences for single parents (Beal, 1980; Morawetz & Walker, 1984).

Single-parent families tend to be closer: children take on more responsibilities and have a greater role in decision making. The parent tends to consult with the children and rely upon them for emotional support. An older child may be parentified or assume a spousal role, particularly when depression and task overload debilitate the parent. The challenge for the single-parent woman is getting her act together and establishing a competent position so she can deal with her children (Walters, 1983c).

Scope and Purpose of This Study

This study will describe the theory and practice of an approach to therapy which is systemic, embodies

communications techniques derived from hypnotherapy, incorporates the understandings and values of the feminist movement, and has a well-defined, normalizing way of working with single-parent families. This approach is the creation of Marianne Walters. The term competency-based therapy will be used to identify the body of theory and practice she has evolved over the years.

Walters has published little and prefers to present her work in accord with her understanding that the process of teaching about therapy should be isomorphic with therapy itself and, hence, experiential, inductive, and leading to greater complexity. Writing about therapy is abstract, deductive, and reductional. It is impoverished as compared with the richness of learning through live supervision combined with observation and theory illustrated with videotapes.

Therefore, after describing the theory and practice of competency-based therapy, this approach will be illustrated by actual therapy with a single-parent family seen by the author in the spring of 1987 at a family therapy training center in Northern Virginia. In lieu of edited videotapes, verbatim excerpts of sessions will be used to illustrate family process and important therapeutic moves. Discussion of the case will be organized according to the framework of competency-based theory.

People accustomed to an intellectual approach may find this written account gives them an initial familiarity with competency-based therapy. But, as in therapy when a family readily agrees with the therapist's view and it seems easy, chances are [they] "haven't really 'got it'" (Walters, 1986b). The study will, nevertheless, add to the still meager published material elucidating the theory and practice of competency-based therapy.

CHAPTER II: COMPETENCY BASED THERAPY

The author's presentation of competency-based therapy relies on the small body of published material by Marianne Walters and upon extensive notes taken during the author's training at the Family Therapy Practice Center in Washington, D.C. from 1983 to 1985 as well as during participation in workshops and supervision groups between 1983 and 1987. The author makes no claim to present an authorized description of Walter's therapy. In referring to the therapist, the pronoun "she" will be used to reflect the preponderance of women among those trained in this approach.

What follows is an overview of the major tenets in the theory and practice of competency-based therapy. Each concept will be identified and described with the therapist's role or responsibility clarified. The terms "therapy" or "therapist" will be used with the assumption that the therapy discussed is based on the theory and practices of competency-based therapy, and the therapist is one trained in this approach.

Theory

Family therapy, according to Marianne Walters, is "not a way of working with families but a methodology of creating change for people" (Walters, 1986b). It is a

generic perspective, regardless of whether clients are seen individually or in a group. It involves thinking contextually, seeing the individual in the family and society rather than looking inside the individual. It involves looking at how people's behavior is organized and maintained by their social setting. It is based on a theory of maintenance, not etiology (Walters, 1986b).

Concepts

Competence

Competency-based therapy assumes that people are competent, have the skills they need, the capacity to choose how they will behave and to understand the process of change. Families come for therapy with their competence obscured. One of the first tasks a therapist faces is changing the family's focus from its failures to its competencies so that hope is restored, and family members can begin to recover a fuller range of behaviors. Change can occur when people feel competent and positive about themselves. Interventions which affirm and expand competence are the key to therapeutic success (Walters, 1983f).

In a society which socializes women to be nurturing and relational and men to be instrumental and rational, expanding competence will enable men and women to be both rational and relational, nurturing and instrumental

(Walters, 1986b). Members of families will be helped to move beyond complementary roles to flexible positions where each is capable of behaviors at both ends of the behavioral spectrum. To accomplish this, family members may be pushed to share their expertise with other family members, or the therapist may model or coach a family member to expand a rudimentary skill.

Process

"Process is the interaction among the members of a system that implicitly defines and structures the roles, rules and functions of those members. Process is the behavior that elicits the response; and the response that confirms the behavior . . . Process defines and prescribes the rules and parameters of operations which maintain a particular pattern. Process is a circular continuum. Process is the context of content" (Walters, 1980).

Process is the family's pattern of interaction, the direct and meta-communications that convey and enforce the rules of the system. Process is the "family dance" as opposed to the family story. The therapist's task is to remain focused on process while the family will naturally revert to its story (i.e., the content). Process is what presents in the therapy room and is a tool for producing change. The therapist will start with a particular piece

of process, work to change it, and then generalize (Walters, 1986).

Content

Content is how the family describes behaviors and events. It is linear, sequential, the "narrative line," the story of the client/family. In family therapy, "process is the message; content is the medium" (Walters, 1980).

Content is the narrative line, the linear, cause and effect thinking of the family. It is the facts as the family understands them; the problem as they see it. "The family will constantly return to linear thinking, to content. It's just the way they've been trained, not resistance" (Walters, 1983f). The therapist must assess without getting distracted by content and will have to concentrate hard on process in order to do so. A classic example is Walters managing not to be interested in the "facts" of the family craziness in "On Becoming a Mystery" (Bohen, 1983a; Papp, 1977).

Structure

Competency-based therapy has moved beyond the structural approach which Walters absorbed in her fifteen years at the Philadelphia Child Guidance Center where she was Director of Training and worked with Salvador Minuchin. Structural work with its emphasis on hierarchy is not

considered by Walters to be an adequate model for today's post-feminist and non-traditional families. Nevertheless, boundary setting to differentiate does have implications for structure. Parents do need to be in charge with their children as well as be able to work in a mutual way. The emphasis will shift depending on the need to go counter to the family's process.

Dysfunction

In symptomatic families, the process or underlying pattern of interactions has become repetitive and inflexible. Symptoms are conceptualized as attempts to maintain the family homeostasis and symptomatic behaviors as determined by group interaction rather than located in the individual. Symptoms will be viewed benevolently as in behalf of the family or one of its members. A therapist who has absorbed the competency-based approach does not conceptualize or speak in terms of pathology.

Assessment/History

Competency-based therapy rejects the deterministic idea that past events cause present difficulties and does not "take history" as part of assessment. History-taking distances the therapist and discourages the client (Walters, 1983f). The therapist will take the client's experience and make it familiar not pathological (Walters, 1986b). People bring in their "litany of despair." To

avoid hearing the whole story and drowning in it, the therapist will say, "There is much you need to tell me but not now" (Walters, 1986b). She will listen in ways that enable her to know how it is for a person without making the person feel a failure in the telling (Walters, 1983c). She may use history as a way of illuminating present process or of connecting a person to his/her past in a meaningful way.

The therapist's primary assessment tool is "reading" the family process in the session or in other contacts. Problems, all behaviors are understood to be related to what is happening in the room (Walters, 1983a).

Present Time Orientation

Competency-based therapy is present oriented. Change comes from altering family process. The therapist will work to bring the family's process to conscious awareness, interrupt it, and intervene to change it, right in the room, in the here and now (Walters, 1983a).

Experiential Learning

Experiential learning is the best way to get people to attach to new ideas. "If you can do something about how you feel, you will feel better" but "just saying how you feel will not help you feel better" (Walters, 1984b). In working to change process, experience precedes cognition.

Fit

While recognizing common clinical issues, the competency-based therapist will seek to create metaphors, images, realities, and tasks which are congruent for the particular family. The therapist's frame of reference and formulation doesn't change--she always recontextualizes--but strategy comes out of the particular people (Walters, 1984b).

Brevity

The longer the therapy, the greater the damage to self-esteem, so short-term work is the ideal (Walters, 1983k). In working with couples, Walters herself may confine her work to two long sessions of about an hour and a half, sending the couple home to gradually assimilate and incorporate what they have learned, consciously or unconsciously. In training externs, where the therapy proceeds step-by-step, the average client is seen for 12 sessions (L. Leitch, personal communication, July 12, 1988). Change can occur quite rapidly, but the longer the problem has existed, the longer the work usually takes (Walters, 1984b).

Values

The therapist brings her values into therapy. Neutral, value-free therapy is not possible. In systems terms, the observer always affects the system. The

therapist needs to go counter to prevailing social inequities rather than addressing only the issues in the family (Walters, 1985).

Respect

The therapy of Marianne Walters is founded on the belief that change must be effected in ways that are respectful to each member of the family. Interventions which diminish any family member are rejected.

Every family is unique. The therapist, recognizing that there is no one way to be in the world, will respect the family's style and culture. However, this does not include accepting abuse of children or spouse or of alcohol and drugs. Neither does it find acceptable abandonment, incest, lawbreaking or criminal acts (Walters, 1987).

Congruence of Means and Ends

The process of therapy models a way of being with other people and must be congruent with the goals of therapy. The therapist will be respectful, have boundaries, intervene in ways that heighten self-esteem, competence, and dignity (Walters, 1984a). It is not just what the therapist does, but how she does it that is important. She will find a way to enjoy the lovely side of people which emerges when she looks for competence. When possible she will use humor to lighten the mood so people can begin to laugh about hard things.

Equality

Because she believes in the equality of men and women, the competency-based therapist has an obligation to address social inequities by choosing interventions which validate the worth of women's nurturing and relational contributions to families and challenge socially inculcated stereotypes which denigrate or constrain women (Walters, 1984b). The therapist will actively intervene to counterbalance the influence of a society which assigns women to subservient roles and treats them unequally. She will work to empower women without diminishing men so that mutuality, based on equality, is possible.

Mutuality

The ability to be together in a mutual way, connect cooperatively as equals, rather than deal with each other in a hierarchical manner from one-down/one-up positions is the goal in competency-based therapy. Mutuality is the model for relationships between adults, including spouses, for parents and children, and between therapist and client. This does not preclude the therapist being in charge and authoritative with families nor parents being in charge of their children. Setting generational boundaries is important; hierarchy, for its own sake, is not (Walters, 1983c).

Cultural Diversity

Similarly, because she accepts the validity of non-traditional family forms, the therapist must actively seek to counter social myths which define the "normal" family as consisting of "husband wage-earner, wife homemaker, and dependent children" (Walters, 1985). Other family forms predominate in American society today and must be accepted as valid and capable of providing healthy family experience.

Ethnic and racial patterns of minority groups may differ from the therapist's own background, but they must not be discounted if these families are to be helped to achieve better functioning.

Goals of Therapy

The goal of therapy is not problem solving, but helping people to (1) experience themselves as separate individuals but still feel connected, (2) be in charge of their own lives and be able to choose how they will behave, (3) to use what they have learned to cope with future difficulties in living. The goal of the therapy is to give people a sense of competence and to empower them vis-a-vis each other. Therapy also seeks to enhance each family member's sense of self-esteem and dignity. It seeks to enrich by introducing greater complexity and variety into people's roles and ways of interacting. It also seeks to

connect people with their feelings and help them achieve congruence among what they feel, what they say, and how they say it.

Differentiation/Connectedness

Therapy sets boundaries to break the fusion in over-enmeshed families and works to connect where family members feel estranged or unable to make emotional contact. True intimacy can exist only where individuals have well-defined selves. People are helped to acknowledge their differences, accept them, and give up trying to change each other. This is the first step towards each person taking responsibility for him or herself.

Where people do not feel competent to connect, the therapist will develop nascent relational skills by coaching in the session and assignment of tasks. She may move to connect people by seating proximity, gestures, making explicit unexpressed love, observing similarity between parent and child.

Boundary setting may include setting generational boundaries so that parents can require of their children. For children to grow up responsibly, parents need to have expectations and require them to undertake domestic and educational tasks. This does put the parent in charge and implies a hierarchical structure. However, the goal is flexibility so that children, as appropriate to their age

and the nature of the concerns, can be in charge at times. Parents and children working together in a mutual way is the ideal.

Empowering

When people feel entitled to a separate existence, being "I" instead of "we," and take responsibility for themselves rather than defining themselves in terms of others, they can begin to develop. Growth of self involves expansion of the range of behaviors, ability to get what is needed from others in direct ways, and, especially, the willingness to take care of oneself and to meet one's own needs. In our culture, men need to be empowered to be relational and deal with the inner, emotional realm. Women need to be empowered in the outside world of work. They must be helped to go against a culture which says, "To achieve power you must become disengaged" (Walters, 1983h), and understand that while love and intimacy may seem to get in the way of thought, being emotional does not preclude being rational (Walters, 1985).

Self-esteem

By affirming people's sense of themselves, their identity, and by accepting them for who and where they are (unless they are abusive, etc.), the therapist begins repairing self-esteem. When people feel validated and that it is alright to be the way they are, they are freed to

begin to change. People need to accept that they have done the best they can and get past shame, guilt, and self-blame before they can change. In enmeshed families where there is problematic behavior, family members typically discount or disqualify each other or themselves (Walters, 1983i). This process leaves people feeling failed, incompetent, and inadequate.

Complexity

By helping people go beyond socially-inculcated role definitions, particularly those which are gender-based, the therapist will introduce greater complexity into their lives. When people are more flexible, can take many different social roles and functions, and have a broad emotional range available, their lives will be enriched, and their social functioning enhanced. Introducing greater complexity, not simplifying, is a goal of therapy.

Practice

Role of the Therapist

The therapist joins the family system and uses her experience of the family's pain, her shared vulnerability, as a guide in her work. Change occurs in the process, the dialectic, between the family and the therapist (Walters, 1983f). The therapist is an expert in families and can tell people what they are doing but does not know "all the answers" and cannot tell people how to live their lives.

It is her responsibility to set the conditions for therapy, choose the field of intervention, and create the context and interventions which can bring about change. She intervenes actively to alter process and give clients a new experience of themselves. The therapist blocks old patterns, creates new ones, and then helps people to understand "the process of how the problem arose and was solved" (Walters, 1986b). The therapist works together in a mutual way with clients. She persuades rather than directs.

She will have to challenge families, at times creating a therapeutic crisis in order to push for change. She will have to confront members with their part in the family process in a non-blaming way, proposing that people can choose how they behave. She will work to help people differentiate because when people define themselves clearly, it leaves others free to choose how they will respond (Walters, 1984b).

Basis for the Therapist's Leadership

The therapist is in charge by virtue of her expertise in families. She gains her power to influence and persuade by joining the family, speaking its language, allying at various times with different members, gaining their cooperation, leading them, coopting them, and never being oppositional.

Person of the Therapist

How the therapist presents herself, organizes the room, and relates to others is crucial. She needs to be open, available emotionally, and there in a familiar, "non-professional," way. It is an art (Walters, 1983c). Being truly professional is "being humane and knowing what to do" (Bohen, 1984a).

It is not just what the therapist does, but how she does it. She must have the strength and conviction and ability to repeat her message in different ways to give people time to absorb, integrate, and make new views and behaviors their own. Intensity, physical presence and proximity, and persistance are her tools.

Use of Self

The therapist needs to be aware of her response to the family's process and to use it as a guide to intervening. The therapist must be self-aware and in control of self. Being aware of one's response to the family process and using it is what's important, not technique. She will reflect back to people how they make her feel so that they can begin to know the impact they have on others.

Responsibility for Change

Therapy is the art of letting others use you to heal themselves (Walters, 1984b). But this is not a passive approach. The therapist has a responsibility to facilitate

change even though she believes that clients must take responsibility for their own change and choose how they will be in this world. By creating a new context, "recontextualizing," the therapist sets the stage on which the client can make changes.

The therapist will have to take the initiative and intervene actively. Once the initial crisis is successfully negotiated, the therapist will have to confront the family emotionally in order to create a therapeutic crisis that will push members to change their basic process.

Demystification of Therapy

The therapist will demystify the therapeutic process, giving clients a cognitive grasp of what they have done and how they have accomplished it. She will avoid the use of psychological jargon and speak in language which can be understood by the client.

Language

Language is important. By using the family's language, by matching a client's verbs, the therapist joins. By clarifying, getting people to be concrete and specific and to explain what they mean by what they say, the therapist helps them begin to be direct and clear with each other. This leads to differentiation. By using metaphoric language, based if possible on the family's own

culture, the therapist speaks directly to the unconscious and bypasses people's difficulty in assimilating new views rationally. The metamessages in the therapist's choice of words enable her to introduce change from the beginning of therapy. At times, however, she will have to be direct and tell it like it is. She will find words to say something negative in a soft, but tough way (Walters,1983f).

Conduct of Therapy

Joining (Induction)

The family inducts the therapist with its "confused presentation of content" (Walters, 1986). When the therapist is caught up in the family process and begins to experience the hypnotic effect of their "dance", she is said to be inducted. This enables her to know how it is for them, to experience their pain, and to make them feel understood or "joined." However, she must not allow this induction to prevent her from dealing effectively with the process.

Joining is often thought of as the way a therapist consciously or unconsciously becomes a part of the family system. She may do this by mirroring body postures, voice tone and mood, language, breathing rate or she may allow herself to be inducted by the family process. If the therapist joins without induction then she is not able to work from within to create change (Walters, 1984b).

Joining is a continuing process, not just accomplished in the initial interview as the therapist enters the family. The success of this kind of therapy depends on the therapist's connectedness with the family (Walters, 1983k). The therapist will also use "generic truths," common beliefs, appropriate to the generation, belief system, and gender of family members to help them feel heard. The therapist will need to make special effort to join the family member who least wants to be there.

Observing Process

Observation and reading or understanding process is the "bread and butter" of this approach to therapy. The therapist will pay attention to all the non-verbal messages such as who calls, who attends, where family members sit, who talks to whom, who interrupts, or speaks for another person. She will also attend to facial expressions, looks, body postures, voice tone and speed, and other aspects of body language. By allowing herself to be inducted by the family process, she will experience what family members do to each other. When she understands the family process she is in a position to begin to intervene, to go counter to this process to introduce change.

Going Counter

When the therapist understands the process in the room, she can begin to go counter, that is, push the

process in a different direction, not opposite, but at a tangent. This confuses, breaks old mindsets, gives families a new experience of themselves, and opens the way for change. The therapist may go counter in many small ways. She may focus on the big picture if the family is preoccupied with one small element in the family process; take a global view if the family is stuck on one specific. She will draw attention to process when the family is talking content; stay in the here and now when the client is comfortable with giving history. Or, she may change the mood deliberately from jocular to serious or depressed to thoughtful. She will work to slow down a client's racing thoughts and speech or energize where apathy prevails. She will join the family at their level of mood, energy, and tempo and then gradually transform the process. This does not mean talking about it but actually making it happen, giving the client a different experience (Walters, 1983h).

Going counter is a central means of introducing change and a pervasive element in all interventions. The therapist may refuse to deal with "the problem," not see a child IP (identified patient) or focus on each individual in the couple rather than on the relationship. A plausible reason for such actions will be necessary in order to be respectful of the family's pain. So, refusal to listen to history will be justified by the statement that "when

you're upset, it is not possible to see history in a useful way" (Walters, 1985).

Reframing or relabeling. Reframing or relabeling is a frequent tool of going counter to family process. It involves seeing a particular situation or behavior differently from the family and assigning it a more benign meaning or giving it a normalizing label. A parent's constant criticism can be reframed as "caring," and he or she can be helped to show caring in other more effective ways. A man's persistent opposition to his wife can be described as his "competitiveness," and he can be helped to explore the origins of his competitiveness in his relationship with his father. The process leads him to get in touch with his emotional side and drop the behavior which distances him from his wife. A crazy symptom may be relabeled and dismissed as "just a symptom" so that the therapist can then go for competence by asking, "What happened that you started getting upset," implying that the person's behavior is a reasonable response to events.

Recontextualizing is a global reframe which normalizes by putting the family in the wider social context or an individual in the wider context of several generations of extended family. The difficulties of men and women in working out their roles and relationships can be seen as the result of the way they are socialized as men and women;

the difficulty of a single-parent mother in assuming the executive function is the way she was trained to be; a son's drinking can be seen as loyalty to the manly tradition in the family. Seeing behaviors in their social context can reduce self-blame and make differences acceptable.

Creating a manageable reality. Clients are usually on overload, struggling with several big issues when they come in. When this is the case, it is important to go counter by choosing one small thing to work on which is amenable to change. This helps the family to begin to experience themselves as competent again. Since the goal is to change family process or pattern of interacting rather than problem solving, any issue is appropriate to focus on. Nevertheless, it is important to honor the family view by relating the issue addressed to the central family concern. In a crisis, the therapist may have to address symptom relief as a first step.

Promoting Competence: Empowering

By careful choice of words in questioning, the therapist can help the client to be more in charge of her past and present. In her enquiry into the family story, the therapist will ask questions which imply competence. She will ask, "When you decided . . ." or, "How did you decide . . ." to imply that the person is capable of making

decisions. She will ask, "How did you handle that . . ." or, "What did you do to get past . . ." to imply that the person is able to do what they need to do to manage their life.

To a woman who says she cannot talk to her husband The therapist will say, "When you talk to you husband . . .," implying that, of course, she can and does talk to her spouse. She will make explicit the implicit. The person with a phobia will be told that "being afraid is a powerful tool" and asked, "How do you want to handle it?" This makes explicit the power from below, implies that it is all right to be powerful directly, and that the person **can** behave the way they **want** to.

By the focus of her questions, by the way in which she phrases her questions, by her expectations of competence, by her relabeling and reframing, the therapist will convey that people are competent. By changing the focus of the family from their failures to their successes, the therapist helps people regain their sense of competence. In looking for "good times," she will help people see that they are selecting and experiencing only the problems (Walters, 1983e). When a therapist goes for competence, she sees a wonderful part of people (Walters, 1983d).

The Family's Proposition

Families come in for therapy when they are stuck in ways of interacting which are no longer working, when their way of looking at things is not helpful. A family comes in with its view of how and why a problem exists, its "proposition." The therapist never subscribes to the family's proposition; to do so leaves her stuck in the same position as the family. To set the context for change, the therapist must create a new view, a new reality, to change the meaning of the symptom in a benevolent way. This is the therapist's "counterproposition" (Walters, 1984a).

The Therapist's Counterproposition

The therapist's counterproposition is a global reframe or new perspective on the client's situation. Creating a new view of reality creates a novel context which gives a different meaning to events (Silverstein, 1983). Creating this new view of reality, convincing the family of the "truth" of the therapist's counterproposition is accomplished in the "long speech" of the therapist. The long speech puts things in order, directs, controls, and marks boundaries. It develops the context for change, elaborating, developing, and extending it in time to give it significance (Walters, 1983e). It establishes a theme, usually couched in metaphor, around which therapy will be structured. Subsequent events and family process will be

relabeled or reframed to fit the counterproposition and support its validity.

Working with Process

The therapist will work with process to give the family an experience around the new perspective and begin constructing a new reality with them.

Tracking. From the beginning of therapy the therapist observes and comments on non-verbal and verbal interactions or process as it happens in the interview. This is called "tracking." It serves to bring these aspects of communication into awareness. The family begins to learn that this aspect of their interaction is significant and to recognize what they do that gets them into a bind.

Interrupting. The therapist interrupts the dysfunctional process, literally stops it, after tracking to bring it to awareness. She uses a benevolent label while giving the message that the process is the problem. Just being aware of what they do can begin to inhibit people from doing it. However, usually the therapist will have to stop the parent who says, "Yes, but . . ." many times and get him or her to say what he or she has to say again without the but. Or, she may need to repeatedly stop an interrupting child and challenge the parent to let the child know the child's help is not necessary, that the parent can speak for her or himself.

It is important that the family members engage with each other so that the family process unfolds, but it is not necessary to witness the family process in its most intense form or to allow it to run its full course of destruction in order to know it. The process in troubled families is rigid and repetitive and can be discerned in almost every interaction.

Confronting and challenging. People must be confronted, lovingly if possible, and challenged to do something different. To confront is to put the issue clearly out on the table and is necessarily a direct communication. In a couple's case where the husband views his wife as child-like and crazy, the wife is confronted by the therapist's statement that, "The reason you're acting crazy is because you're accepting what he's saying." Putting the issue clearly moves the couple from a position where one spouse is trivialized and the other, aggressive, into a real (open) conflict between co-equals. Confrontation is followed by a challenge. So in this case, where the husband's denigrating view of his wife requires her to act crazy, the therapist challenges him to change by asking if he needs his wife to act crazy and child-like for him. The wife is challenged not to accept her husband's view of her (Walters, 1985b).

To confront and challenge, the therapist delivers a "stroke and a kick" simultaneously. The stroke, or praise, supports the person so that they can accept the kick, or challenge, to change.

Enactment of new process. Through example and coaching the therapist helps family members to engage differently, speak differently, interact in a new, more functional process, right in the session. The therapist gets people to do what they "can't do."

Coaching is supporting people to engage in new, more competent behaviors. The therapist may get a family member to find out, very specifically, what would feel better to another family member and to practice those behaviors. This work is dyadic and involves staying with one member of the twosome and unbalancing to break the old pattern and practice the new. It teaches people to ask for and get what they need from each other; to be competent vis-a-vis each other (Walters, 1984d).

The therapist may have to work hard to expand rudimentary skills in a client but always assumes the person is competent to do what is necessary. The barest hint of a behavior may have to be labeled competence and expanded by coaching. When the desired behavior is enacted, the therapist will articulate or help the client to say what it is that he or she has done differently.

Thus, new behavior precedes and becomes the basis for a novel insight or cognition.

Where a behavior is beyond the experience of a client, the therapist will have to model that behavior. She may "take on" a spouse or assume a differentiated "I" position in order to help convey the possibility of such behaviors. She will give feedback about how one family member's behavior makes her feel in order to help another family member examine his or her own response.

Because real closeness or any new interaction can be anxiety producing unless it first becomes familiar, the therapist will teach people new ways to be together before expecting them to give up connecting around their problems.

Task assignment. Frequently the therapist will assign family members a task to complete between sessions to further develop their competence with the new way of interacting they have experienced during the session. Sometimes assigning the task will simply get them to think about an issue they need to get clear about or develop greater awareness of their process. Compliance or non-compliance is not an issue but is information that helps the therapist understand the client better.

Follow-up. In any session, the therapist should pick up on current process rather than feeling she needs to go back to last week's task (Walters, 1984d). Rather than ask

directly about the task in a subsequent session the therapist should bring the idea embodied in the task back into the session (Walters, 1983d). So the therapist will not begin the session by inquiring about the task but will wait until it is mentioned. Or, if the task was about a couple being able to just "hear" each other, she might reintroduce the idea by asking one spouse if the other had anything interesting to say this week. On occasion, the process the task was intended to change is so altered that it is not important to raise the task.

Feedback. People learn best experientially, but they need a cognitive grasp of what they have done differently. The therapist will obtain a competent enactment between family members and then give the family feedback by verbalizing what has taken place. At the end of each session, she will usually summarize what has happened, or not happened, what they have done differently, and what they need to do between sessions. People do need to understand the nature of change and the processes involved in achieving it (Walters, 1985a). At times, however, Walters will deliberately send people home in a state of confusion to do their own work.

The New Process: Owning Competence

As the therapist observes family members interacting competently, talking for themselves, taking responsibility

for themselves, observing boundaries, etc., she will help them to say what they are doing that is different and how they are doing it. She will help them to take credit for their new behaviors, thereby "owning their competence."

The Stages of Therapy

Beginning. At the beginning of therapy, the work is to hear the family's proposition, elicit process, and begin to search for competence. The therapist will not take history because to do so gives weight to causality. Neither does the therapist spend time telling who she is or how she works. This is conveyed in the first session, both experientially and by talking about what they will do together in language which makes sense to the family. In the first session, the family should feel heard, have a new experience of themselves, and regain a sense of hope. The therapist should identify the core issue and give the family a sense of roughly how long the therapy will take. She should also solicit questions and answer them explaining, "The reason I'm saying or doing this is . . ."

By joining the family, tracking process, and beginning to intervene, the therapist will learn about the family and get a sense of what is possible for them. In a crisis, the therapist must first deal with stress and the symptom before going on to work with process. The work is from the particular to the general, from the part to the whole so

that the full dimensions of a case unfold over time. The therapist may say to the family that, "It's important to understand small things first," to help them accept her way of working.

In the first several sessions, the therapist must identify a core issue which can be used to bring about change. This core issue becomes the theme, usually expressed in a metaphoric way, around which the therapy is organized. The metaphor goes beyond what people bring in and responds to the metamessages which maintain the problem. When all family members reverberate as one and it is not possible to use one person to change another or when the problem is long standing, then several months may be necessary to join and make small changes in behavior before going for core process. This might be the case in working with an individual who is "borderline" or with a family where there is a psychosomatic symptom such as anorexia. Such an individual is too fragile and lacking in ego strength to confront directly, and the wider system does not provide enough leverage and support. Such a family is too enmeshed and loyal and will resist change by inducting the therapist or uniting against her and sabotaging her efforts. For these kinds of cases "brief" therapy may last a year or more.

Middle stages. Here the therapist will take a second (third or fourth) look at the core issue, or raise a new issue, or add on a piece. She will ask herself if she has been beating a "dead horse" or not beaten it enough. She will have to be creative in giving family members new experiences of themselves to widen their range of available behaviors, develop mutuality, further define themselves, and behave differently around many small issues. To motivate people to change basic process, she may have to create a crisis to move them past their comfort at being in a better place.

Ending. Therapy does not need to have closure. A natural ending where later clients simply feel they got their act together is best. Towards the end of therapy, sessions will become less frequent and holidays encouraged by the therapist to give the family a sense of being able to do it for themselves.

Often, the end of therapy is preceded by a period in which the emphasis is on getting each person to describe his or her change and be able to take credit for it or "own" it. When people can (1) talk about what they have learned to do differently, (2) demonstrate a conscious grasp of what goes on and articulate their feelings about it, and (3) experience themselves as capable of choosing how they respond, then it is likely that they will be able

to maintain the gains they have made and cope with future difficulties.

The therapist will take the initiative to end her work with a family in a timely, therapeutic way. Ending is "no big deal." The family has "got it together" and should stop coming in. The ending may be casual with "vacations" from therapy becoming longer and longer but with the door kept open. Or, it may be abrupt, "You need to stop coming in . . . . You know what you need to do . . . . Go home and grow up." Or, it might be dramatic with the therapist referring a couple to a divorce mediator around their bottom-line issue of house ownership which they would not drop even after they had made big changes. The metamessage is that this is an issue they can choose to divorce over.

Evaluation

In evaluating the therapy the following questions need to be asked:

1) Does it enhance self-esteem and competence of all?
2) Do interventions provide a new perspective or context?
3) Are interventions based on induction, that is, the therapist's experience of the family?
4) Is the work complete? Has the work gone beyond symptom relief to change perspective and process?
5) Has the work been followed by cognition and integration by the family so that they can replicate it?

6) Is the family more flexible; has the range of available behaviors expanded; is there congruence between people's words and their body language (Walters, 1984b)?

Clinical Issues in Single-Parent Families

Social Context

The social context creates problems for single-parent families including poverty, social stigma, lack of adequate and affordable childcare facilities, and hardships stemming from expectations on the part of schools and workplaces that there will be two parents. Within the family, problems tend to be enmeshment, parentified children, kids who run free rather than being more responsible. The single parent may feel guilty about needing help from his or her children. A single parent may also feel guilty because the children do not have what society deems a normal family life or because lack of time, energy, and money mean the parent can't give them as much as if there were two parents involved. Economic hardship is the bottom line for single-parent families headed by women.

Mother Blaming

When children have problems, society's view is often that mothers have perpetrated a crime. Fathers may be absent, but they are not considered guilty (Walters, 1983i). Mothers absorb this message and feel blamed and

guilty, especially if they have "deprived" the children of a father by divorcing him.

Issues

The issue for single parent families is **not** mourning the loss of the other parent, dealing with a family "ghost" or absent member of a triangle. The issues start with accepting that, "What's left is a complete family." Successful single-parenting requires integration of nurturing and managerial functions in one person as opposed to the typical gender-based complementary division of functions found in two-parent families. It is important to get more intergenerational dyadic communication going to break up dysfunctional triangles involving a grandparent or parentified child.

When problems arise in single-parent families it is frequently related to failure of the custodial parent to establish an authoritative position or to the parent becoming overwhelmed by financial pressures, work overload, and isolation. It may also be related to over-closeness or enmeshment as the custodial parent relies too heavily on his or her children for emotional support.

Strengths

Strengths of the single-parent family lie in their having one line of authority which in any organization simplifies the executive function. Where there is one

parent, all must undertake multiple roles which is harder than mastering a single role but which develops flexibility and a broader range of skills. Children tend to become more task oriented. There is increased expectation for participation and children can become providers as well as consumers and feel genuinely useful.

The typically more permeable generational boundary can lead to children becoming closer than usual to the custodial parent and to each other, as well as more mature and responsible. Parent and children can become "foxhole buddies," comrades in arms in the struggle to face the world. A stronger sibling subgroup may also develop in the single parent family.

Needs

Single parents need utilitarian friendships, an extended family of relatives and useful friends. They need to teach their children self-reliance. It is important for single parents to accept that, "It's okay to need your kids." Parents who have never asked and never received, say, "You owe me." The challenge for the single-parent woman is establishing a competent position so she can deal with whatever is at hand. The therapist must empower the custodial parent. Children will fight with a "deskilled" parent (Walters, 1983d).

CHAPTER III: METHODOLOGY

The Case Study Approach

Family therapy developed out of research and clinical work. Much of this research, both investigative and clinical, was conducted at the Mental Research Institute in Palo Alto by Jackson, Bateson, Haley, and Weakland (Haley, 1985). This was not the kind of research which has crept into increasing prominence in the field of therapy from the social sciences and behavioral psychology where statistical analyses of the responses of large populations have been used to establish various "truths." While some investigators seem oblivious to the paradox inherent in applying the linear, cause-and-effect thinking implied by the methods of "hard science" to systemic therapy, others have continued to utilize qualitative research and case studies to elucidate the theory and practice of therapy.

The value of the case study both as a way of familiarizing student therapists with a broad range of clinical issues and conveying theory fully clothed in the fabric of family life, has long been recognized in the field. Textbooks nearly always include case examples to illustrate theoretical points and whole texts such as Family therapy: Full length case studies, edited by Peggy Papp (1977) are devoted to teaching by example.

Oliver Sacks, with his exquisitely detailed and insightful case studies in Awakenings (1983), sets an example for all who seek to explicate the process of healing. A medical doctor, he, nonetheless, finds the language of cause and effect, medical pathology, and statistics inadequate to the description of what is happening with a patient. "We are concerned not simply with a handful of 'symptoms', but with a **person**, and his changing relation to the world. Moreover, the language we need must be both particular and general, combining reference to the patient and his nature, and to the world and its nature; [it must be] at once personal and universal, concrete and metaphorical, simple and deep . . ." (Sacks, 1983, p. 208). While he concedes that statistical studies have a use, he maintains that this "utilitarian" approach is not couched in terms of particulars and universals and gives us no insight into the general design of behavior nor into the ways in which this is exemplified in particular patients (Sacks, 1983).

This study seeks to illustrate the particulars and universals of competency-based therapy by describing work with a single-parent family.

Procedure

Chapter IV gives the background of the family seen for the case study and summarizes the therapy through a

combination of narrative and verbatim transcriptions of excerpts of interviews. Verbatim transcriptions are accompanied by prefatory remarks which include comments on process and interventions. In Chapter V, the case is discussed in accord with the theoretical concepts of competency-based therapy. Particular attention is paid to family process, the family's proposition, and the therapist's counterproposition. Clinical issues and goals are described. The discussion is followed by a description of new process in the family and an evaluation of the work using criteria proposed by Walters.

CHAPTER IV: THE CASE STUDY

The names of individuals and demographics have been altered to conceal the identity of the family in the case. An agreement which grants permission to use videotapes of the sessions for educational purposes has been signed by each adult member of the family.

Background

The Chenko family is a family of women, a mother and her three young-adult daughters. Martha, 43, is a legal secretary and office manager. She has been a single parent since divorcing her violent, alcoholic husband 11 years ago, after 12 years of marriage. When she came in, she looked exhausted and tense, dressed drably, and spoke in a faint, tentative voice using few words.

Her eldest daughter, Joan, 21, was to graduate from college in May with paralegal training and move back home to search for full-time employment. She is a slim, attractive, well-spoken young woman who has been her mother's right-hand person even while working her way through college.

Kris, 18, is a big, strong young woman who played varsity hockey, was a B student, worked 20 hours a week, and was to graduate from high school in June. On first

impression, she appeared sullen but cooperative and articulate.

The youngest daughter, Carla, was 17 and a junior in high school. She was an average student and played varsity hockey. She has worked during past summers. Initially, she seemed less articulate. At times, she spoke in a provocative and petulant way to Kris.

Martha brought Kris and Carla in after an incident which involved Kris screaming at her younger sister and pushing her up against the lockers in school during an argument about lunch money. Martha said she was fearful that there could be more violence between her daughters and upset that there was no peace in the house because of squabbling between Kris and Carla. About a year earlier, Martha and all three daughters had had a fight that included yelling, hitting, and struggling which led to bruises and scratches. Martha was afraid Kris and Carla would hurt each other. She agreed to bring Joan in when she finished exams.

In five of the last six years, Martha had taken her daughters for therapy (to another clinic), each time for six to eight sessions. She felt that they needed to hear things from an outside authority in order to "shape up." Treatment had always been oriented toward the girls'

problems, beginning with Carla's school difficulties in sixth grade.

Conduct of the Case

Where verbatim transcriptions are used, family members will be indicated by name:

MARTHA: the mother.

JOAN: oldest daughter.

KRIS: middle daughter.

CARLA: youngest daughter.

THER: therapist.

The family was seen for a total of ten sessions in a variety of combinations. The therapy began with mother and two youngest daughters attending. Initially, Joan was not present because of school obligations. Later, Martha was seen by herself for three sessions after a partial-session with her alone revealed she had been highly stressed during the previous year. In the final interview, she was seen with Kris as a part of the therapeutic strategy. All family members were present for only two interviews.

There were several distinct aspects to the work which overlap. The first was dealing with the crisis, that is, the violence, which the mother identified as the problem. Concurrently, the therapist sought to make explicit the competence of both mother and daughters. As the undifferentiated state of the family became clear, the

therapist moved to define boundaries. This restructuring included (1) getting the mother to strengthen her executive role and be more in charge, (2) demoting the eldest sister from parental child to sister, and (3) differentiating the two younger sisters. These goals were the focus of the first six sessions. The three subsequent sessions were devoted to empowering the mother to have a life of her own and to address her issues with her family of origin. In the final session, the mother was challenged to go beyond her normal range of behavior in her relationship with her middle daughter and break the family taboo against talking about herself. This was framed as "finishing her job as a parent" by teaching Kris about the work of relationships. The intent was to reconnect Kris with her mother and develop the mother's ability to be close to her daughters emotionally rather than taking care of them.

Dealing with the Crisis

The therapist's first concern was dealing with the crisis, the violence, which the mother was afraid would erupt again. The therapist asked about the precipitating incident and in doing so indicated the mother's status by asking her to speak first. The mother immediately turned to her daughters, and the therapist moved to block her invitation to them to speak in her stead, thus beginning boundary work. This process of Martha inviting her

daughters to speak for her recurred frequently and was tracked and interrupted by the therapist many times.

THER (to Martha): So, what happened? You just tell me. I want to hear from the girls, too, but for now why don't you just tell me.

MARTHA: Well, there are two different stories. I had given Carla money for lunch, a $20 bill, and told her to get change and give Kris money. Carla got change, and Kris asked for the money, but Carla didn't give it to her. Kris pursued Carla down the hall pushing and shoving her, name-calling, crying and screaming, and then she had Carla up against the lockers by her neck demanding the money.

Next, the therapist asked to hear from the middle daughter, Kris, the one who was violent. In her comments the, therapist began to reframe the violence as not really threatening serious harm, and Kris' temper as a question of control and something with which everybody in the family struggled. Kris was able to affirm her ability to control herself in most situations, and both girls were given credit for having been successful in avoiding further open conflict during the last month. What emerged was that Kris' "out of control" behavior resulted infrequently from an enmeshed conflictual interaction between all three or

four family members. By implication, her behavior was an understandable response to circumstances, not the expression of an inner rage as her mother appeared to believe and later stated. After Kris spoke, Carla was asked for her version which was quite similar to both her mother's view and Kris'.

THER: What was it like for you, Kris?
KRIS: Like my mom said, she gave Carla the money to give me some of it, and we were driving to school, and I said, "Carla, why don't you give me the money," because I get lunch before she does. And she wouldn't give it to me. I even went to my peer relations counselor who said to go and get Carla and bring her down so we could get change, and she wouldn't even do that. After a while, it really made me mad, and I pushed her up against the locker.
THER: Did you hurt her in any way?
KRIS: I didn't hurt her.
THER: Did you feel like you kind of lost control?
KRIS: Yeah, she had no right. I had no right pushing her up against the locker but I have an awful temper. They (referring to her mother and Carla) will both tell you that.

THER: So, losing control like that is not uncommon for you. Does it happen in hockey, because I have seen quite a few girls lose it on the hockey field?

KRIS: No, no, no.

THER: So, you do have quite a bit of self-control.

KRIS: Things like hockey don't make me mad. I might get angry but not mad. Me and Carla have had hitting fights but there have only been two real occasions when I've gotten really violent.

THER: What kind of occasions? With your sisters or outside the family?

KRIS: With my sisters.

THER: So you don't get out of control with other people?

KRIS: I don't feel I need to.

THER: So what precipitates your getting out of control?

KRIS: One really big thing happened about this time last year. It started between me and my mom, and then it escalated into this really big thing between the four of us. I lost control. I was really mad.

THER: It sounds like everybody was out of control. When two of you fight, do the others get involved?

KRIS: Yeah.

THER: So, you're a close family. Are you the only one who loses control?

KRIS: Carla loses control, too. She doesn't get violent. She can control her anger better than I can.

THER: So, that's something you struggle with more than anyone else?

KRIS: Yeah.

The Family's Proposition

Predictably, Martha came back to the issue and expressed her fears again. The therapist joined her by acknowledging the validity of her concern but gave a different perspective by being concerned, not on the grounds of fear of doing each other harm but of being able to be close as a family. She reframed the daughters' fighting as a sign of being close, albeit a problematic one. Coincidentally, she labeled Martha as a successful single parent in terms of how well her daughters were doing. Martha tried to accept what the therapist was saying but ended up restating the family proposition that it is Kris' anger that was the problem. Clearly, she had brought her daughters in to be taught that violence was not acceptable.

THER: So, you've been a single parent for many years, and by the looks of these two, despite the fighting, you've been extremely successful. And you have a daughter about to finish college. But I have a feeling that being close

as sisters has to do with the fighting. It's sort of a way to stay close, of being connected.

MARTHA: That's a new concept to me.

THER: You know, some people really connect that way. In my experience, I don't see fighting like this in families that are distant and unconnected. I see it in families that are really close, and warm, and caring, and who are really connected with each other.

MARTHA: There is a lot of emotion and a lot of caring, particularly with Kris. We've had a problem with Kris' emotions being out of control and we don't know when it's going to happen. The important thing I want them to learn is that violence isn't the answer.

Restructuring

Setting Boundaries

It was clear from the first interviews that there were very weak boundaries in this family and that the mother was not in charge with her daughters when she needed to be. When domestic chores emerged as an issue, the therapist chose this as a field in which to get Martha to be in charge and set a generational boundary. The therapist continued to insist that Martha be competent and speak for herself as a way of creating boundaries. Martha was helped to feel entitled to take charge by acknowledging her position as responsible adult in the family. She was

supported by being labeled a successful single parent while being challenged to be "president" and take charge so her daughters could learn to be "managers." The therapist alternately "stroked" the daughters for being responsible in certain areas and "kicked" them for being childish in order to challenge them to be responsible at home. The issues around housework were related back to Martha's concerns about conflict in the family. This was done to honor her view of the problem.

MARTHA: Today, I got angry.

THER: Okay, tell me about it.

MARTHA: Well, I came home, and the dishes weren't done. They weren't done yesterday either. I've been letting it go.

THER: So what did you do? You went to the door and called them in? (Martha nods.)

THER: And then . . .?

MARTHA: I don't remember exactly what I said.

CARLA: That the housework had to be done.

THER: Is she (indicating Carla) your helper? At least with her words she's your helper (laughter).

CARLA: I remember what she said.

THER: But **you** told them . . .

MARTHA: That they had to do their housework. And then Kris got on the phone, and Carla went downstairs . . .

THER: They didn't just do it?

MARTHA: Kris went upstairs . . .

KRIS: To get the trash.

THER (to Martha): Do you need her help to remember?

KRIS: She doesn't know what I did.

THER: I'm talking to you (Martha) right now. Do you need her help right now? (Martha shakes her head, no.)

THER: Would you just let her know?

MARTHA: I'll try to tell it without. . . . Well, I don't remember everything.

THER: That's okay. I just need to hear from you because you're the central figure in this family. You've been the backbone of this family for many years, right? (Martha nods her head, yes.)

Identifying Martha's Role in the Daughters' Irresponsibility

The therapist realized that like Martha, she was referring to Carla and Kris as "the girls" and that one of the reasons they were irresponsible was that Martha was not clear in assigning tasks and did not deal with each one as an individual. For weeks in the winter, Kris and Carla forgot to pick their mother up at the Metro station. Eventually, she succeeded in having them pick her up. The

therapist used this example of Martha's effectiveness in getting her daughters to assume responsibility to point up the process which led to Kris and Carla being irresponsible. The therapist continued her efforts to restructure the family by challenging Martha to take charge, to be president. Kris' implicit refusal to take her mother's direction was made explicit.

THER: What happens is that [household tasks are] always between the two of them. The fact that you had to make a huge fuss to get picked up by your own daughters with your own car. . . . It's not because they didn't care . . . but somehow it was getting dropped between them.
THER: How is it decided between you (Kris and Carla) on a daily basis who will pick your mom up?
CARLA: I just go.
THER: So, you take that responsibility on a daily basis? What if you don't want to?
CARLA: I just go. Unless Kris is going to work.
THER: It sounds to me as though you've taken that responsibility.
THER (to Martha): I think that makes the difference, that Carla does feel responsible primarily. And I think the other tasks will get solved when you decide who you would like to be responsible. For them to be good managers at

home, you're just going to have to be the president and run things for a little while.

MARTHA: I have tried, but they managed to get out of everything I suggest.

THER: That's the problem. Don't suggest, just tell them.

MARTHA: I don't have the energy to get on them [about housework], and I'm sure that's contributed to it.

THER: I don't think they take you seriously. I hear Kris saying she can't do it on a daily basis. She really disagrees with you. She says she's not going to do it on a daily basis. (to Kris) Right?

KRIS: (Nods yes).

Putting Martha in Charge

In the following exchange, the therapist continued to differentiate between Kris and Carla, framing them both as "not old enough," while emphasizing that Martha was an adult from whom her daughters had learned about responsibility. Martha was led to explicitly acknowledge her responsibility for the household. These repetitive moves challenged Martha to feel entitled, in fact obligated, to be and act in charge. Again, the work was related to the original complaint.

THER: What I see is that Carla is too old to want to be told but not old enough to do it without being told. Kris

is old enough not to need to be told but not old enough to plan to do her part on a daily basis when she has such a heavy schedule. But, you know what it's like at work. What do you do when you can't get everything done?

MARTHA: Come in early, use my lunch break.

THER: You find a way right? She hasn't reached that point yet, just to find a way. She finds excuses. I see them as both struggling with this issue. Kris seems to have solved it in the working world, and I'm sure Carla will, too, because they have learned a lot from you about responsibility.

MARTHA: They think the house is so unimportant.

THER: You have different standards. Whose house is it?

MARTHA: Ours.

THER: Who pays for it?

MARTHA: I pay the rent.

THER: And who's in charge.

MARTHA (Looks at her daughters, speaks almost inaudibly.): I am.

THER: I mean, where's the responsibility?

MARTHA: It is my responsibility.

THER: And it has been for a long time. You've worked very hard, and you've done a wonderful job with these girls, but it's like they don't feel it's their responsibility, not in the same way you do.

MARTHA: Not yet.

THER: I don't know. They seem so grown up in so many ways.

MARTHA: Sometimes I think it's just petty.

THER: But it leads to stuff that's just terrible. (Martha nods her head in agreement.)

THER: I think that you need to decide who you want to do what this week. When you just put it out there for the two of them it's not going to happen.

MARTHA: I think you're absolutely right.

THER: One thing you need to be quite clear about is that you are responsible, you pay the rent, and you are the one who sets the standards in this household. It is your responsibility as the adult, the president.

MARTHA: I think that's one of the problems that they don't see me as someone who has the right to ask them.

THER: You talk about asking them. You need as president of this household to **tell** Kris, and **tell** Carla, what you want [each of them] to do this week.

THER (to Martha): We plunged right into nitty-gritty stuff, and I don't know if it relates at all to the concerns you had about anger and violence, but it was pretty clear to me last week that it was upsetting to all of you, the kinds of stuff that went on around housework.

MARTHA: Yes.

THER (in closing): All right, Mrs. President . . .

MARTHA (laughs): I've been promoted.

THER: You've been promoted, you absolutely have.

Differentiating Mother from Daughters

In a subsequent session, Martha was again challenged to take charge and require more of her daughters , which in itself set a boundary. Again, the daughters were seen as childlike and Martha as adult. Thus supported, Martha recalled an instance during the past week where she required Kris to take care of herself. This resulted in significant new process which was made important for the family by enthusiastic praise from the therapist.

THER: The question here really is what do you (Martha) want? You're trying to run this company in an efficient way, how do you want [Kris and Carla to do their domestic chores]?

MARTHA: On a daily basis, Monday through Friday.

THER: But not on weekends? You said you didn't think it would be an imposition, and I was saying that a task that is done on a daily basis really gets into a routine.

MARTHA: I do feel that way, but I guess I feel that they feel it's such an imposition.

THER: I don't understand, do you pay the rent five days

and not pay for two? Do you buy groceries for five days and not for two days?

MARTHA: No.

THER: You do things on a consistent responsible basis, and I'm wondering why you can't ask Kris who's really an adult now and Carla who is almost grown to do things the same way?

MARTHA: I guess so. It should definitely be on a seven-day-a-week basis. It's just that . . .

THER: If you're really the president of this company, and if you want to make money, so to speak, you're going to have to make some hard decisions. You need to think about what you can reasonably expect from another adult living in the same household.

MARTHA: They're adults, but, yet, they don't act like adults.

THER: If you continue to treat them like kids, they are going to act like kids. Kris is still your daughter, and part of her likes for you to be the mother and for her to be your little girl. She hasn't yet gotten to the point where she realizes that she can still be your daughter without acting like a kid. I think that's the hardest part for you, not to fall for that kind of stuff, not to fall into the trap of treating her like a kid. Part of her is grown up and can take responsibility, but there are times

when she is going to suck you back into being "mom" and doing things the way you always did. It's a way of connecting. Does that make sense?

MARTHA: Of course, it does. I just have to make more of an effort. Just the other day, Kris wanted a phone number, and I told her it was in a stack, and she had to look for it. She went on and on, but I said, "Look, you're not going to drag me into this."

THER: So, you didn't get sucked in. Did she manage by herself?

MARTHA (Nods yes): It's just a little thing.

THER: Good! Congratulations! Little things are important. It's the same process. You're right on, very sharp! Do your girls know how smart you are?

Looking at Martha's Issues

In the second half of the fifth session, the therapist met with the mother alone, partly to assess her apparent depression and partly to get at any issues she did not feel at ease speaking about in front of her daughters. Martha had seemed so exhausted, overwhelmed, and depressed during the first session and then, again, in the fifth session that the therapist wanted to make sure she was not missing an underlying organic depression which should be evaluated by a psychiatrist. The therapist also sought to uncover any additional issues which might be contributing to

Martha's stress. What emerged was that Martha had experienced many severe stresses during the past year including the death of her father, an angry cutoff from her sister, and considerable job stress as well. Martha, however, continued to focus on her daughter's anger. The therapist decided to defer any decision about referral for medication but to see Martha individually again when sufficient progress had been made with the family.

In this session, the therapist solicited any concerns Martha was hesitant to raise in front of her daughters. Martha again spoke about Kris' anger and her (Martha's) underlying fear that it was the result of her divorce from their father. The therapist described Kris's out-of-control behavior as the result of conflict which develops between the daughters and not the manifestation of anger deep in Kris. She reframed the conflict as a way for Kris and Carla to separate in preparation for Kris' departure for college. The therapist talked about the stage when children begin leaving home as being an exciting but difficult time with losses as well as gains. She framed Martha as competent in getting help when she has needed it. As Martha talked about her life and the economic struggle, the simplicity of her needs and her limited energy and time for social life emerged. Martha again raised her concern about Kris who not only had problems with anger but had

lost her "old sparkle and sense of humor." Martha was able to accept compliments about her daughters and eventually herself, a sign she was beginning to see herself in a positive light.

THER: Sometimes, there are concerns that parents have about kids that they don't feel comfortable sharing with their kids.

MARTHA: My concern is the anger, particularly Kris'. She has the most energy, the most emotion, and [when it leads to] violence like it did--that really scared me. My underlying fear is that because of the divorce from their father they have developed some sort of problem, and they are acting out rather than it being a normal stage.

THER: In your marriage, was there a lot of fighting or violence?

MARTHA: Towards the end.

THER: So, it's especially scary for you because it brings it all back to you.

MARTHA: Yes.

THER: Have you talked to your daughters about it, why it's so scary to you?

MARTHA: No, I don't think I ever talked about it. It brings back many memories.

THER: My sense of it is that you've done a brilliant job of raising these girls.

MARTHA: It's been a struggle. We've come a long way.

THER: Well, I'm just so impressed. You haven't sat back when things have been difficult. You've gone out and gotten the help you needed--it's not easy.

MARTHA: That's something I learned, to reach out for help.

THER: You do such a wonderful job for your girls, but I wonder what you do for yourself to get energized?

MARTHA: You mean do I have hobbies?

THER: What do you do to make yourself feel better?

MARTHA: I like to sew. Something I've done recently is to get audio-books, and I just sit, and listen, and sew. This is just heaven!

THER: What about friends?

MARTHA: I have lots of good friends. If we don't get together, we call. Usually we just visit each other.

Working to Change Family Process

By the fourth interview the old process of conflict between the two younger daughters had erupted again, and Martha had been caught in the middle. Her role as "peacemaker" both at home and in the office emerged. But Martha had taken a stand with Kris, stepped in to insist that she do her household tasks. In the session, Kris was very upset. Martha did not comfort her and went on to

describe how Carla got her to intervene between herself and Kris over turning the radio down. The pattern emerged: the two younger daughters would argue and call in mother to make peace; nothing she did worked; Joan would then come to her mother's assistance. Sometimes, Martha would get energized, take a stand, and the daughters would quiet down. Alternatively, all four would get involved in a huge fight which would end with Kris getting out of control and being scapegoated. In order to break the cycle, Martha was pushed by the therapist to stay out, and let them settle their own affairs. The daughters were challenged to not act like six- or seven-year-olds and coached to be more polite (competent) in dealing with each other. They promised not to "get into it" in order to reassure their mother who still feared violence. The therapist then got Martha to express her feelings to her daughters which was enactment of new process. The continued resentment between Carla and Kris was palpable in the room so the therapist coached them to apologize, both to clear the air and to help them learn how to engage directly with each other to settle their differences. The edited version does not convey the persistance and repetition necessary to obtain enactment of these new processes.

MARTHA: What makes me feel bad is there is no peace. I am drawn between the two of them. Like this afternoon. Kris turned the radio too loud, Carla came downstairs and asked if Kris could turn down the radio.

THER: Don't you think she could have handled this herself?

MARTHA: There is definitely a problem with communication. The reason Carla won't ask Kris herself is because . . .

CARLA (interrupts): She is so rude about everything else.

MARTHA: So, that is how I'm drawn in. I realize that. I'm trying to just avoid the conflict, and the result is that we're all in it, we're all unhappy and stressed out.

THER: I think that as long as you play peacemaker, it will go on.

MARTHA: If they hurt each other, then what?

THER: That's a terrible thought, and it brings back all kinds of terrible memories. I mean you mentioned that [there was violence] near the end of your marriage, and you must feel inside like you're about to go through that experience again. You're terribly afraid that this will turn to violence. I think it's very important that you get a commitment from each of the girls that for the following week they won't use violence so you don't have to live in fear.

MARTHA: Kris, do you think you could do that? Will you agree to no violence?

KRIS: Yes.

THER: I think you need the same thing from Carla.

MARTHA: Carla, will you make the same commitment?

CARLA: Yes.

THER: I think as long as you play peacemaker, [the conflict between Kris and Carla] will go on.

MARTHA: I can't stand violence.

THER: Okay, but you have a commitment from both these young women not to get physical with each other.

MARTHA: Well, that is something new. That will relieve me greatly.

THER: Does it make you feel better right now?

MARTHA: Sure.

THER: Why don't you let them know because I think that is important.

MARTHA: They know that I believe them, and I trust their word.

THER: How does it make you feel, what they've said?

MARTHA: Well, it's a great pressure off of me. It's a relief that I know they won't hurt each other. I just can't deal with it (cries).

THER: Carla and Kris, are you willing to make some effort to learn how to settle your differences without involving your mother?

CARLA: I'm willing to, yes.

THER: Kris, would you be willing?

KRIS: Yes.

THER: Okay, Kris, how could Carla approach you about something like the radio in a way that would feel better to you so you could respond?

KRIS: She could come in my room and ask without being rude about it.

THER: Carla, could you just pretend that the radio was disturbing you--I want you to roleplay, fake it--knock, knock. Is that something you do before you enter your sister's room?

CARLA: No.

KRIS: Yes, I'd like her to, but . . .

THER: So, you would like her to knock. Carla, you've got your cue. All right, on camera, wipe your nose (She has been crying with her mother) and knock.

CARLA: Knock, knock. Will you turn down your radio so I can sleep? (Delivered in a snotty tone of voice.)

THER (to Kris): How did that sound to you?

KRIS: I didn't like it.

THER: Could you let her know what to do so that it would sound better to you?

KRIS: Yeah, she could say, "Kris, can you please turn down your radio . . ."

THER: Could you try it again, Carla?

CARLA: Kris, could you please turn down your radio . . . (Tone is a little better.)

KRIS: That was all right, it wasn't very sincere . . .

THER: Well, she's not a polished actress but did the words sound better? What about the tone of voice?

KRIS: It was all right.

THER: Carla, could you play it again, and this time, Kris, I would like you to respond.

CARLA: Knock, knock. Kris, could you please . . .

KRIS: Okay.

THER: Do you think that if she asked you like that you could turn the radio down?

KRIS: Yeah, but she rarely ever asks me like that.

CARLA: I always used to ask Kris, please turn down the radio, and she would say shut up or slam the door, but now I get mom to do it because I hate asking her.

THER: Well, Carla, I know that's the way it was, and that is the past, and you can't change that.

CARLA: I know, but that's why I don't want to do it anymore. It's not worth asking. I get mom to do it.

THER: So, you're not willing to try to make things different?

CARLA: Because I know what's going to happen. Why try anymore?

THER: You don't think there's any chance. Are you willing to be surprised?

CARLA: I'll try once, but you've got to understand, I don't like to ask her.

THER: I understand.

CARLA: I'm not snotty about it either, maybe the second or third time (in a snotty tone).

THER: The way you're talking right now, when you're upset, comes across a little bit that way. It will be hard for you to say it another way which is why we're rehearsing. The other thing is that each of you is still pretty angry with the other about the incident at school. I wonder if either of you has been able to say you're sorry to the other or even if you really feel sorry about it. Kris, I'm not saying it was all your fault, of course, it took the two of you, but I'm asking are you sorry about your part in it.

KRIS: I don't know. She refused to give me the money because of the way I asked her. I refused to turn down the radio because of the way she asked me. I think I asked her nicely, she thinks she asked me nicely.

THER: Do you feel that you owe your sister an apology? That there is any way you can put it in the past?

KRIS: It will always be there.

THER: You hold grudges for a lifetime? Don't you think you'll ever look back and laugh about it? Or, at least say, "Oh gosh, weren't we awful?" It would be too bad if you couldn't. You know, the tensions are building, I can feel it in the room. I think it would help a great deal to put this behind you. I'm wondering if, as the older sister, you do feel sorry for any part of it, you could let your sister know and take the first step in that direction.

KRIS (after a long hesitation): I'm sorry, Carla, for pushing you around, but you did make me angry. I had no right to push you, but . . .

THER: Could you keep the buts out because you're doing great except for that.

KRIS: Carla, I am sorry for pushing you that day, I know I had no right--you did make me angry though.

THER: Can you respond Carla?

CARLA: I accept your apology. . . . I apologize too. I'm sorry for calling you names.

Task Assignment

Carla was then assigned the task of politely asking Kris for something three times during the week. She was to ask twice when it didn't matter, just for practice to see if she could get a positive response out of Kris. She was admonished to monitor her tone and words and make changes if necessary. She was asked to make practice requests

serious so that Kris would not know when she was just practicing which might result in their just laughing about it. The therapist then talked about manners as a way of getting what you want directly instead of having to have someone else to do it for you. Martha was able to join in and support this position in an authoritative way.

Blocking Old Process

Kris was coached to monitor her own temper and take a timeout, if necessary, to avoid getting out of control. The timeout was framed as a way for her to avoid being the "bad guy" and being blamed for something that happened between all four family members. The therapist then predicted that things would get worse temporarily if Martha did actually stop intervening in her daughters' relationship. She then challenged Martha to treat Kris and Carla like young adults and Kris and Carla not to act like children.

THER (to Martha): You know, I think Kris' schedule is just as heavy as yours even though her level of responsibility isn't as great. I am just so impressed with what she does and the responsibility she takes. She is just an unusually responsible girl.

MARTHA: That's been a characteristic of hers.

THER: I know that when pressure builds, it's hard for someone who is so responsible not to feel it. But I think that the big thing that could possibly spark some more conflict between Carla and Kris is if you were to stop getting in the middle and trying to be the peacemaker. Generally, what happens is that when the peacemaker steps back, the fighters fight more in order to get the peacemaker to step back in because they are used to that way of doing things, and it doesn't feel right. They will probably be tempted to up the ante to suck you back in, and that's going to be hard. And maybe you would like to be in the middle?

MARTHA: Not at all. These are all thoughts that I have had. I want to do one thing, and I react another way. I fully realize that I am being sucked in, but it doesn't help. I don't know how to say it, but I cannot tolerate violence.

THER: But there is not going to be any violence, Martha, so you are not at risk this week. You can step back and know that there will not be any violence. If you can let them ask each other, then they will be able to begin to be competent to get what they need from each other. Right now, they are like little kids in that respect. They don't know how to deal with each other which is kind of crazy for seventeen- and eighteen-year-olds who are incredibly

skilled in the world. The question is Martha, are you going to let them act seventeen and eighteen, or are you going to insist on treating them like they are three and four?

Blocking the Parental Child

In the following session, the eldest daughter, Joan, attended for the first time, and the therapist moved to block her parental role. The mood was quite different with Kris being her old jovial self and Martha being able to laugh. Martha described how she stayed out of Kris' and Carla's arguments on two occasions. Martha was congratulated for this major step in the right direction. The therapist then moved to block Joan from undoing this by jumping in when her mother stayed out.

THER (to Kris): Has your mother helped you with your application yet?

KRIS: No.

MARTHA: The financial aid form is filled out.

KRIS: I didn't see it . . .

JOAN: It's filled out, sitting there . . .

MARTHA (speaking at the same time): That was done weeks ago.

THER (to Kris): So, what needs to happen now?

JOAN: She missed the deadline.

THER: Does it make any sense to send it in late? (Kris shakes her head, no.)

THER (pointing to Joan): Is this your big sister talking, or is this your other mother?

KRIS: I don't know.

MARTHA (defends Joan): She has the experience.

THER (to Martha): So, how have things been?

MARTHA: They've done well. (Kris smiles broadly with a twinkle in eye as her mother looks at her.)

THER: What's this smile all about? She gets that wonderful twinkle in her eye when you look at her.

MARTHA: I'm not sure. Well, I've heard the old Kris back this week. (Kris giggles and throws her head back, feeling happy.)

MARTHA: That's the old Kris, laughing (all laugh). When Kris laughs, everybody laughs. I made some progress. I stayed out of their fights. Kris had more control over her anger, and Carla was more assertive.

THER: So, you managed to stay out! (Leans over and shakes Martha's hand.) Congratulations, wow! (Martha giggles.)

MARTHA: I think I surprised them. They called me at work and I . . . (turns to Carla and Kris). What did I say?

THER: You tell what you said.

MARTHA: I said I can't get involved. I didn't let them drag me into it.

THER: And at home?

MARTHA: At home, they were arguing over clothing again, and I just said it was between the two of them.

THER: How did you manage to do that? Did you just leave, or put a bag over your head?

MARTHA: At work, I just said goodbye and hung up. At home, I just went back into my bedroom.

MARTHA: I thought they were going to get into it this morning . . . for a while there and then I noticed that Kris was calming down [and] that Carla was just so assertive.

THER: It is amazing that to the extent that you step back they are able to use the skills they have to deal with each other.

THER: Do you think they're going to suck you in this week?

MARTHA (looking at Carla and Kris): I'm going to try to stay out of it (shaking her head). It's too trying on me, and it's bad for them not to learn to deal with it themselves.

THER: And when you step in, it makes them feel like they can't, and, of course, they can.

THER (to Martha): So, it feels good to see the sparkle back in Kris?

MARTHA: Yes, she knows that's what I miss the most.

KRIS: Me and mom were home together Saturday night because they were in Johnstown, and we were watching the Golden Girls. It was hilarious, it was so funny.

MARTHA: It wasn't just that. I've heard Kris laugh more the past couple of weeks than I have in a long, long time.

THER (to Martha): So, how is it going to be? The atmosphere has changed a little bit but with all the girls home, I wonder what it's going to be like when you're not there, whether when Carla and Kris mix it up if Joan isn't going to step in instead.

MARTHA: She tries, she tries very hard.

THER: You've made a beginning to help Carla and Kris sort things out for themselves, and what occurs to me is that since Joan has been kind of your right-hand person, kind of in charge of the household . . .

MARTHA: Well, she assumed that responsibility. I always told her not to worry, not to assume the responsibility.

THER: Do you think she's going to continue to feel she needs to help in that way?

MARTHA: Things have changed. I don't think she wants to for one thing. (to Joan) I don't know, you tell how you feel about it.

JOAN: I don't know.

THER: It's interesting because earlier when you were talking to Kris about the college application, Joan was

sort of a second mother giving advice and help. It was very useful. And I wonder if Joan is going to get caught trying to quiet things. You know as tension gets higher and you step back I wonder if Joan isn't going to get pulled into it. (Carla nods her head, yes.)

THER (to Carla): Is that what happens sometimes?

CARLA: Uh huh. (Nods yes.) She does it to help mom.

THER: What about household tasks, are you going to expect Joan to do certain tasks?

MARTHA: She's been vacuuming and dusting and making my bed.

THER: So, it will be nice having her home . . . until she tells these two what to do. Is that what's going to happen?

JOAN: What?

MARTHA: I don't think she wants to get into it with them.

THER (to Martha): Well, how do you want it to be?

MARTHA: No. (She shakes her head.)

THER: So, you'll have to use your presidential voice and get things the way you want them so Joan doesn't feel she needs to do them for you. To the extent Joan feels she needs to be your right-hand person, she can't be a sister. That would be too bad. She'll marry and move away and won't really be a sister to them. She'll be an "ex-mother's-assistant." That's very different from being a

sister. And you know from your own experience that brothers and sisters are wonderful to have.

The Therapist's Counterproposition

The therapist then presented a counterproposition in a long speech of the therapist which proposed that the crisis was really about leaving home. She suggested that the daughters and mother alike needed to learn to take care of themselves rather than each other. Martha was challenged to have a life of her own so that her daughters would not feel they needed to stay at home for her sake.

THER: Yes, I see you all as an incredibly helpful foursome, just enormously caring. You, Martha, have worked like a Trojan caring for your daughters, helping with clothes and hair, typing papers, running around to hockey games, all that kind of thing . . . just taking enormous care. And Kris' role has been to keep things light--she's the humorist--and that's a kind of caring. And Joan's way of caring has been to be responsible for the household when she's there. And Carla, I'm not sure. I think Carla has given everybody a chance to be there for her; she's been the child in the family. I mean, she's not anymore, but somebody had to be the child in this family, right? I think that at this age as the girls are on the verge of leaving--Joan soon will be caring for herself entirely by earning her own living and having her own household to

care for; Kris will be working, at college, and maybe away; and Carla is on her way, too, and I just think that their concern probably is who are you going to care for? They are going to be off doing their thing, and you're going to be out of a job.

MARTHA: Well, I don't know if they've thought about that. (She looks around at her daughters. Joan nods yes.)
MARTHA: You have? (She seems surprised.)
THER (to Martha): I think that to the extent that you sparkle and are more caring for yourself that they will be able to go about the business of taking care of themselves.
MARTHA: I see.
THER: So, I think the challenge is to stay out but also to jazz it up a little. That's the challenge of this period. It's so different [from having little kids]. And I'm sure you thought it would never be different and go on and on . . .
MARTHA: Sometimes, but I'm looking forward to the time when everybody's gone (laughs).
THER (laughing): True confessions! Obviously, they're not going to go that far because these are wonderfully loving daughters . . . (Martha pats Carla reassuringly on the arm.)

KRIS: I always thought that when we went away you were lonely.

MARTHA: They don't like to be alone so they think I don't like to be alone. It doesn't bother me.

THER: I think they will be reassured if they see something else going on.

MARTHA: That time will come.

THER: Just a little bit. I can understand your enjoying peace and quiet at home after working six or seven days, but you need something social. You've depended on each other for warmth and sociability, and it's been a life, a wonderful life, but I think that's the challenge.

Addressing Martha's Issues

In the brief session with Martha alone during the fifth interview it became clear that Martha had been coping with much more than just single-parent issues over the past year. The therapist was also concerned that Martha might have an underlying depression which would respond best to medication. Martha was asked to come in by herself to assess this and look at her family of origin issues which she did in the eighth and ninth sessions.

Martha had frequently worked six and seven days a week to make ends meet. With household and parental duties in addition, she reported little time or energy for herself. In the period during and following the recent crisis,

Martha had also experienced severe stress from personnel changes in the office where she had managerial responsibility but felt she had little authority.

Furthermore, she was still struggling with grief and self-blame around her father's death in a nursing home the year before. She had also experienced an angry cutoff from her sister over the decision to put their father in a nursing home. The sister, who had been involved in caring for the father, made an hysterical, abusive scene in front of the father in which she refused to have any part in his care. Neither Martha nor either brother felt they were able to take him in. Martha has been overwhelmed with anger at her sister, and sadness, and guilt at the thought of her father abandoned and reduced to two bags of clothes and the company of "vegetables." While Martha spent weekends going to visit her father and coping with a broken-down car, her two younger daughters were throwing wild parties with boys and drinking which nearly ended in the family's being evicted from their apartment.

Martha also described her mother as unpredictable, hysterical, and unloving. In contrast, she idealized her father who after the death of his wife apparently became a happier, more relational person under the influence of a girlfriend.

Empowering Martha

In the excerpts which follow, the therapist attempted to give Martha another perspective on these events and help her accept that she had done the best she could in the face of hard choices. Martha talked of not having a choice about caring for her father, but the therapist spoke of her having made a decision. The decision was not to care for her father. To have done so would have necessitated her quitting work. Her decision was framed as the responsible one for a parent who has sole responsibility for her children. By getting Martha to accept that she did make a choice, she was empowered vis-a-vis the events of the past year.

MARTHA: Last year was the worst all around. It was a financial disaster on top of it all. The car broke down, we moved to a house, and we spent money taking care of my dad. He physically needed care. All the arrangements fell through. We didn't have a choice [about putting him in a nursing home]. The nursing home destroyed him. I am still very angry at the way he was treated.
THER: You, your sister, and your brothers had to make the decision.
MARTHA: My sister refused to take care of him. We didn't

have a choice. I did consider quitting and going up there and taking care of him. It was the way he was treated . . . My sister-in-law says my sister took care of him for about two weeks and couldn't cope with it at all. She went hysterical, refused to care for him, and didn't go to see him. She is foul-mouthed, loud, and arrogant. She lived nearby, but she only called when she wanted something. He was very generous with her.

THER: How do you account for [her behavior]?

MARTHA: A lot has to do with her husband who is an alcoholic. She has turned into a cold, cruel person. We have nothing in common.

THER: But it's hard to let go.

MARTHA: Just the other day I saw him [her father] standing there . . . someone that resembles him . . . like a flash, he's there. So much went on in such a short time. His whole life was destroyed.

THER: It was a very sad way to go.

Anger and Grief

Martha and the whole family were in much better spirits in the intervening session. Her mood was even better in the following individual session. She had managed to send all three daughters off for a whole week so that she had total peace and quiet and had weekend outings with friends and relatives. This change in response to

improved circumstances seemed to rule out an underlying organic depression, so she was not referred to a psychiatrist for evaluation. However, the topic quickly turned to Martha's family of origin, her father's death, and sister's anger. Martha had in her mind's eye the enormously sad picture of her father alone, in pain, and dying, abandoned by family and friends. It was clear that she was still grieving for her father. The therapist helped Martha to focus on a vision of him as an active person who cared for others and as he was in his last years, happy in his relationship with his girlfriend. She was seen as like her father, and encouraged to develop her friendships, and give herself permission to enjoy life as he had done. The therapist attempted to reframe the sister's behavior as a way of dealing with loss, as anger to avoid grief.

MARTHA: [My sister] lost it totally at Easter. She had a scene, went hysterical, screaming that she would not take care of him any more. He heard everything. She came back the next day and threw more things. We had nurses . . . she's a nurse and knows what to do.
THER: How do you account for what happened?
MARTHA: She felt it was too much for her. We had no

choice except to put him in a home. She didn't visit him once or call.

THER: The only thing that occurs to me is that very often people in the nursing field have trouble saying, "No." So, in order to say no they have to do it in an angry way. Also, it might be that she couldn't cope with the loss she knew was coming. It is sometimes easier to be angry than confront your grief. How was it visiting his grave?

MARTHA: It was sad, tearful. I'm glad he's at peace. It's just us that are left to work it out.

THER: Have you sorted it out for yourself? (Long pause.) How long do you think your father would want you to mourn?

MARTHA: He said he didn't want us fighting. He thought we'd fight over the house. We had to sell everything.

THER: What's left to work through with your father?

MARTHA: I can't get over the hump with my sister.

THER: What do you need to deal with your sister about before you get past it?

MARTHA: It was such a horrible thing to do to him. He didn't belong [in the nursing home]. He was more alert than anyone else there.

THER: At that point, you did everything you could do. You had to make a hard choice. Your first responsibility was your daughters. I feel you chose correctly. You chose as

most women would, no matter how much they love their fathers. Do you still blame yourself?

MARTHA: Partially. I think I'm just angry about it.

THER: Angry at whom? (Martha cries.)

MARTHA: I hate to say . . . I'm very angry with my sister and with the way he was treated. The way he was lying on a stretcher alone in the hall getting a transfusion.

THER: You came in and were able to be with him? (Martha nods.) That was wonderful.

MARTHA: He was in much pain, but always alert. He had major surgery in addition to leukemia.

THER: He chose to have the operation . . .

MARTHA: He had no choice because he had gangrene.

THER: Were you able to be there when he died?

MARTHA: No, my sister didn't call us. She was there the last day. I wanted to be there with him. It wouldn't have been so sad for him.

THER: Even if you had been able to [be there], you would have felt you hadn't done enough.

MARTHA: I do feel I should have been able to do more.

THER: But, we do what we can do. You've been an incredible daughter to your father and mother to your children.

MARTHA (crying): It's just so much that happened. I can't stand the picture of him in the nursing home. All his

money was taken away, his life's savings, and his house that he had worked all his life for, and reduced to two plastic bags of clothes. He was aware . . .

THER: Can you remember him at another time when he was at his best, when he had a life?

MARTHA: I think mostly of what he did for other people. He was always helping other people, women who didn't drive, handicapped, relatives, friends. He'd take them to shop, to the dentist, to church or social functions. It used to be a joke. You'd never get him when you called unless it was early morning. We'd joke we had to make an appointment with him just to talk.

THER: Was he there for you children?

MARTHA: Feel close and talk? No, I can't say he talked to us a lot (cries).

THER: Not at all, ever?

MARTHA: No. And the only time I started to talk to anyone was when we first started to go to counseling with Carla. My husband had me convinced that nobody would believe me [about his violence] because I never said anything all those years . . . I said the opposite.

THER: How did you manage to talk to someone?

MARTHA: I talked to two people, my sister-in-law and a friend. It was a mistake [not to talk]. We were raised that if you had nothing good to say you didn't say

anything, especially against your husband. That was sacrilegious.

Giving Martha a New Perspective on her Family of Origin

In this and a subsequent session, the therapist learned about Martha's childhood. She framed Martha's mother as "impossible" and helped her focus on the happy final years her father had as well as accepting the essential sadness of his death. The therapist suggests that she will eventually forgive herself and not feel totally responsible for and guilty about placing her father in a home.

MARTHA: [My friend] is very similar. Our mothers are identical so we understand a lot.
THER: What are your mothers like?
MARTHA: Both had diabetes, terrible mood swings. They were very difficult and critical. My mother was known for her lying. She didn't care who she hurt or what she wrote. I think there was something wrong with her.
THER: It doesn't seem reasonable . . . not normal behavior.
MARTHA: She didn't want friends or people in the house. She tried to keep us away from friends and relatives. She put on big scenes, accusing us, if she died it would be our fault. We were responsible. She'd faint on the spot if

something didn't go her way. It would frighten us to death that she'd actually die. My friend's mother would do the same thing.

THER: Impossible mothers!

MARTHA: For the first time, I've come around to remember the good things.

THER: She was an impossible lady.

MARTHA: Impossible. No love and care. My father was not easy. He got better after she died, and his last years were happy because of his girlfriend. The years we were being raised it was very, very hard. I wasn't close with my brothers until we were adults away from my mother's control and my father's domination.

THER: But you've made your peace with your father.

MARTHA: He knew we cared about him. He realized his mistake. He concentrated mostly on my sister and ignored the rest of us. We did the reaching out.

THER: I think your father had a very sad death, but it sounds as though he found some peace and put things together before he died.

MARTHA: In a way he had a wonderful few years. Not many at his age have that blessing.

THER: At some point, you will have to forgive yourself for being human and not easing his pain in dying. What would

help you to forgive yourself?

MARTHA: Talking with my sister . . . I don't know.

Destroying Myths about Single-Parent Families

The therapist felt that Martha still believed there was something intrinsically abnormal about a single-parent family so she found occasion to address the issue.

THER: The hard thing is not to feel you have to make it just like it would have been if there had been two parents in the household. There are advantages. Children get to be more really useful like they were years ago and learn to be more responsible. You have to congratulate yourself.

MARTHA: I worry too much the other way, that there is no man in the family. I worry that what I'm doing or not doing has an effect. As long as they are coming along normally . . .

THER: It's a myth to think that a child can't grow up successful in a single-parent family. Single-parent families are different. They're closer, and kids have to take more responsibility and grow up quicker.

Motivating Martha to Have a Life

Even though Martha had had several nice social outings, the therapist thought Martha was still resolved to wait until her youngest daughter graduated from high school to begin to address her own needs. She pointed out the

positive effect of the recent excursion and made Martha's keeping herself energized on behalf of her daughters a crucial issue. Martha then turned to issues with her sister and mother and the therapist again offers a different view of the mother and the sister hoping to detoxify both relationships. She also attempts to get Martha to identify with her father who had begun to be more relational in his last years as a way of getting her to permit herself more sociable recreation.

The therapist reframed Martha's mother's dysfunction as a "family tragedy," which was possibly attributable to medical factors. She suggested that this dysfunction had many unfortunate consequences for all family members and was at the root of her sister's hysterical behavior around caring for their dying father. The therapist also challenged Martha to articulate her anger toward her sister by writing down how she felt even though she was not yet ready to face her sister.

THER: When you give yourself permission to have a life, you will be energized. I heard [your energy] on the phone [when you got back from Richmond].
MARTHA: It's the company of adults.
THER: The issue is, can you have a life?
MARTHA: I never thought I couldn't have a life.

THER: Not that you can't manage on your own but that [your daughters] can't leave. To the extent you don't have a life, your energy will be sapped by your work. You come home tired, you don't go out, there is no joy in your life, no change of pace, and your daughters get worried, and they argue. That gets you energized, and then you go back to work. That's the way it will continue unless you permit yourself to have a life. (Long silence.)

THER: I will never convince you that it isn't just the end of school that's gotten your girls to a different place. You never give yourself credit.

MARTHA: Do you really think [it was what I did]?

THER: Yes, I do.

MARTHA: Coming from you that has an influence.

THER: I know this has been a terribly difficult year.

MARTHA: Probably the worst year from all angles, home, job, dad, and . . . I felt myself not able to cope with it all.

THER: How do you feel now?

MARTHA: I feel better in all areas except for the finances. I've put in an application for a loan.

THER: You're a lady who knows how to cope, how to problem solve. The question is how you will chose to live. Will you take care of yourself, and have a life, and get energized or will you do it the hard way?

MARTHA: I haven't really given it much thought.

THER (laughing): Well, you need to give it some thought. That's the big issue, taking care of yourself, keeping alive, experiencing joy in life. Now that you've come up for air, take your father's example. I think he's marvelous.

MARTHA: How?

THER: At a certain point, he gave himself permission to enjoy life. You have had nothing but a hard life, growing up, your marriage, raising your girls. It's not that there haven't been some pleasures, but you have had one hard thing after another.

THER: Your mother's difficultness was a family tragedy and I think it must have had some medical basis. It just wasn't your ordinary stuff. It was a family tragedy that affected all of you, your sister in some way more. You and your brothers have done brilliantly despite all the difficulties you had growing up.

MARTHA: My sister is on the opposite corner. All of us struggled with that.

THER: There may be no way to understand [your sister] anymore than there was a way to understand your mother. Chances are, neither you nor your brothers will be able to change things [with your sister] any more than you could change your mother.

MARTHA: When I think about [my sister] . . . there is no reasoning [with her]. You can't sit and have a conversation or explain. There is something lacking.

THER: Just as with your mother. You have to say, this is part of the tragedy and accept it. You can't change others, you can only [change] yourself.

Pushing Martha to Acknowledge Her Competence

The therapist was not convinced that Martha took any credit for her competent single-parenting so she offered a complimentary remark.

THER: You are a lady who can take care of yourself.

MARTHA: You give me too much credit. You do what you have to do.

THER: Many mothers can't do what you did.

MARTHA: You have a choice between going on welfare or working.

THER (laughing): You will continue to your deathbed saying, "I only did what I had to, and I'm nothing special," but I know different. But, (in mock-offended tone) that's okay, you just go right ahead (laughter).

THER: You need to pause to pat yourself on the back. All you did was look at the next mountain range.

MARTHA: It's always there (laughs).

MARTHA: I feel better mentally and emotionally. I don't feel all the enormity. . . . it's not there. The job is better and home is better.

Breaking a Family Tradition

In the final meeting with Martha and Kris, the therapist worked to connect Martha and Kris in a different way. She challenged Martha to complete her job as a parent by teaching Kris about the "work of relationships," that is, being able to talk about yourself and how you feel. This went counter to Martha's family tradition and opened a new way for mother and daughter to relate. In speaking about the inhibition against talking, Martha was able to say negative things about her father whom she had previously described in glowing terms as a man "who took care of everybody." She had previously focused on her mother's inadequacy and her father's caring but now spontaneously offered a more complete recollection. In these last two sessions she appeared to have been able to talk more freely about emotionally difficult experiences in a competent way both with the therapist and then her daughter.

THER: Of all your girls [Kris] is the one who's gotten the message from your family which is, you don't talk about hard things, you keep stuff to yourself.

MARTHA: I'm like that. I think we all are, my two brothers and I. It's something hard for me to do.

THER: You just lack practice. You didn't learn growing up. Your mother wasn't able to be relational, she was too unpredictable. Your father obviously had that capacity, but there was no room for it in the family. He had it later with his girlfriend. Your brother has had his wife to develop his skills with, but you've just been working all the time. Right?

MARTHA: Yes. (Smiles.)

THER: Does Kris know why you don't talk about stuff? About that tradition in your family?

MARTHA: Uh-uh. (No.)

THER: Well, you need to explain it.

MARTHA: We're all of us like that . . . except [my sister]. We don't talk about our life, what we feel, and what we think. I suppose you're right, it's something we grew up without doing. It's just a habit.

THER: Do you think there is anything Kris would like to know about you, ask about your life?

KRIS: I don't know what to ask her.

THER (to Martha): What would you like her to know? You just told her something that I think it was important for her to hear, that you grew up in a family where it didn't feel safe to talk--it wasn't the family style.

THER: What would she want to know if she felt free to ask?

MARTHA: I think, how did I get along with my brothers and sister.

THER: You've never talked about that?

MARTHA: No. Most of the time we just fought. We didn't get along at that age. We probably fought more than the girls fight. (Kris smiles broadly at her mother.)

THER (to Kris): Do you know how they fought Kris?

KRIS: Did you guys like hit each other? Did Uncle Jim and John ever hit you?

MARTHA: I think we did until we each got strong enough, until it wasn't safe. (Long silence.)

THER: It's fascinating . . . the trouble Kris has in asking you questions. She obviously would be interested to know.

MARTHA: She will when we get home (laughs).

THER: But it doesn't just happen in families when there has been a long period when it hasn't. Your tendency, I'm sure, is to do just what you do here, to sit back and not say anything.

MARTHA: I'd have to agree with that.

THER: And that's a problem. It tells your daughters that it's not okay to ask, to talk in the family. That keeps you from being able to handle things with each other in ways that don't get violent.

THER: I feel that that's what you do when you come in here. You're doing it now. I'm doing all the work. You're not getting your money's worth. Do you know what I mean? (Martha nods yes. Long silence.)

THER: I was really shocked that you hadn't told your daughters that you planned to go back to school at some point.

MARTHA: I just . . . hadn't told anyone.

THER: How do you think that you and your brothers learned to be quiet and stay inside?

MARTHA: It's from my dad. We were all very quiet, we didn't know what to expect. He was very mean. It's one of those things you push out of your mind, I guess. He was very mean, very abusive, very dominating. He just intimidated us all. It was hard.

THER: You couldn't talk to each other?

MARTHA: My brother John for the first years of his life didn't live with us most of the time. The reason I heard was because my dad didn't want him. And then me, I think I was just extremely shy, the kind that hid under covers. My brother Jim, the youngest, he was never home.

THER: It sounds as though you were scared.

MARTHA: We all were.

THER: Not shy, you don't seem shy at all to me. I think you were just scared.

MARTHA: We hid. We hid a lot.

THER: You're still hiding.

MARTHA: No, we literally hid.

THER: It's just as literal hiding when you can't say who you are, and where you are, and what's happening for you.

MARTHA: I can understand . . . the effect this has had on the girls, but I just don't feel comfortable with it.

THER: I'm not saying that you should bare everything that goes on for you at all. But that you should feel free to tell people how you feel. When you're clear [about how you feel], other people in the family can say "Okay, mom doesn't like that" so they can do different[ly] before you actually have to lose your temper.

MARTHA: I understand.

THER: When you've done it in here, it's been wonderful.

MARTHA: They also pay more attention in here.

THER: The point is that you've wasted your money if you don't go home ready to do for yourself.

THER: Was that so hard to talk like that? That's what kids want to know about their parents, what their lives were like . . . because that's how [they] know where [they] come from and feel okay about your own stuff. Your girls fight and when they know that you survived [fighting with your siblings] and grew up to have good relationships with

your brothers and be a wonderful person, then they know it isn't so bad.

MARTHA: I agree. It's something I'll have to practice.

THER: You all connect by taking care of each other and by fighting, that is being connected. It is a very passionate way of connecting. But there are other ways of being connected in families, and they have to do with talking about where you are, and how it is for you. It's just a different way.

THER: Would you feel comfortable asking Kris what's going on for her?

MARTHA: I would still like to know her plans for college.

KRIS: I've decided not to go to school this first semester. I might enroll for second semester.

MARTHA: At [a state college]?

KRIS: No, probably at [a community college] and when my grades are pretty good, to transfer to [a local state college].

THER (to Martha): It pays to ask.

MARTHA: I have.

THER: Instead of coming here and having me listen to your conversation, [you could] take her out to lunch.

MARTHA: I have asked.

THER: Don't ask then, just say, "We're going." Get her to put you in her schedule. I know she has this incredible

social life. (to Martha) You have to say, "I need your company." You got her to come here, you can get her to go out to dinner. I just can't imagine anyone coming here rather than going to . . .

KRIS: McDonalds. (Smiles.)

THER: So, you'll say, "It's either this or therapy." (All smile.) God forbid, people should have to come into therapy to have a conversation . . . and I'm not talking about deep dark stuff . . . just this kind of thing, finding out what her plans are.

MARTHA (mumbles): . . . she has . . . to tell me.

THER: And she needs to tell you. This is a girl who three or four weeks ago felt so alone. She felt there was no one for her to talk to. And I know that's not true, but that's the way it felt to her. So, this is the one job you still have to do as a mother. Not to bring your daughters for therapy but to take the time to find out what's going on for them and to the extent you're able, let them know what's going on for you.

MARTHA: It's something I'll have to work on.

THER: Work is the operant word. It's a job you still have to do. Your daughters know who you are, they see what you do, but there's a lot more there than you've ever put in words. I don't think you should deprive them. They are missing a big piece of you. You're a very intelligent

lady, and you have interesting things to say. And if there are things that are not appropriate to talk about with your daughters or friends, then that's stuff to talk about with a therapist.

THER: The way for those situations not to produce the kind of tension in the family that drives everybody to real conflict is to be able to talk about it; just to be able to say as you said to me, "The situation in the office is terrible." You never talked to your daughters about it did you?

MARTHA: Barely.

THER: You need to be able to talk about it, that is the work of relationships. That's what your daughters need you to do.

Owning Change/Ending

While there were many unresolved issues in Martha's life, particularly her angry cutoff from her sister, the therapist felt that the issues Martha came in around had been resolved. Martha's response indicated that she agreed and confirmed the therapist's impressions. The door was left open for Martha to come in again around her own issues. However, she was framed as competent to do what was necessary with her daughters.

THER: Martha, you're the one who made the phone call and got everyone in here. Do you have any concerns at this point that you would like to continue to come around?

MARTHA: I feel great. I feel like there aren't any big concerns right now. I don't feel as shaky. I feel more together.

THER: How do you think you've gotten it together? What have you done that's helped you?

MARTHA: Well, I know I've stayed out, tried to stay out of anything that goes on between them [Kris and Carla]. I also feel more confident in asserting my authority. I feel that I'm really the head of the house, and I just have more confidence. I feel it more than just words.

THER: Hooray, hooray! (She says this quietly, but with emphasis, leaning over and taking Martha by both hands. Martha smiles broadly, laughs and glows.)

MARTHA: I know the office has a great effect on me . . . I know that it is very demanding, not so much physically but mentally and emotionally and I've just faced that it's hard, and it's not going to change that awfully much. I see that I have more confidence this year than last year, and I see my authority in the office, too.

THER: They obviously depend very strongly on you, and you have a very central role in the office.

MARTHA: I've come to accept that, but it's not just agreeing with what people say but accepting that it is so, that I hold a position of authority there and that they do respect me.

THER: I think you've done brilliantly. I think you know what you've done that's gotten you to a different place.

MARTHA: Well, you've helped me tremendously. You shouldn't under estimate yourself because it was only a short time ago, and you know my state of mind at the time. I think for the first time in my life I see what I've done. Perhaps you've clarified it for me.

THER: They (gesturing to Kris and implying all her daughters) were all right there in front of your eyes, and you didn't see [what you had accomplished].

MARTHA: They are wonderful girls, and I have to accept that I had an important part to play in it.

THER: Absolutely.

CHAPTER V: DISCUSSION

Case Analysis

The Family Proposition

Martha brought her daughters, Kris and Carla, in because she feared another violent outburst between them or among all three daughters and herself. She felt there was deep seated anger in Kris that must be dealt with and that her daughters only responded when they heard things from an authority figure such as a teacher or therapist. Martha's underlying assumptions mirrored traditional views of single-parent families headed by women (i.e., that children growing up without a father have more problems; that as a woman, she could not be sufficiently authoritative with her children; that a woman's responsibility is to care for others, particularly her children and parents).

Family Process

Martha has been repeatedly overwhelmed and exhausted by the financial and emotional strains of single-parenthood and by dealing with losses and problematic relationships in her family of origin. Her low energy level, mousy demeanor, drab dress, inaudible voice, and inability to lay things out clearly, made her appear to be a weak, defeated, depressed, and incompetent person. She was unable to get

the practical help she needed from her two younger daughters or to have a "peaceful" household.

Kris and Carla appeared sullen, angry, like six- or seven-year olds who squabble over toys and vie for mother's attention. They were described as irresponsible about taking care of simple household tasks. The older sister, Joan, was the responsible parental child, her mother's right-hand person. Carla and Joan joined in scapegoating Kris, who felt isolated and unable to connect with her mother or sisters.

Carla and Kris sat with identical body postures, shifted the way their legs were crossed in unison, and completed each other's statements or interrupted. Carla sat to her mother's right and Kris to Carla's right, farthest from her mother. When Joan was present she sat on her mother's left. When asked for her views, Martha repeatedly turned to her daughters and invited them to speak. Joan interrupted and spoke in an authoritative parental way. Martha seemed a peer among her daughters. She spoke euphemistically about negative events involving her daughters. She asked in a fuzzy way for their cooperation rather than telling them what she needed them to do and when she needed them to do it.

The cycle which led to fights between the daughters and which sometimes included the mother had repeatedly

served to energize the mother to take a stand, set "a limit," or to get her to seek outside help from school, church, or therapy. The cycle usually started with bickering between Carla or Kris over borrowing clothes, or turning the radio down, or household chores. Carla then invited mother to intervene, a pattern dating from elementary school. Martha felt she had to keep the peace or there would be violence. On other occasions, an argument between Kris and mother alarmed Carla, and she took her mother's side. If Joan was present, she joined in to support her mother. The interaction escalated with Kris being scapegoated, losing control, and becoming physically aggressive. She then felt blamed, isolated, and unable to connect with her mother. This interactional pattern was particularly likely to occur if one or more family members was under additional stress because of school or work pressures.

Search for Competence

The presenting problem was violence between Kris and Carla. It had been a month since the precipitating incident, and the therapist helped each daughter to acknowledge that she had intentionally avoided fighting with her sister during that period and congratulated them. Her way of questioning them, "How have you avoided getting into it since then?", implied that they had chosen not to

fight and were in control of themselves. Thus, both girls were helped to feel competent to control themselves.

Martha felt failed as a parent when she came in, but there was plenty of evidence of competent parenting. The oldest daughter was a hardworking, successful student who had just put herself through college; the second daughter was a good student, a highly praised employee who worked 20 hours a week as well as studying and playing varsity sports; Martha herself had been able to support her family and to inculcate in her daughters a desire to achieve and the ability to work hard. She had been able to get outside help for her family when necessary. What emerged from the therapist's questioning was a picture of Martha as a highly competent single parent who, if anything, had erred on the side of taking too much care of her daughters.

Therapist's Counterproposition

The therapist's view was that Kris was not full of deep anger but that the violence was the result of what went on between family members. Although frightening, it was seen as not likely to result in serious injury. The therapist reframed the violence as a question of control with which all family members struggled and of Carla and Kris needing to develop manners. The fighting was described by the therapist both as a sign of closeness as a

way for Carla and Kris to begin to separate in anticipation of Kris's leaving for college.

Ultimately the therapist's counterproposition was that, despite the fighting, they were an exceptionally caring family. Their mutual caretaking had worked in the past: Martha had provided for all; Joan had taken care of the household for her mother; Kris had been the entertainer who raised her mother's spirits; and Carla had been the family's "child" and allowed others to care for her. But recently this had not been working. The girls were grown, or nearly so, and the task was now for each family member to begin to take care of herself. Martha was encouraged to require more of her daughters and not intervene in their squabbles so they could learn to take care of themselves. Martha was also encouraged to take care of herself so that her daughters would not worry about her and would be able to leave home when they are ready.

The problem as the therapist saw it was that Martha had absorbed many of the society's negative expectations about women so she had not been able to be authoritative with her daughters, nor had she felt entitled to have a life of her own. Furthermore, as a woman solely responsible for three young children, she had struggled to earn enough to support them. The basic problem then stemmed directly from social inequity rather than personal

inadequacy. In fact, Martha had survived remarkably intact from a difficult childhood and demonstrated great strength. The legacy from her difficult family of origin, normal life cycle crises, and work stress were additional burdens which contributed to the family distress which brought the family to therapy.

Clinical Issues and Therapeutic Goals

The central issue for this family was Martha's long-standing difficulty in filling the executive function in the absence of a husband. As a result, there was a weak generational boundary, the older daughter had assumed a parental function, and the younger two daughters had continued to be irresponsible with regard to household responsibilities and conduct. The enmeshed, conflictual relationship between Kris and Carla and the alliance between Joan and Carla which scapegoated Kris were problematic.

The therapist believed that Martha needed to be able to require of each daughter in a clear manner. This would establish a generational boundary and differentiate her from her daughters. The daughters needed to individuate and to manage their sibling relationship without inviting Martha's intervention. Both Kris and Carla needed to be able to take responsibility for fulfilling household obligations and taking care of such things as college

applications or signing up for driver's education. Joan needed to relinquish her role as mother's helper so her sisters could take care of themselves, and she could have a sisterly relationship which would survive into adulthood.

All three daughters were ready or nearly ready to leave home. They were young adults for whom a more adult relationship with their mother was appropriate. Separation from an enmeshed family is difficult. Having the mother develop a good one-to-one relationship with each daughter would help them differentiate. This would help all four women develop a clearer sense of self and provide the basis for real closeness which could transcend physical separation.

Furthermore, the rule in Martha's family of origin had been not to talk about difficulties, to say negative or challenging things or to discuss anything personal. Martha had been able to talk about herself only to a therapist, her sister-in-law, and one friend. She needed to express how she felt and talk more about her life and work to her daughters as well as plan time to listen to them individually. Kris, particularly, needed the connection with her mother and release from the family rule about keeping things to yourself. Martha and her daughters needed to develop these relational skills so they could be close and settle differences without fighting.

Martha had been motivated to seek help only when her daughters developed problems. She needed to be able to stay in therapy beyond solving the immediate crisis and deal with her own issues so her daughters would not become symptomatic again. Martha was seen alone to provide the opportunity to work on her personal issues and to convey the message that her daughters were doing fine but that she make some changes if they were to leave home successfully.

Martha had frequently worked six or seven days a week in order to cover expenses. With household and parental responsibilities, she had almost no time or energy for herself. The additional stress from grief and self-blame over her father's death in a nursing home a year ago, and an angry cutoff from her sister, and workplace upheaval left her quite exhausted and depressed. In order for her to have the energy to be in charge with her daughters, she would have to begin to take care of herself.

The therapist believed that Martha needed to accept that she had done as much as she possibly could for her father and that she made the best possible decision when faced with an impossible choice between taking care of her father or maintaining her own family by working and supervising her daughters. Martha also needed a new perspective on her sister's behavior which would detoxify

the situation and allow her to let go of her fury which she directed at her sister.

Martha did not feel entitled to a life of her own. To be a good mother, she believed she must forego any personal goals and put her own social and emotional needs aside, at least until her youngest daughter graduated from high school. Martha needed to develop a life for herself both to regain the energy to deal with her heavy responsibilities and to reassure her daughters that she did not need them to stay at home. The whole idea of having a life of her own was foreign to her. Martha knew how to work but not to play, how to be responsible but not relational except in a rudimentary way. She needed to develop her relational skills and could do so by teaching her daughters how to work on relationships. She herself did not learn about maintaining relationships at home or in her marriage.

Major Interventions

The therapist first dealt with the crisis of family violence by a combination of reframing, establishing that the daughters were competent to control themselves and coaching them in how to get what they needed from each other.

The core intervention consisted of many small repeated moves designed to get Martha to experience herself as a

competent, successful single parent who was not only entitled, but obligated, to be in charge in her family and office. These moves can be described as "going for competence."

Of comparable importance were interventions designed to restructure the family by putting Martha in charge, by demoting the parental child, and by differentiating the two younger daughters. These objectives were pursued largely by working to change communications and their metamessages about boundaries and structure.

The two younger daughters were coached to develop age-appropriate relational skills with each other and to be responsible in the domestic setting. This, again, involved working with process as well as supporting and challenging them to be more adult. Martha was supported in setting limits with her middle daughter, Kris, and then helped to reconnect with her in a verbal way more appropriate to Kris' young adult status.

The last major intervention involved individual work with Martha. This was designed to further differentiate her from her daughters and to help her deal with her own unresolved issues. She was pushed to develop a life of her own so her daughters could leave. She was helped to view her father in a more balanced way, to recognize what she had done for him, and challenged about how long she was

going to beat herself up over the decision to put him in a nursing home. Martha was also encouraged to articulate her anger toward her sister. An attempt was made to reframe Martha's mother's dysfunction as a family tragedy which had terrible repercussions for all members and to which the sister's hysterical behavior could be attributed. It was hoped that this reframe would enable Martha to begin to understand her sister's behavior differently. Finally, Martha was challenged to extend her range of relational behaviors by breaking her family taboo on intimate talk and to achieve real intimacy with her daughters.

Conclusions

New Process

Spontaneous new process which was seen or reported during therapy indicated changes were occurring. Martha reported being able to "hold the line" with Kris and insist that she fulfill her household obligations. She reported being able to stay out of her daughters' arguments. She began to be able to smile, and laugh, and speak in a stronger voice.

Martha made what appeared to be first steps toward a life of her own. She permitted herself a weekend trip with her brother and wife to her hometown to celebrate an aunt's wedding anniversary where she coincidentally completed another step in the grieving process by visiting her

father's grave. She also went to Baltimore with friends for the day. In both cases she had a wonderful "adult" time and came back energized. Later, she sent all her daughters off at the same time to give herself a "vacation." These appeared to be first steps toward "a life of her own."

Martha acknowledged her leadership role at the office in delightedly recounting how she had begun training the new lawyer in the office to be self-sufficient rather than taking care of him. She spontaneously offered that her father had been abusive whereas previously she had idealized him. This was in contradiction to her stated view in the beginning of therapy that one should not say negative things and that she didn't like to talk about the hard things. This balanced view indicated a more flexible, less "all or nothing" stance. Martha was able to speak about her difficult childhood and fighting with her brothers to her middle daughter, thus, breaking the family tradition of not talking about personal or hard things.

Martha reported on the change in process between Kris and Carla when she stayed out of their arguments, noting that Carla became more assertive and Kris was able to calm down. By the seventh session, Carla's demeanor had changed considerably. She sat in a poised, adult way, spoke without her initial petulance, and was more articulate.

According to her mother, she was working hard to be helpful and responsible at home and to deal politely with Kris. Later, Carla took the initiative to write her uncle and arrange to spend the summer with his family where she immediately got a job. These events demonstrated greater maturity and were steps toward individuation. Martha also reported that she had told Joan not to help or supervise the youngest daughter with assigned housework and that Joan had complied.

Since two daughters were unavailable for what turned out to be the final session, there was no in-session demonstration of new process with all four family members except during the seventh session when a much more relaxed and happier interaction was observed.

Evaluation of the Therapy

The therapy appears to have been at least partially successful according to Walter's criteria as outlined in Chapter II (page 45).

Enhanced Self-esteem and Competence

The mother as well as the two younger daughters expanded their competencies based on their observed and reported behaviors. Martha became more competent in the executive role, the daughters more competent in dealing with each other and more responsible domestically. Martha's increased self-esteem and her pride about her

parenting were reflected in the last interview that, "They are wonderful girls, and I have to accept that I had an important part to play in it." Martha's greater self-esteem and sense of her own competence are both reflected in her statement that, "I feel I'm really the head of the house, and I just have more confidence." She also stated that, "I've come to accept that I have a position of authority [in the office] and that people respect me." Her new sense of competence is summed up by her statement that, "I think for the first time in my life I see what I've done."

The youngest daughter gained competence in relational skills and separated from her sister. She also rejected her role as the family child and began to work consciously to be more responsible at home. The middle daughter began to differentiate without being rebellious and became responsible at home.

A New Perspective or Context

The new context which framed the mother as a successful single parent and her daughters as proof thereof was accepted by the family and provided the support the family needed to begin changing. The therapist offered a new perspective which focused the family on tasks associated with the next developmental stage (i.e., leaving home).

Interventions Based on Induction

Interventions were frequently based on induction, that is, the therapist's perception of how the family organized her to feel and behave the way they did. The therapist experienced the physical sense of tension in the room during the fourth session and used that to intervene to get the younger two daughters to let go of their anger with each other. Early on, the therapist found herself speaking about "the girls" and realized that she, like the mother, saw them as a twosome and not individuals. This reinforced her sense of the importance of differentiating Kris and Carla. In the first session with the mother alone, the therapist found herself working too hard and therefore began to focus on Martha's passive, minimally verbal style which was indicative of her difficulty in expressing feelings or even talking about anything personal. Addressing this difficulty helped to change her basic process in relation to her daughters.

Completeness

The work is complete in that it did go beyond the crisis to address basic family process and to point the family in a new direction. Family members began to recognize that as a family they were in a new stage. Martha began to focus on the importance of having a life of her own and developing her relational skills. Both Martha

and Kris emerged from the depressed state each was experiencing at the beginning of therapy.

A new family structure with Martha in charge and all three sisters on the same level appeared to have been established. This structural change and the differentiation of the two younger daughters should prevent the enmeshed interactions which led to family fights in the past. The triangulation which scapegoated Kris seemed to be interrupted. The new family processes described above are the best evidence for these changes.

While Martha still had a number of unresolved issues which could interfere with her parenting and work and lead to renewed depression, she had made significant changes and appeared to understand how she had made them.

The therapist's decision to end therapy was based on several considerations. (1) Feedback from Martha indicated that there had been substantial improvement in family interaction. (2) The therapist sensed that Martha was not motivated to move further in dealing with her individual issues at this time. (3) The belief held by the therapist that shorter therapy is less damaging to self-esteem and that the therapist should move to end therapy in a timely way.

Cognitive Integration

Martha did demonstrate a cognitive grasp of important elements in the therapy. She acknowledged her sense of empowerment at home and at work. She also recognized the need for her to stay out of the relationship between Kris and Carla. She seemed to understand the importance of personal communications in maintaining relationships. She was able to talk more freely and openly with Kris and the therapist in the final interview and expressed her determination to be more communicative in the future. For Martha, however, the important part of the therapy was not the cognitive dimension. As she acknowledged during therapy, it was not that the ideas were new to her but that this time she was able to change her behavior.

Flexibility, Range, and Congruence

Martha's observed emotional range and flexibility expanded enormously so that by the last two interviews, she was able to move from social banter and laughter to highly emotional, extremely poignant, personal communications, and then recover, and move back into a light social mood. She, and her daughters as well, exhibited many new behaviors (as cited above under new process).

Martha was able to express how she felt in words and show her sadness. She was able to say when she was angry

and why. In the therapy room, she did not need to say just the nice things and bury her strong emotions.

Limitations of the Study

This study was limited in that it relied so heavily on the author's own perceptions, albeit solidly based on lecture and supervision notes, of the theory and practice of competency-based therapy. Furthermore, writing requires a "left-brain" linear organization of material which cannot easily convey the richness and interconnectedness of therapy conducted systemically. Like the ecological webs depicted in biology texts by a network of criss-crossing lines, the elements in this therapy are interwoven, overlapping, symbiotic, inextricably entwined, and simultaneously occurring so that separating them out and stringing them along a line in time and space is like dissecting a frog and laying out the parts for beginning biologists. It may enable students to name the parts, to see how the bones, muscle and gut are connected. But, it does not allow them to see how the living frog functions except in a schematic way. Illustration with a case study is a way of bringing theory to life. But, one case cannot possibly permit a full application of all aspects of an approach to therapy. Furthermore, the conduct of the therapy is not paradigmatic. Much more could be written about both the theory and practice of competency-based

therapy as it is applied to work with couples, two-parent families which are either intact or remarried, individuals, families where there is abusive behavior, or families with psychosomatic symptoms.

The dearth of published descriptions of the theory and practice of competency-based therapy is both a limitation and the **raison d'etre** for this study.

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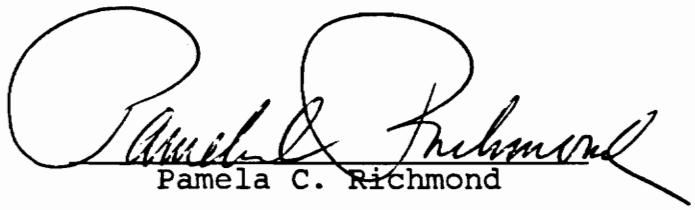

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