Couple Therapy with Parents Whose Youngest Daughter
Had a Psychotic Episode: Impairment of a Child and Marital Conflict

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An 18-year-old girl developed a withdrawn state with suicidal ideas. The therapist gave 8 sessions of conjoint family therapy, with her parents and two sisters. In the course of conjoint therapy, she became psychotic and some structural features of the disturbed family system seemed to get more rigid. The therapist therefore, changed the therapeutic modality from conjoint therapy to couple therapy with her parents. During the sessions of couple therapy, the therapist tried to help her parents gain an understanding of his or her respective family of origin. The girl, as a result, got through the psychotic state and her condition stabilized.

The author discussed the following points: 1) The girl’s symptoms were understood to be the result of chronic tension between her parents, and disappeared when her parents became involved with their couple therapy. 2) Each parent transmitted many unresolved issues in the context of his or her original family to their nuclear family. 3) In couple therapy, when the marital conflict is so great, the couple tend to involve the therapist in triangulation. Therefore, it is very important for the therapist to keep himself in a position of distriangulation with the couple.

(Key Words: couple therapy, marital conflict, triangle, nuclear family emotional process, family of origin)

INTRODUCTION

Family therapy was developed mainly in U.S.A. during the 50’s and has since become one of the most well-established approaches in the field of psychiatry. However, this is not the case in Japan. Family therapy has not gained much popularity among Japanese mental professionals, although the Japan Association of Family Therapy was founded in 1984 and there have been numerous opportunities to discuss family therapy cases.

Bowen (1) and Kerr and Bowen (3) described the four options which people have in responding to marital tension. Impairment of one or more children is one possibility (1). The couple can band together over common concern for a child and, therefore, the child’s problem might not be resolved unless the parents’ marital tension is dealt with appropriately. The author had a series of family therapy sessions with a whole family whose youngest daughter developed a psychotic episode. During treatment, the therapist changed the therapeutic modality from conjoint family therapy with her whole family to couple therapy with her parents. In couple therapy, the therapist set a goal for the couple to understand themselves in the context of their families of origin, whereupon the girl recovered from her regressed state and became stable.

In this paper, the author describes the treatment course and discusses some characteristics of conjoint family therapy and couple therapy, as well as their differences. Most of the family therapy cases, which have been reported in Japan as a paper or discussed at conferences, have not been couple therapies, but conjoint...
family therapies. The author, therefore, thinks it valuable to show how useful it can be to have couple therapy with parents in order to change a rigid nuclear family system. We can treat disturbed children through couple therapy with parents. The author will also present evidence that unresolved problems in the parent’s original family can greatly affect their nuclear family and produce problems. This paper will be the first report of Bowen Therapy done in Japan, in which the therapist places emphasis on the parent’s gaining understanding of their families of origin.

CASE PRESENTATION

Akiko is 18 years old, a female third-year high school student. She became withdrawn and developed insomnia, panic, and suicidal ideas a few months before her graduation from high school. Accompanied by her mother, she did not say anything spontaneously or respond to any questions, and seemed very anxious and just watched her mother during the first meeting. Her mother explained Akiko’s condition and the recent family situation (Fig. 1), as follows: The mother was 52 years old, a housewife, and she was sleeping together with Akiko since her daughter expressed a fear of sleeping by herself and had asked her to sleep side by side. The father was a 57 year-old employee who worked too-long hours to spend time with his family at home, and thus did not know the family situation or care about it. Akiko was the youngest of 3 daughters. The eldest daughter was 28 years old, a dentists assistant still living at home, she was concerned about Akiko’s state, and had been a good consultant for her anxious mother for a long time. The other daughter recently got married and left home.

The author proposed that Akiko and her mother have a series of conjoint family sessions with the whole family on a weekly basis. The family members, except Akiko and her father, were very motivated by this suggestion. The father, at first, was reluctant but finally accepted and came. A total of 8 conjoint family therapy meetings were held. The family involved will be called the T’s hereafter. At the first three sessions, the T’s nuclear family system structure was evaluated and certain pertinent details became apparent.

1) Akiko was extremely dependent as the youngest daughter. She kept mute during sessions and seemed to expect others to devote themselves to understand and care for her.

2) Nobody respected the father’s authority. With the exception of Akiko, all the family members, especially the eldest daughter, criticized him strongly for his irresponsible stance to the family.

3) The mother felt guilty for having cared less for Akiko than her other daughters since infancy, and she had devoted herself to take care of Akiko since her breakdown. This seemed to

![Fig. 1 The T's Family Genogram]
cause Akiko to regress even further.

4) Parents had a lack of mutual communication and seemed to have a very intense marital conflict, which was not so obvious as to be regarded as a serious problem at this point. Mrs. T had, since her marriage, been in conflict with her mother-in-law as well as her husband’s siblings, and seemed to develop chronic anger against her husband because of his lack of empathy with her. Mr. T., using emotional distance as a defense (Bowen), tried to avoid the family conflict, and wanted to be away from home.

5) There was a serious generation-boundary disturbance (Minuchin, 1974, 4). The eldest daughter was implicitly expected to substitute for her father by her mother and thus tended to intervene the generation boundary and often criticized him.

The therapist set up the hypothesis that Akiko’s problem was a result of a projection process of marital tension due to an unstable bond between her parents and an uncertain generation boundary. Within this hypothesis the therapist began a structural-strategic approach, the goal of which was to facilitate communication between the parents and thus to strengthen the parents subsystem in the T’s nuclear family system. This approach, however, failed to change the structure of the family system sufficiently. The two older daughters, at every session, continued to strongly criticize their father, who just suggested his spouse should do something for Akiko without his responsible commitment. The mother did not try to intervene in this situation, to stop the criticism. Rather, she permitted it to continue. In contrast, Akiko was usually apathetic and made no verbal interaction with her family or with the therapist, and rarely seemed perplexed when her sisters became excited. Her family did not know exactly what she thought and how she felt at sessions or at home. In the course of conjoint family therapy, she did not come out of her withdrawal, but rather got into a psychotic state with a delusion of guilt, and finally her family found it impossible to change her and became exhausted and hopeless.

The therapist, at the end of 8th session, proposed that the parents have couple therapy thereafter. There were two reasons for changing the therapeutic modality. First of all, if the therapist continued the conjoint family sessions, he would find that structural disturbances of the T’s family system, such as Akiko’s dependent stance as the youngest child, the father’s loss of authority, and generational boundary disturbance, would become intensified and worsen. Secondly, the therapist had experienced some technical difficulties in conducting conjoint therapy in the two following areas.

1) It was very difficult to enable the parents to work with their families of origin (Bowen, 1) in a setting of conjoint family therapy. The father’s pattern of defense such as distancing and his difficulty in maintaining authority came from unresolved problems in his family of origin. So did the mother’s characteristic features such as her feeling regret and guilt for the way she reared Akiko, and her overprotective attitude since Akiko’s breakdown. Therefore, the parents should have worked with their families of origin, but both showed strong resistance to think and make clear their conflictual relationships with their siblings, as well as the history of their family of origin, in the presence of their children.

2) It also was difficult to treat the marital conflict between the parents in a setting of conjoint family therapy. In the case of the T’s, the marital conflict was chronic and was related to other nuclear family issues. When the therapist attempted to intervene in a conjoint family session, the other issues worsened. For instance, the generation boundary problem got worse, i.e., the oldest daughter violated the generation boundary further and criticized her father aggressively. Moreover, Akio became more regressed and entered into a psychotic state.

Akiko’s parents since then came to the therapist’s office to have couple therapy on an every-other-week basis. The most remarkable change noted by the therapist was the outward manifestation of marital conflict which had been latent so far. The husband began to talk openly that the relationship had been conflictual for the last 6 months due to an intense disagreement about a plan of utilizing their property. The wife badly wanted to speak up about her painful experiences with her mother-in-law. The husband reacted emotionally to her words and, in turn, stated that his wife had neglected his mother and had not related to him respectfully. In addition, the eldest daugh-
ter, by seeing and imitating her mother's attitude, had also begun to criticize and neglect him. In this way the couple began to talk about their marital conflict openly and to criticize each other. The husband, for the first time, expressed that he often had thought about leaving home to work in a distant place.

In the process of opening up their marital conflict, the couple and the therapist found a change in Akiko. One month later, Akiko stopped asking her mother to sleep with her, and became stable enough to sleep by herself in her own bed. Two months later, she found a part-time job and began to work. When Akiko became more independent, the parents became concerned about her new selfish and obnoxious attitude. The husband blamed his wife by saying that Akiko had imitated her mother's obnoxious attitude with him and became rude like their oldest daughter. The wife reacted emotionally to his criticism, and said that her mother-in-law had excluded her, and that her husband had been so indifferent with her so that their oldest daughter had to fight against him so as to protect her. She wanted to stress a sense of union with her daughter.

The oldest daughter accompanied her parents to the next session and requested to join her parents' meeting. The therapist accepted her request and held a joint session. The daughter stated that Akiko's rude and selfish attitude would not change ever, because her father had not changed at all even after he had gotten therapy. Throughout the rest of the session, the same scenes that had occurred repeatedly at conjoint sessions were reenacted. That is, there was a fight between the father on the one hand, and the wife & eldest daughter on the other.

At the next session, the couple had started to argue on the way to the therapist's office, and they continued to criticize each other in his presence. The therapist intervened and told them that they should try not to be emotional; that the only thing to do there was to explain their thought, to him. The husband became calm and was able to talk, but the wife was not able to keep her cool and continued to blame him. She stated that whatever he said in the office, her husband would not change ever, and that he would lose his control and explode as usual after getting home. She seemed helpless and angry, and wanted to involve the ther-
apist in triangulation between her and her spouse to protect herself in the same way as with her oldest daughter.

The wife did not come to the next session. This was the first individual session with the husband. He was rather calm and seemed to better understand his family issues than before. He seemed to recognize and accept responsibility for his contribution to the conflictual relationship with his wife and daughters. The therapist got a feeling that the individual session was a more appropriate setting for the husband in order to work with his family of origin than the couple session. The husband seemed to feel safer in talking about the family conflict without his spouse present. At the end of the session, the therapist proposed to Mr. T to see either him or his spouse alone hereafter. Each spouse since then has had individual sessions four times, and the therapist, having made sure of Akiko's and the couples' in proved stability, thereupon terminated the therapy.

The therapist, during the sessions of couple therapy, made the parents' genogram (Fig.1) with them and helped them to get an understandable picture of their family system of origin. It was another new event which we did after beginning couple therapy. During the last four individual sessions, they continued to work with their respective family of origin and increased their understanding of the situation.

The husband got a new perspective and a deeper understanding of himself as well as of his relationship with his children during his work with his family of origin. Mr. T is a first child with two brothers and three sisters. His father and grandfather died in his childhood, and as a result he had been expected to become a "Kachou (the home leader)", i.e., a substitute father for his younger siblings. He had regrets that he had not been disciplined enough to be a socially educated man, because of the early loss of his authority figures at home. He also had a guilt feeling that he had not disciplined or taken better care of his siblings as their substitute father. Most of them were not getting along well financially, and their relationship with the T's had been severed for a long time. He was thus viewed as an unconfident, irresponsible home leader in his original family, which was replayed out in his nuclear family. He said sadly, "I could not substitute for my father with
my siblings. They grew up on their own. I still don’t know where my youngest brother is living.” The therapist made him aware of the relationship with his siblings and with his children, and empathized with his feelings of regret. The therapist said to him, “You worked hard to take care of your siblings, but unfortunately they did not appreciate your effort and have kept you away. You have been so regretful about this past situation.

The wife also developed a new picture of herself and her relationship with Akiko during her work with her family of origin. Mrs. T was born as a second child with an elder sister and three brothers. Her mother died one year after Masao (her next younger brother) was born. Her father then remarried. Mrs. T had a memory that her older sister was cherished by her parents as the first-born child, and Masao as the first son in her original family, but that she was relatively neglected by her parents. She also bore in her mind conflicting feelings about Masao. He at first had been cherished very much as a first son by his parents, but he then lost loving care from his mother, due to her death when he was one year old, as well as from his father. His father’s love was diverted by his two younger brothers who were born to his father and step-mother. Mrs. T left her home because of conflict with her step-mother when she was 15 years old. This caused feelings of guilt for Masao because she felt she had abandoned her poor brother. Masao has been unemployed for a long time, and thus has been regarded as “a week guy”. At a session when her overprotecting attitude toward Akiko was the topic, the therapist made her think about the similarity between Akiko and Masao. He then said to her, “You might have an idea that Masao was deprived of his parents’ love too much to become independent as an adult, and you have been so concerned about Akiko because she is in the same sibling’s position (Toman (5)) as Masao.” The therapist explained the theory that parents have a tendency to transmit unresolved conflicts to the next generation and thereby develop the same conflictual relationship with their children.

DISCUSSION

The therapist found some therapeutic progress since he changed the conjoint family therapy to couple therapy. The following 3 important items are discussed below: 1) relationship between manifestation of marital conflict and improvement of impairment with the youngest daughter, 2) usefulness of parents’ work with their family of origin, 3) triangulation.

1) Manifestation of Marital Conflict and Improvement of Impairment with the Youngest Daughter

In several sessions of conjoint family therapy, marital tension was not a topic as a manifest problem at the T’s and lasted to be latent. The therapist found derivatives of it activated in other areas of the T’s nuclear family system. Akiko’s regressed state, which was regarded as an exacerbation of her dependent youngest child’s position, and her eldest sister’s rebellion against her father’s authority, were derivatives of marital tension. The therapist thought that the couple at first had to be aware of their marital tension and then be motivated for resolving it. He then speculated that if they would participate in couple therapy they would be confronted with the manifestation of marital tension. This indeed was the case after the therapist implemented couple therapy. The husband began to talk about the recent marital tension openly and the wife began to speak up about her painful feelings, including the chronic conflict with her husband and mother-in-law. They became gradually aware that the marital conflict was the most serious problem in their family.

When the couple was confronted with their marital conflict, Akiko came out of her regressed state and became stable. M. Bowen (1, 3) described four options which people have in responding to marital tension, i.e., emotional distance, marital conflict, spouse dysfunction and impairment of children. The impairment of a child is explained by the projection process of marital tension. In case of the T’s when her parents recognized and began to deal with their marital tension in the course of couple therapy, she did not need to continue an impaired child. The author thinks that therapists can help disturbed children, even if they are psychotic, and can stabilize their condition not by treating them directly but through having couple therapy with their parents, as Bowen (1) recommends.
2) Parents’ Work with Their Family of Origin

After several sessions of conjoint family therapy with the T’s, the therapist realized that parents’ marital tension was the most serious problem at the T’s, and then began to think that they had to recognize their unresolved issues in their respective family of origin in order to deal with it. The therapist speculated that Mr. & Mrs. T were both repeating some problems from their original family in their relationship with their daughters through triangulation. It was, however, difficult for them to deal with problems within their family of origin during conjoint family therapy. The couple therapy was, in this respect, a more appropriate setting than conjoint therapy. As the parents investigated their original family systems and gained increasing insight, they could start to understand, from different perspective, what was going on in their nuclear family, and could reframe their antagonistic attitudes in a new way and empathize with each other more than before. For instance, the couple developed a deeper understanding of the father’s irresponsible stance toward his family, as well as the mother’s devoting and overprotecting attitude with Akiko, because they had a clear picture of where these characteristic stances came from.

While the therapist recognize the advantages of working with the couple’s family of origin during couple therapy, he also needs to consider some disadvantages of so doing. When the marital relationship is so conflictual, it might be inappropriate to encourage a spouse to work with his or her family of origin in the presence of the other spouse. There is the possibility that this situation might make the marital relationship more unstable. A spouse, who is delving into his or her family of origin, might feel hurt when it become clear in the presence of the other spouse that there still remain some unresolved problems with the original family, and thus might feel excluded by the other spouse and the therapist’s coalition. A spouse might also want to look for evidence with which to blame the other for the marital conflict, while seeing the other’s work with the family of origin, and thus might deny personal responsibility in the marital conflict. It seems reasonable that individual sessions with one spouse is the most appropriate setting to investigate the family of origin. When M. Bowen implemented family therapy in 50’s, it was a conjoint one. He then did couple therapy, and finally established the Bowen Therapy methods, in which much of the work concerning the family of origin is done with a family member in a setting of individual therapy.2) The present therapist understood this historical vicissitude of Bowen’s approach while doing family therapy with the T’s.

3) Triangulation

When the marital conflict became manifest during couple therapy, the parents seemed to expect the therapist to be a referee for their fight. Each spouse wanted the therapist to empathize and to take sides with the one and exclude the other. The couple tried to involve the therapist in triangulation in his or her own way. Understanding how triangulation operates enabled the therapist to get a good picture of the T’s family situation. For instance, when the couple was arguing with each other and neither wanted to give in to the other, the therapist interjected a question to the husband in order to clarify and unclear statement, the therapist felt as if he were criticizing him. The therapist almost assumed the same position of the eldest daughter in the father-mother-oldest daughter’s triangle. In another instance, the therapist did occupy the position of the husband’s mother in the wife-husband-husband’s mother triangle. The therapist intended to support the husband and increase his motivation for therapy, because the therapist thought that the loss of the husband’s authority was one of problems at the T’s. When the therapist payed attention to the husband’s positive aspects, such as his effort to participate in therapy even at the cost of his job as well as his good statement which he rarely did at sessions, the wife felt excluded by a seeming coalition between her husband and the therapist. When this kind of situation happened at conjoint family sessions, her oldest daughter would have taken her side. At couple therapy, however, she could not expect others to do so and thus became hopeless. At one time in the course of couple therapy, the oldest daughter came to the therapist’s office and wanted to join the session, and at another time the wife did not come to therapy. In either case, she might
have felt excluded by her husband's coalition with the therapist in the same way as when there existed a coalition between her husband and her mother-in-law in the past.

There are some historical bases and reasons as to why the triangulation in which Mr. and Mrs. T involved their daughters was so intense. These reasons are as follows.

1) There was a very intense coalition between Mr. T and his mother, to which Mrs. T felt excluded and thus could not talk and consult with him openly. She gave up on expecting him to contribute positively to her concerns about housekeeping and the children, and instead chose her oldest daughter to be a consultant as well as a substitute father at home.

2) Whenever this couple needed to decide something important for the family, they did not discuss the situation in private, but did so in the presence of their children. One of the reasons for this was because Mr. T thought that the children should join in when the parents spoke with each other. He had lost his father in his childhood and regretted not having memories of sitting in on family discussions.

3) Mrs. T took advantage of this structure for herself. She utilized these chances to talk with her husband, in the presence of the children, in order to resolve her frustration with him. He was not articulate, irresponsible and had a tendency to lose his temper. If this couple had a disagreement and began to argue with each other, it was obvious that their children would take her side. With their support, especially with her oldest daughter's, she was able to dominate her husband.

This intense triangle, between the mother & oldest daughter's coalition versus the father, greatly influenced the T's nuclear family system and brought forth such problems as the father's losing authority. The use of emotional distance as a defence mechanism, and the oldest daughter's violating the generation boundary. During the course of couple therapy, the couple wanted to involve the therapist in triangulation with them. It is very important, in couple therapy, that the therapist recognizes the concept of triangulation and keeps himself in a position of distriangulation with the couple.

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REFERENCES