

**Research Article**

## **FAMILY THERAPY**

**\*Armin Mahmoudi**

*Department of Human Science, Yasouj Branch, Islamic Azad University, Yasouj, Iran*

*\*Author for Correspondence*

### **ABSTRACT**

In this article I would like to investigate the place of the couple in family therapy intervention. Within this I will look at the usefulness of the concepts of triangulation and triangles in families and as to whether it is a theory that translates to be useful in practice and in technique. Attention will be paid to both the experience of this phenomena and emerging theories of the mind which casts new light on the concept of the emotional triangle.

**Keywords:** *Family, Therapy, Emotional, Phenomena*

### **INTRODUCTION**

A traditional focus has been LO sec the parental couple as the central point of power and decision-making in the family unit. Our clinical experience continually reminds us that this position cannot be assumed and is easily turned upside down. I would like to revisit the question of how we think and work with the couple in family. In particular, I want LO look at the point when family work becomes couple work and when it becomes clear that it should remain family therapy. In other words when do we narrow down the focus and when do we take a wide-angle lens? Seems to me that connected to this dilemma of when to focus on the parental couple and when to focus on the family, is how we digest the slippery concept of triangulation. I write: 'slippery', as I think it is a concept that casts different shades of light with different theorists. For example, for Minuchin (1974) it represents the functionality that occurs when a difficulty between the parents working together is highlighted by the child's symptoms. Similarly (1988) writes that 'a two person relationship under stress will "triangle in" a third person. Very often a couple under stress will involve a child to stabilize their conflict. A child already vulnerable in some way is a likely target for this kind of triangulation'. However, for Bower (1978), triangulation is something that is ubiquitous and naturally occurring in all systems. My hypothesis in this article is closer to Bowen's in that complexities and challenges of triangles, or three-person relating, are part of the challenges of living in families or interacting in groups. Of course, this can have pathological outcomes, but it also can be a challenge to emotional growth. The concept of triangulation has a long and honorable history in family therapy; it is perhaps the systemic version of the challenges of the oedipal complex. An example: 'A 4-year-old girl asked her mother to get a divorce and leave her with her father. Her 8-year-old sister intervened, saying, "Don't say that to mummy, it is all right I think it, but don't say it",' writes Scharff (1991). Perhaps it is a reminder we all live in two worlds - the world of our own wishes and those of other people. In any group of three the possibility of a couple emerging that excludes the third is always there. In that sense there is always the possibility of oedipal tension in a group of three. It is a complex concept as I think at base the concept is the problem of human jealousy; the horror of being left out, or perversely, the pleasure in ensuring one is not the one left out to ensure the exclusion of someone else. The psychoanalyst Balint (1984) suggested that developmentally we move from one person psychology LO two person psychology to a three person psychology. That is, that there needs to be enough experience of self to move to more relationship - orientated positions. He suggests the child at the early stages of development will find the person in the third position of the father intrusive. The capacity to share attention and relatedness between two others and respect their different positions, their different roles is a developmental achievement. Which -we can gain and lose easily enough. In this way, in family therapy we often need to assess how much the individual's is able to bear in terms of each other's subjectivity. Of course, what to do about this is a complex matter. I would suggest that the capacity to think in terms of group phenomena is a capacity to think in terms of interlocking triangles. Coppersmith (1985) suggests that the capacity to think in triads is primary skill of family therapists.

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I find the idea of Balian's of the different levels - the one person, two person and three person capacity to relate - quite helpful in thinking of technique and what is useful. It may be that with some families the focus on relatedness may be asking too much of the individuals. Foamy and Target have described 'the capacity to understand interpersonal behavior in terms of mental states is a key determinant of self-organization and affect regulation as Mentalisation (2003). They argue that this capacity is key to mental health and is often acquired in the context of attachment relationships. Techniques such as circular questioning do create potential space to imagine and focus on the mind of another. This can be another way of describing the process of metallization. In the therapeutic relationship there are a series of questions about the triangle, which may inform both the formation of difficulties and the formulation of solutions. Who is the outsider? Where is the excitement in the triangle? Often these tensions are expressed in dynamics of exclusion and inclusion. I think the following questions may be familiar to family therapists.

- Does the family move between inviting us in and leaving us out of what is happening? Is a lot expected of us, but with an underlying belief we will make no difference. What is the anticipation of the therapeutic contact?
- What is the movement between closeness and distance? For example, a man has an argument with the therapist. Which then allows him and his partner to be close in a temporary way that does not overwhelm him?
- Do the parents have a good relationship at the price of the child carrying the badness?
- Does the couple gang up on the presenting child and then turn on the therapist?
- Do the therapist and the parent's gang up on the child? Do the child and their therapist as advocate gang up on the parents?
- Alternatively, is there an atmosphere of such little hope and disappointment in the parents that the child carries a savior role?
- Does the antisocial young person carry the avenging role for the parent's fury with the world?
- Does the therapist use theory or a supervisor and colleagues to stay distant from the chaos and disruption of the family?
- Do the parents have an ambivalent, unpredictable relationship at the price of the Child being the go-between the parents to hold the family?

These are all potential triangulations where the difficulties get stuck in one person, often through collusion in a dyad, rather than shared and managed within the relationships.

### **Case Examples**

Mr. and Mrs. Brown attend a clinic because of their oppositional son. The first session is oppressive with the atmosphere of hate rewards the son. At times the therapist has to fight for space to speak, in that there is a pervasive belief that nothing will help. The therapist focuses on the parental couple working together to set firm but empathetic boundaries for the boy. Mrs. Brown is much younger than her husband it is his second marriage and he has lost contact with his children of his previous marriage. The ghosts of these lost children feel poignant to the therapist and to Mrs. Brown, but Mr. Brown dismisses the impact of the loss. It starts to feel that the boy's negativity is a rejection of being everything to this small family, when so much is missing. Several times in the first session Mr. Brown says if only his son could behave he could have everything he wanted. Mr. Brown is a wealthy man. During the course of the work the parents gradually and painfully start to own their differences and start to mourn an idealized picture of their marriage. The son starts to settle and appears to have more breathing space to be himself. From a cognitive-behavioral point of view it could be argued he is experiencing his parents as role models in that they are more reflective and less reactive. From a psychodynamic point of view it could be argued he no longer carries all. The projections of disappointment between the parents. From a systemic point of view the family moves from a triangulation to a functioning triangle. Watzlawick (1991) writes: Triangulation is a process that occurs, particularly where there is a lot of tension and not much resolution it tends to proliferate. Several interlocking triangles are usually the result, with each individual participating in more than one. The system is largely defined by the ways in which these triangular arrangements intersect. The point is, no relationship can be understood without considering it within the context of other relationships. I find this idea of several interlocking

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triangles intriguing LO consider. Often in family work there is a triangle that is not so apparent on presentation but when it is understood give a new light on the difficulty. Malan (1979) suggested two triangles in individual therapy that may have a resonance for family therapy. The first triangle he described as the triangle of conflict, the three points of the triangle are the defense, the anxiety and the hidden feeling. In the initial presentation the anxiety and the defenses may be more apparent, but key to unlocking the conflict may be to understand the hidden feeling. In clinical systemic work this triangle might look something like this: The Purple family present in an angry and anxious state, concerned about their adolescent daughter, who is out of control and repeatedly running away from home. After further work it becomes apparent that the whole family is quite unhappy and the mother often has the same but hidden wish to run away. The movement forward will be in supporting them all in their struggles, to help the daughter out of her position as the symptom bearer. The second triangle is referred to as the triangle of time. The three points of the triangle are the Significant Other, the Transference and the Parent. Both the other and the transference are in the present whereas the relationship with the parent maybe of the distant past. I will try to illustrate this idea of the triangle in a clinical example: Mr. and Mrs. Blue come to see a therapist; they are alienated from each other and quite appalled at times at each other's selfishness. Both have difficult histories. Mr. Blue speaks of his mother 'constantly suicide during his childhood. This conceptual slip of the word 'suicide' rather than the description of constantly attempting suicide, perhaps betrays the trauma of having had a mother who dies for a living. Mrs. Blue was abandoned by her father and learned an early self-sufficiency. She feels this has come to haunt her, in that she is good at looking after her family but feels unlooked after herself despite these backgrounds, both Mrs. and Mr. Blue have a strong commitment to their marriage and their children. In the first session the therapist feels and comments they have done better than their histories. They agreed. And both feel that there is a commitment to escaping the chaos and the desolation of their childhoods. The previous year Mrs. Blue's mother had died. She was an old soldier to them both. Mr. Blue, who had the suicide mother, felt his mother-in-law was a maternal figure who could sell both views in their disputes. The marriage seems to recover quite quickly with a few sessions. During the work the therapist comes to wonder whether she has taken on the role of the absent mother-in-law, someone who tries to see both points of view. In this sense, a healthy triangulation occurs in which the therapist occupies the position of absence. This then provides some stability to the couple. Who then paradoxically are more able to mourn the loss of the mother/in law?

Dare (1986) writes that in our work as family therapists we sometimes carry the transference of a benign grandparent. So, from this point of view, transference could be seen as a healthy triangulation. Byng Hall (1995) also suggests that the amelioration of symptoms that sometimes occurs after a few sessions is the effect of such triangulation in the transference. I think this might be part of the reason why many family therapists in private practice end up as individual or couple therapists rather than family therapists. I suspect that the capacity to hold a family in mind might well need the thinking support of a team around and behind the therapist. I think this focus on our (therapists) capacity to share attention is an under-examined concept. I suspect that beyond a triangular space the therapist needs a four-square space, the invisible corner being our theories, and our supervisors and colleagues, which hold us and enable us to bear knowing while we work out what is actively containing and useful in doing. I think one of the unique and lively qualities of family therapy is the use of co-therapists and the use of the one-way screen, the live [Cam, that when it works well can help us hear. I think this support structures may well help by giving the therapist a thinking distance, that may rescue them from the inevitable points of triangulation and 'stockiness'.

I think we all might be familiar with a scenario that looks like this: A couple present for help. Mrs. Black looks demanding and needy and Mr. Black looks reliable and long suffering. It looks out of balance. It is tempting to move towards one party being the client and the other party being the supporter of this. Of course there may be occasions when a couple presenting may be a way of helping one person get some help. It is important to be flexible in our thinking that we are not so married to our theories that we cannot think what is needed and what is useful. But I think our obligation is to a task that looks at what the dynamic is in the relationship. I think a clue to this dynamic will be in our counter transference with the couple. For instance if we start to feel controlled by the goodwill of the reliable partner, I think this is some indication

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that there is a difficulty in the two-person psychology of the couple. In this example. The reliable partner may not want help. And if one continues with the couple work, this aspect must be borne in mind as a reality and potentially a resistance to the work. Probably what will be the most important leverage in the resistance will be how committed Mrs. Black is to carrying all of the neediness in the relationship. I think it is important when one half of the couple is resistant to help, to treat the work more as extended consultations. In this position one makes less assumptions of cooperation with the therapy, yet in another way it is a position in which one is freer to say what one thinks as there is not a therapeutic alliance to lose.

#### ***When to See the Couple, When to See the Individual?***

There is a model of couple of work, cited by Crawley (2007), of seeing each of the couple for an individual session as part of the engagement. I think is often quite circuit breaking in terms of each individual actually feeling they have been heard for themselves. 'Sources of complexity in couple therapy arc that the three stories must be attended to and given equal weight in couple therapy rather than the one story that is in the foreground in individual work. The three stories are the two partners and the story of their relationship' (Crawley, 2007, p. 354) the story of each partner's attachment experiences needs to be heard, if the way they are experiencing' their couple relationship to be fully appreciated' (2007, p. 359). A clinical example: Mr. and Mrs. Green come for help. Mrs. Green is expressive and anxious; Mr. Green is withdrawn and moody. The sessions require a Jot of active structuring of behalf of the therapist so that Mrs. Green does not dominate the sessions with her anxiety, which paradoxically can leave her feeling worse, as she then feels even less that she knows what her husband really thinks. Mr. Green dreads the sessions but is prepared to attend for the sake of the marriage. They are offered an individual session each, to try and find a new way of moving forward. Mr. Green confides in his session that he had left his previous employment due to a potential romantic liaison with a colleague. Although this was a known fact, the extent to which he feels he gave up so much for his marriage cats at his affection for his wife. I-laving processed this individually he is able to reengage in the couple work and the therapist can be much more attuned to his dilemmas. I think relationship work may require of us the capacity to move in and out of different areas of focus.

#### ***When to See the Family and When to See the Couple?***

I was first alerted to this dilemma by Byng Hall (1995): The switch from working with a couple on co-parenting issues to working on the couple's relationship has to be handled carefully. The family has located the problem in the child for good systemic reasons. My policy has been to be very cautious about making the shift. The question may arise, however, when the therapist has managed to help the family to see the child as a distance regulator for the couple. Partners not infrequently start to acknowledge the conflict in relationship and may be eager to work on their relationship. However it must be remembered is that the moment the difficulties surface, past strategies are likely to be brought back into action. A formal switch to couple therapy following family therapy quite frequently leads to a resurgence of the child's problems. (p. 191). I found this position of cautioning about rushing into couple work both a relief and a challenge to a previously held position that if a couple in family work asked to work on their relationship we were getting to the heart of me matter. Of course, there are times when this was true and yet at other times I felt doing this had been premature and sometimes it had colluded with difficulties in holding the children in mind. I am thinking particularly of a style of couple that is quite narcissistically preoccupied that they may lose mindfulness of the children too quickly and too easily, From a different angle the Causley model for families, where there is an anorexic member, also counsels against a shift to couple work, which may provide an avoidance of the difficult and hard work of managing the anorexia. Maudsley (2001) suggests that 'in many cases, the eating disorder and its treatment arc the source of derailment in the parental dyad. In these cases, simply indicating that, there is a potential problem that may need to be addressed is sufficient to set things 011 a right course. However, it must be said that in the Causley model there is a lot of careful attention paid to the parental couple. There is also an aspect that a couple under pressure who manage a child's difficulties successfully together. Also regain a confidence their relationship. Perhaps the capacity to parent increases the belief in ones generative capacity to love; and perhaps all couples beyond the early stages of romantic love need a sense of a shared focus of their generative capacity beyond each other. Sometimes couples will relay a story of never quite recovering from the birth of a child and the move from



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being solely a couple to being parents. Clearly in this situation there is a need for attention for both the couple relationship and their position as parents. In this way there is a need for a movement backwards and forwards between the parental and the couple issues, he is the classic therapeutic position of 'both/and', not 'either/or'. One could argue that the dyad is struggling with the more challenging emotional shift to a triad. The question of when to go for the couple relationship and when to stick with the family work is always informed by the 'ask at hand; for example, the management of anorexia. This may be similar to another common clinical dilemma, that for some families it is only accessible to work from 'the outside in', to work from the behavior and interactional environment IO sustain an important sense of internal competency. Other families are much more ready to work from 'the inside out', to work in the world of internal experience to manage the presenting difficulties. I find it a useful rule of thumb always to be thinking what is needed, what is useful and what will be supported or wanted. This suggests the need for certain sort of triadic question in the mind of the therapist. There is another way of looking at the question of triangles that is less based in pathology, That is the creation of a third dimensional space. Brittain (1989) has written: The primal family triangle confronts the child with two links connecting him separately with each parent and confront him with a link between two parents that excludes him... If the link between the two parents can be perceived in love and here can be tolerated in the child's mind, it provides him with a prototype of an object relations of a third kind in which he is witness not a participant: A third position then comes into existence from which object relations can be observed. Given this we can also envisage being observed. This provides us with a capacity.

Britain links the capacity to tolerate the third position - the potential outsider to the couple \_ to the capacity for imagination; that is, the capacity to understand others from the inside, through imagination; and ourselves from the outside through imaginative activity. Imaginative capacity is something that may be an unvalued aspect in relationships. I think this has implications for our position as therapist in that we inevitably are outsiders and an insider to the family. There is a naturally occurring dynamic with many aspects to this: our experiences, our mood, and our anticipations, adding up to what we can bear on any particular day. Of course, this interacts with the same complexity in the people we see. These aspects will be dynamic and, as such, therapists and families may find themselves moving in and out of positions of inclusion and exclusion, this requires therapists to be as 'inside our psychological skin' as we can be. At best, we find a position described by Blake (2008) as 'being close enough to feel the experience and yet far enough to away to observe patterns of behavior or interactions.

I would like to finish here by restating Watchel's (1991) comment that 'the point is no relationship can be understood without considering it within the context or other relationships (I. 52). The capacity to see links beyond the link between two individuals, to see interlocking triangles, allows us to see potential triangulations, but also allows us IO see important links in the triangle that may help a relationship that is stuck. Whichever point of a triangle a family places us on, as therapists we will always be in a position of learning about the dynamics of inclusion and exclusion in the family and, of course, of ourselves.

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