

NEW YORK®

FOR SOME PROBLEMS, FAMILY THERAPY WORKS BEST

BY MELINDA BLAU

IN IT TOGETHER

KAREN AND ALLEN STERN*, married sixteen years, decided to live without each other. A year after their divorce, they still weren't doing a very good job of it. Their children—Samantha, fourteen, and Michelle, ten—were uncommunicative and obviously sad. Michelle was failing in school. Fortunately, the divorce agreement mandated sessions with a family therapist.

"We all needed help in handling our feelings," Karen says, "but Samantha and Michelle were the real casualties.

"Allen and I had joint custody. After every stay at his place the girls would come back grumbling about how their father neglected them. Or they'd tell me the new wife criticized everything they did—and that Allen always took her side. So even before I'd pick up the phone to call their father about something we had to resolve, I'd be furious. Of course, I later learned that the girls were griping to him about all *my* flaws—the very things that had bothered him when we were married."

**The names of all of the patients in this article—and some identifying details—have been changed.*

She found this out in family-therapy sessions, where she discovered all sorts of things she couldn't have learned in individual therapy. Like the way she groaned when Allen was trying to make a point, or the fact that a certain turn of Samantha's shoulder during an argument signaled uncomfortable disagreement, or that the girls' habit of sitting together during a session showed how vulnerable they felt (the psychiatrist saw it as an "island of alliance" against their parents).

The sessions they went to about twice a month—sometimes as a foursome, sometimes one parent and one child, sometimes individually—also told the psychiatrist things he couldn't have learned in individual therapy. He was given four different versions of reality, not simply one tendentious litany, and he could spot the way the family members reacted to one another (the rolling eyes, the impatient shifts in the chair). All of this provided the clues he needed to help each of them adjust to those painful changes.

"In a controlled setting—with a kind of referee monitoring us—Allen and I learned to talk directly to each other, instead of through the kids," Karen says. "I remember one time in particular: Instead of just commiserating with Michelle as

she spouted off about Allen's lack of interest in her, I marched her to the phone and told her to tell it to the right person—her father."

Other problems definitely related to the divorce cropped up during the course of therapy. Samantha was becoming the "caretaker" child, defending her little sister, acting as spokeswoman and protector. In the bargain, she was being robbed of her adolescence. "The psychiatrist pointed out—to her *and* to us—the importance of Samantha's leading an increasingly independent life," Karen says.

It didn't make Michelle's problems in school any easier that she had to shuttle between two apartments and deal with her parents' different styles of discipline. "The therapist suggested that Allen and I divide homework by subject," Karen recalls. "He helped with science and history; I was assigned math and English. Her problems didn't disappear, but there was definitely less tension over schoolwork, and she couldn't manipulate us so easily by telling us she'd done her homework at the other apartment.

"There was no magical solution to our problem," she acknowledges, "but over those two or three years, family therapy got us all through a hard transition peri-

od. And now when some of those old dynamics crop up, one of the kids often calls us on it!"

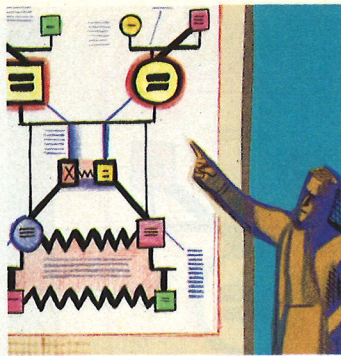
SEEING PROBLEMS THROUGH A DIFFERENT LENS

THE FACT THAT COUPLES AND families are struggling with deep-rooted emotional issues isn't news; the way they are getting help is. Individual therapy was once the only option for dealing with such problems. But a different kind of treatment has evolved, thanks to a few somewhat unorthodox psychotherapists who, 30 years ago, began looking at mental-health problems in a new way.

Back at its creation, family therapy didn't get much respect. But today, this new treatment—not a panacea, and certainly not without its shortcomings—has attained a respectable maturity and a phalanx of competent practitioners. Family therapists don't simply examine what's going on *inside* people; they try to restructure what goes on *between* them. Patients' problems are looked on as the result of what is happening (or has happened) in the "system" around them, and no system exerts a more powerful influence than the family.

"The traditional approaches dwelt on people's deficits—neuroses, character disorders—immutable qualities that the therapist would try to 'fix,'" explains family therapist Sari Kramer, a Ph.D. in clinical psychology who practices in Montclair, New Jersey. "The family therapist's task is to get members to see the problem not as one person's fault or character flaw but as a 'stuck' interaction that prevents growth."

Analysts dig deeply into the past; family therapists tend to concentrate on immediate problems. They believe that family members can get so locked into patterns of dealing with one another that they maintain the status quo at any cost—even the illness or dependency of one member. The therapist tries to identify these un-



THE THERAPIST SEEKS TO SHAKE FAMILY MEMBERS OUT OF TIMEWORN PATTERNS.

healthy interactions and help change them.

Olga Silverstein, M.S.W., a senior supervisor at the Ackerman Institute for Family Therapy—a Manhattan center offering professional training as well as treatment—acknowledges that deep character transformation isn't the main goal of family therapy (though it sometimes takes place). "Family therapy is not a good method of self-exploration and growth for vague complaints like 'I'm not happy,' which you can talk about indefinitely," she says.

"We take a systems approach because that's what works," says Janet Woititz, president of the Institute for Counseling and Training in West Caldwell, New Jersey. Author of the best-selling *Adult Children of Alcoholics* (Health Communications), Woititz, who has a doctorate in education, often uses the alcoholic family

as a model for dysfunction. But even in homes where there's no drinking problem, Woititz says, "fear of getting close and the lack of any idea how to do it" are often troubling issues.

What leads people in a family to be emotionally guarded? The causes can range from absentee parenting (common in two-career households) to very profound sexual and physical abuse. "You don't know how to connect with someone," Woititz says, "either because you're not used to having anyone there on a regular basis or because you're afraid of being hurt."

Family therapists treat many of the maladies of our time: divorce, depression, substance abuse, delinquency, learning problems, incest, domestic violence, eating disorders, and terminal illness. They are asked to help resolve marital conflict, intimacy issues, fear of abandonment, and the problems of aging parents.

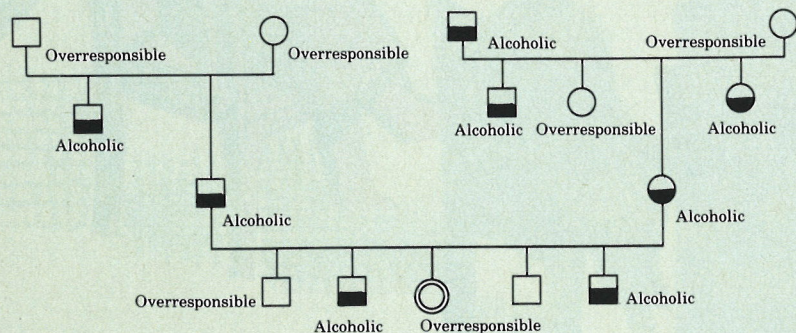
Clients are seen individually or as couples, with or without their children, parents, sisters and brothers, grandparents, aunts, and uncles. And "family" doesn't necessarily mean people who are actually related. Therapists also see "blended" (remarried) families, and couples (both homosexual and heterosexual) who are living together. Treatment is relatively short-term—typically, a family sees a therapist for a few to 25 sessions (though sometimes therapy runs longer).

Probably because family therapists look at the bigger picture, Argentine psychiatrist Salvador Minuchin, one of the field's founding fathers, thinks of them as "expanders," not "shrinks." Therapy shakes family members out of timeworn patterns, he says, and change in the family produces change in the individual.

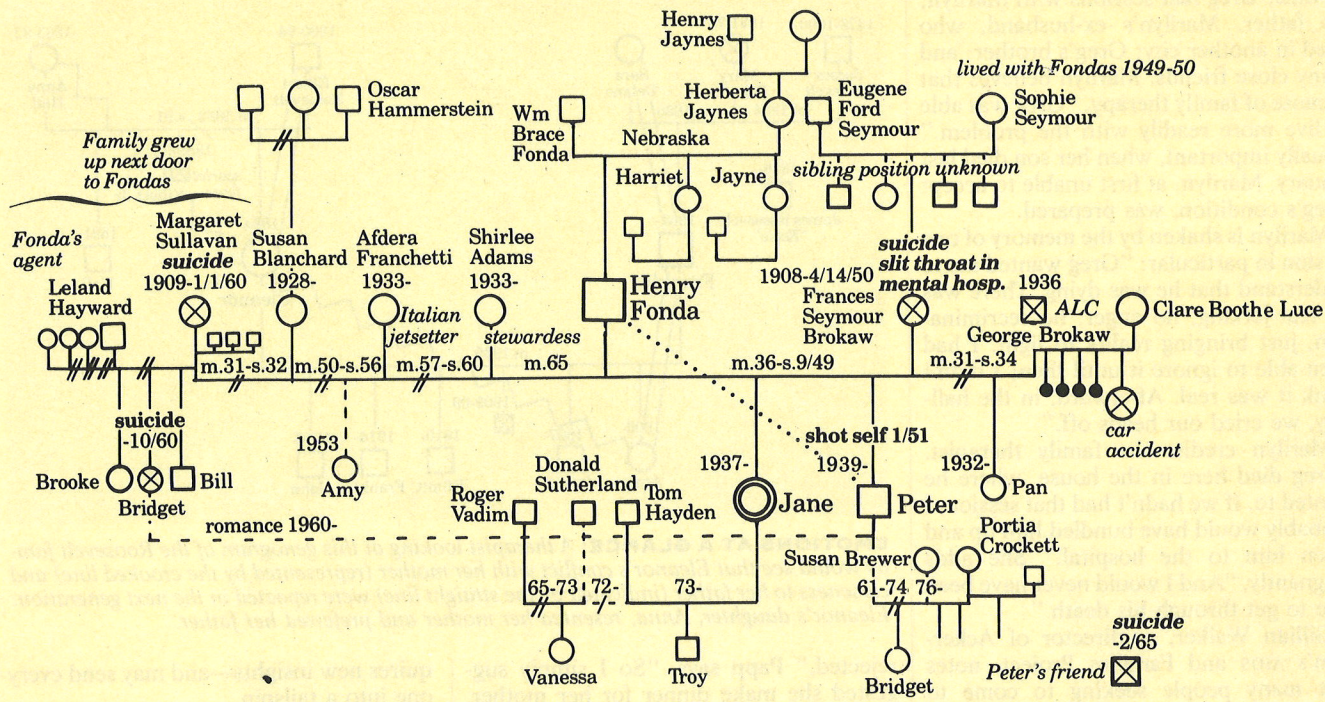
MOST FAMILY THERAPISTS are first trained as social workers, although some are psychiatrists or have master's degrees or doctorates in psychology. All have specialized training—some have graduated from two-year externships in university programs or at training centers like Ackerman or the Family Institute of Westchester; others have taken only a few courses or workshops.

In any case, "family therapists today handle problems beyond the expertise of the old-fashioned marriage counselor," says Douglas Sprenkle, a psychologist with a Ph.D. in marriage and family therapy who is on the faculty of Purdue University. "As often as not, the marriage counselor was simply a well-meaning clergyman or doctor who could offer only common-sense advice—not a mental-health professional," he says.

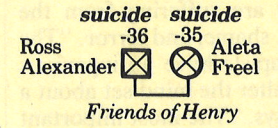
Sprenkle contends that "whenever the presenting problem is marriage or family relationships, there's compelling evidence that family therapy is more successful



A FAMILY DISEASE: This is a genogram—a family tree that shows a therapist how his patients feel about one another or how patterns repeat from one generation to another. (A square means "male"; a circle, "female.") In this family, alcoholism spans three generations; in each, some people became alcoholics while others, like the patient—the double circle—became overresponsible caretakers who take over when the alcoholic fails to function.



THE CONNECTIONS: Jane Fonda's genogram is a graphic representation of the complex web of remarriages and suicides in her family (her father, Henry, married five times; his first two wives committed suicide, as did two of his close friends; her brother, Peter, shot himself, and Bridget Hayward, with whom Peter had recently had a romance, committed suicide).



than individual therapy." Hard data are scarce, partly because the field is relatively new and partly because there are so many subjective variables to consider—a problem often encountered in psychological research.

Still, in 1986 Dr. Alan Gurman, a psychiatrist at the University of Wisconsin Medical School, published a review of studies done over the previous 30 years. Family therapy is at least as effective as other treatments for most psychological problems, he found, and more beneficial for some problems. In 1987, UCLA researchers concluded that family therapy—though more expensive initially—was also more effective in the management of schizophrenic patients. And the authors of yet another study cited evidence that family therapy may be the better treatment for some anorexics.

Therapists use many different approaches. Some assign tasks designed to outwit their clients' natural resistance to change; their goal is to transform unhealthy relationships, not necessarily to gain insight. Others, who consider themselves educators as much as therapists, sharpen clients' perceptions by exploring what happened in their parents' and grandparents' relationships, "coaching" family members toward healthy connections whenever possible. And many therapists use a smorgasbord of doctrines, integrating

the more traditional therapies as well.

When clients first visit Betty Carter, an M.S.W. who is director of the Family Institute of Westchester, she routinely draws a genogram, a detailed family tree that makes clear not only the connections by blood and marriage but also the emotional connections—close, conflictual, or absent. "When I look at it, I see patterns immediately," she says. "It's like handwriting."

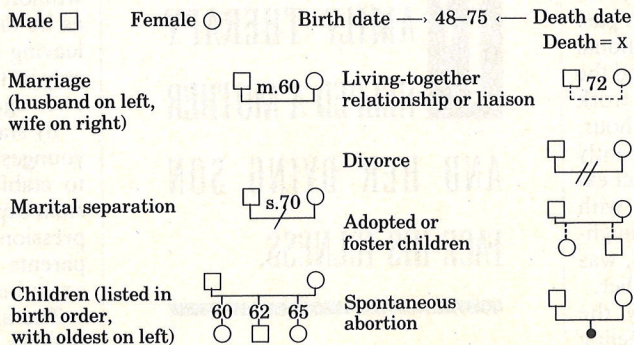
Many family therapists use genograms (pages 46, 48, and above); all rely on intensive intake interviews to ferret out information about our past and about how our parents—and their parents before them—scripted the ground rules that we live by.

What works with one person, couple, or family may be ineffective with another. One of the field's senior and most highly respected practitioners, Peggy Papp, an

M.S.W. who is a senior supervisor at Ackerman, admits that her approach varies constantly. "I don't have any rules about therapy," she says. "A lot of it is serendipitous—it depends upon the situation." (And on the therapist's training, experience, perceptiveness, and resourcefulness.)

The first hurdle, Papp says, is getting an unwilling family member—say, a husband—into her office. "I might have the wife go home and tell her husband that I've taken his side. Or I might ask if I can call him myself, and I say, 'I've heard your wife's story; I'd like to hear yours.' One time, I told a woman to bring home every book on divorce that she could find. Her husband came to the sessions soon afterward."

BREAKING THE CODE



LEARNING HOW TO COPE

NEW YORKERS HAVE a wealth of family-therapy resources at their doorstep. Marilyn Wilder* found help last year, when her 33-year-old son was dying of AIDS. "I had read about the Ackerman Institute's AIDS project in the newspaper," she remembers. "Greg was terribly depressed. I felt he had to find a way to live with the illness. He hadn't been getting help, and I wasn't the answer."

Over a period of several

months, Greg had sessions with Marilyn; his father, Marilyn's ex-husband, who lived in another city; Greg's brother; and many close friends. Marilyn believes that because of family therapy, "Greg was able to live more readily with the problem." Equally important, when her son died last January, Marilyn, at first unable to accept Greg's condition, was prepared.

Marilyn is shaken by the memory of one session in particular: "Greg wanted me to understand that he was dying. There was no tear-jerking, no anger, no recrimination, just bringing reality to light. I had been able to ignore it until then; I didn't think it was real. Afterward, in the hallway, we cried our heads off."

Marilyn credits the family therapist. "Greg died here in the house, where he wanted to. If we hadn't had that session, I probably would have bundled him up and taken him to the hospital." She adds poignantly, "And I would never have been able to get through his death."

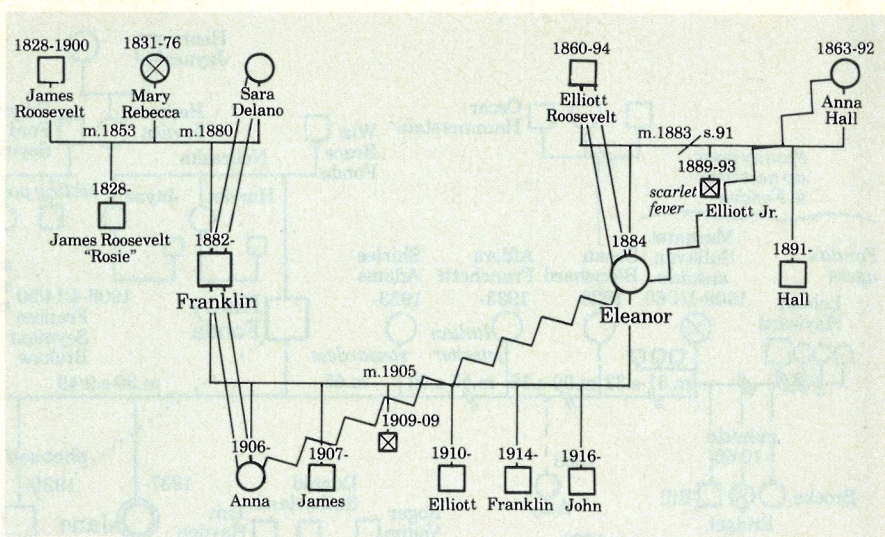
Gillian Walker, co-director of Ackerman's AIDS and Families Project, notes that many people seeking to come to terms with AIDS are suffering from the pain of isolation, shame, and terror. "The best family therapists have an ingenious sense of how to alter the mind-set about a problem," she says. "The most important thing—whether or not the problem is AIDS—is changing attitudes."

To give patients a different point of view, family therapists often use a technique called reframing. By describing a problem situation or action in unpejorative terms, they believe they can help change the perception—and that leads to changed behavior. A woman who sees that her husband is "in pain" rather than "distant" lends a more sympathetic ear. And parents become less punitive when their child is "hyperactive," not "bad."

"We don't pathologize everything to death," explains Peggy Papp. "I try to simplify things. Rather than give them heavy labels, like 'dependency needs' or 'infantile trauma,' I talk in terms of 'lack of understanding' and 'misperceptions.'"

Simplicity—and even humdrum practicality—may be the very thing that works best. Papp tells about her treatment of a patient in her twenties who had dropped out of college. Her mother brought her in for therapy because the girl was depressed. "In individual therapy, we could have gone on for years, dealing with past trauma, trying to fill up the emotional holes," Papp says. "Instead, I included the mother in the session and began to work on their relationship." Within the hour, Papp realized that this mother, recently widowed and grieving, had been under extraordinary pressure, trying to deal with her grief and go back to work. The daughter, perceiving her mother's distress, was afraid to express a need to be with her.

"I had to come up with a way the daughter could reach out without feeling



EMOTIONS AT A GLANCE: A therapist looking at this genogram of the Roosevelt family would see that Eleanor's conflict with her mother (represented by the crooked line) and closeness to her father (indicated by the straight line) were repeated in the next generation: Eleanor's daughter, Anna, resented her mother and preferred her father.

rejected," Papp says. "So I simply suggested she make dinner for her mother. That simple task gave her a way to 'mother' her own mother, to be with her without being afraid of rejection." Her support system restored, the girl's spirits began to lift.

NEGOTIATING LIFE'S CYCLES

IF UNEXPECTED TRAGEDY CAN WREAK havoc on a family, so can life-cycle changes. A single adult gets married; the couple has young children and is now a family; the children become adolescents, then they move out; the couple embarks on old age. A new stage re-

quires new insights—and may send everyone into a tailspin.

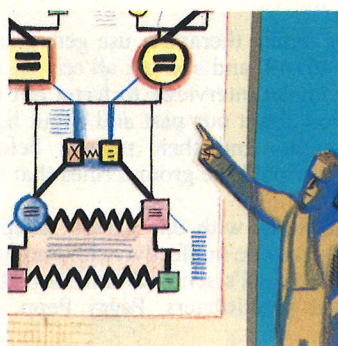
But transitions don't have to be traumatic—not if family members are flexible, keep the lines of communication open, and understand that stress during certain milestone periods is normal. But when the breadth of the change seems overwhelming and we'd rather fight—or get sick—than switch, a few sessions with a family therapist may be in order.

The issues that arise in families undergoing life-cycle transitions can be much more complicated than they seem. To illustrate this, Olga Silverstein cites the case of a depressed man in his early twenties whom she saw with his sister, father, and mother. After questioning each person about the young man's behavior and the family's reaction to it, her focus shifted to the father, who wanted to move to Florida but who felt that his wife wouldn't leave till the son was "settled."

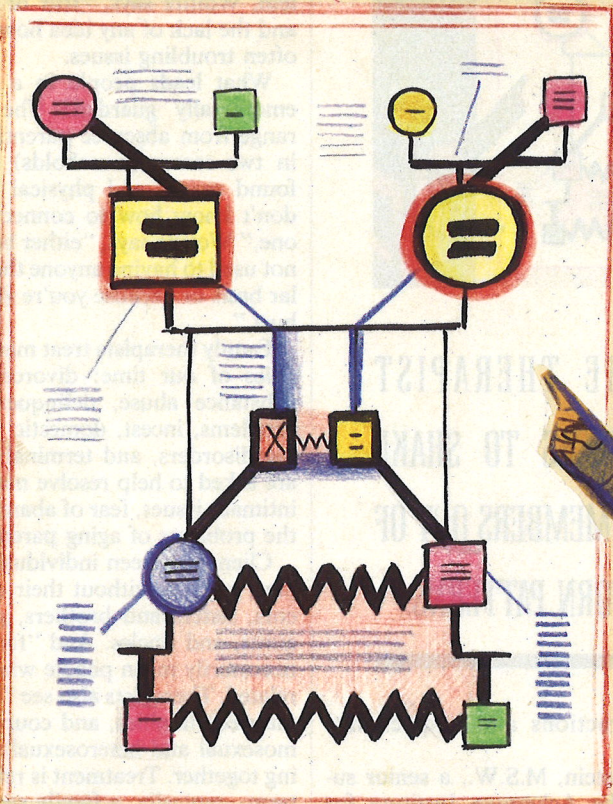
After a few sessions, it was clear to Silverstein that everyone was really worried about what the father was going to do with his life, not the son. "The father had been abandoned by his own mother when he was six," Silverstein says, "so he made sure to provide the 'perfect mother' for his children. Unconsciously he believed he had to keep having children so his wife wouldn't leave him too. His greatest fear, as he faced the prospect of his last child leaving home, was that his wife wouldn't stay just for him—that he'd be abandoned once again."

By staying at home in a depression, the youngest son unwittingly remained a child to stabilize the family situation, Silverstein explains. "On one level, the son's depression solved the problem of getting the parents through the life-change crisis of again being a couple without children."

Therapists cite all sorts of ways that families deal badly with—or try to camou-

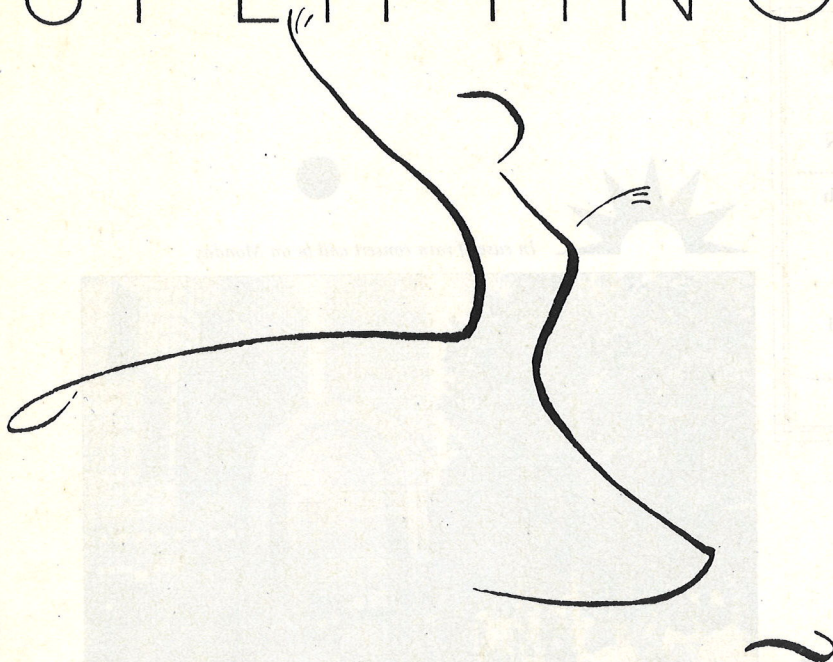


FAMILY THERAPY HELPED A MOTHER AND HER DYING SON FACE HIS ILLNESS.



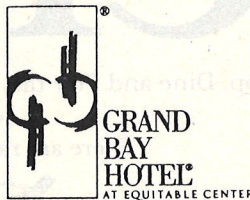
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flage—life-cycle pressures: A man and a woman who live together have conflicts over sex, but at the heart of the matter is the fact that she wants to get married and he doesn't. A little boy is disruptive in school after his grandmother dies; he's really trying to keep his grieving mother's mind off her loss. A father sees his adolescent daughter turning into a woman and reacts with fear and suspicion; his wife feels shut out, even jealous, and the daughter suddenly finds a new set of "fast" friends.

THE PAST AS PROLOGUE

THE THERAPIST'S JOB IS TO listen for old tapes playing in the background of clients' conversations. "Every family has a 'correct' way to deal with money, sex, marriage, family, religion, children, play, conflict," says Betty Carter. "We believe that when we leave home we've become independent of our parents and can lead our lives without them, but that denies the intense emotional connectedness that's an inescapable concomitant of family systems."

Carter emphasizes, "Often young adults—people in their twenties and thirties—don't want anything to do with family therapy, because they think it will glue them back into their families and take them away from their own lives. It's a common misunderstanding."

People also assume that participating in family therapy requires the presence—or at least cooperation—of other family members. Ellen Carlin*, a 28-year-old public-relations executive, belies both misconceptions. Today she's in family therapy, finally seeking help after a devastating breakup with a man she dated mostly by telephone. "It kept happening—I'd always be the one to get hurt—and I wanted to see what was up with me," she says.

Ellen's parents have never gone to sessions with her; they don't even know she's in therapy. But their marriage and subsequent separation when she was three—and especially her father's absenteeism—clearly made Ellen feel at home in long-distance relationships. "After all these years, my parents still aren't divorced," she says. "They always talked through me. I was expending so much energy on them that I had no energy for me, much less a relationship. They still try to put me in the triangle. The difference is, because of the therapy, I can say no."

Unbeknownst to Ellen's parents, she's had homework assignments that involve each of them: to ask them questions like "Why haven't you ever felt compelled to get a divorce?"; to ask grandparents and aunts about family secrets; and to use occasions like her mother's college reunion or a family function she attended with her

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father to be more observant of their behavior and her own. "It has led to a lot of answers and helped me understand why I am like I am," she says. "I challenge myself more; I have more confidence. And instead of rushing in to take care of everything, now I ask myself beforehand, 'Is it worth my getting involved?'"

Family therapists point out that the pulls of our past can be truly astonishing; in some cases, they make it impossible to sustain a healthy relationship in the present. And our wounded psyches don't care if we pick on the wrong person. Incest survivor Susan Armani* is a case in point.

As a child, she had been helpless to repel the advances of a father who abused her. As an adult, she discovered, to her amazement, that she was using her husband, David Reed*, to settle the score.

"I thought I was being playful with him," she says, "when I was being seductive. Then when he'd reach for me, I'd pull away and say, 'That didn't mean I wanted to have sex.'" A few weeks after the therapist had suggested to her what she was doing, Susan realized it was true: "I had ripped off my nightgown and David had lunged at me," she says. "But this time, I saw it."

POWER STRUGGLES

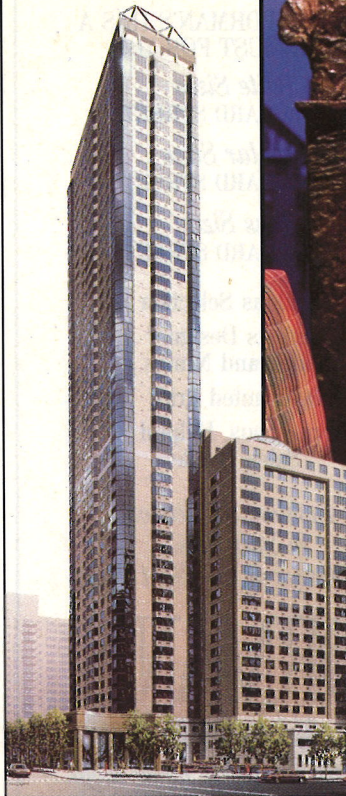
INSIGHT IS NOT ALWAYS ENOUGH. CLIENTS sometimes need to perform specific tasks in order to practice new ways of dealing with one another. In Susan and David's case, for example, the therapist suggested a "couples dialogue" exercise: Susan would tell David how she felt, and he was not to respond. He had to just listen, and then they'd trade places. They practiced in the safety of the therapist's office at first, and later at home. "When I see him be vulnerable, it breaks the shell around my heart," Susan says. "I see the child in him, and he sees the one in me."

Their therapist also found a way to give Susan the power in a sexual situation and to keep David from feeling rejected. She designated Susan as the one to decide if they would have sex, thereby empowering her and making it safe for him to be close. Thus, David, who was by then very frightened to make *any* advances, had clear boundaries. "I wanted the therapist to define what being 'sexual' was," he remembers.

More often than not, neither homework nor what happens in the therapist's office is particularly dramatic. Much of the work boils down to talk therapy, routine tasks, or simple coaching by the therapist.

Is everybody treated fairly? Or do therapists have trouble restraining their preference for one family member over another? "The tendency in therapy is to side with the man against the woman," Peggy Papp declares. She admits that she used to

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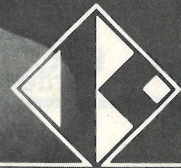
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be guilty of the same societal prejudice. "The woman is often in an emotional state. She's shrill and agitated, and the man sits there calm and collected. But she's shrieking because no one listens to her."

A therapist has to consider, for example, whether a mother really is overprotective of, or too close to, her children. Or is she, perhaps, just living out her assigned role—and making up for a father who has never learned to be there emotionally?

"I sometimes felt as if the psychiatrist, who was a man, sided with my ex-husband," recalls Karen Stern, who, despite her satisfaction with the family-therapy process, felt she was unfairly labeled an alarmist. "I had just joined AA, I came from an alcoholic family, and my husband and I had once used drugs ourselves," she says. "Now our daughter was smoking pot, and I was upset—but I was the only adult there who saw cause for concern."

On a few occasions, she considered confronting the psychiatrist about what she perceived as his bias, but then she let it slide. "I was sometimes unsure of what happened in a given session," she admits. "It gets very confusing with all those personalities flying around the room."

Can therapists stay out of power struggles between couples? Most of them acknowledge that it's not easy, especially because many clients have a hidden agenda: getting the therapist to be an ally. "Secretly, I wanted him to side with me," admits Marie Ford*, whose stint with a couples therapist lasted only a few sessions. "My purpose in going there was to get support, not necessarily to change what I was bringing to the relationship."

Estelle Rosen, a psychiatric social worker in private practice and a consultant to the Jewish Board of Family & Children's Services, is aware that many couples come to her "with an invisible scorecard. Every one of their statements is an attempt to prove the other one wrong. I let them know that I don't pay attention. It's important not to blame either client; you have to hold them both responsible."

Fredda Herz, a therapist at the Family Institute of Westchester who is also in private practice in Bergen County, New Jersey, confirms, "The two people are in this together. You spend most of the time figuring out the dance between them. Each one has some percentage of the problem. He may carry 90 percent of it in one area, but on other issues it's more heavily weighted toward her."

To encourage change, therapists focus on the triangles that form in families under stress. A husband aligns with his mother instead of his wife over child-rearing issues; the wife makes her best friend an ally. A harried single mother dubs her oldest child the co-parent, relegating younger siblings to a lesser position. A teenager caught in the middle between

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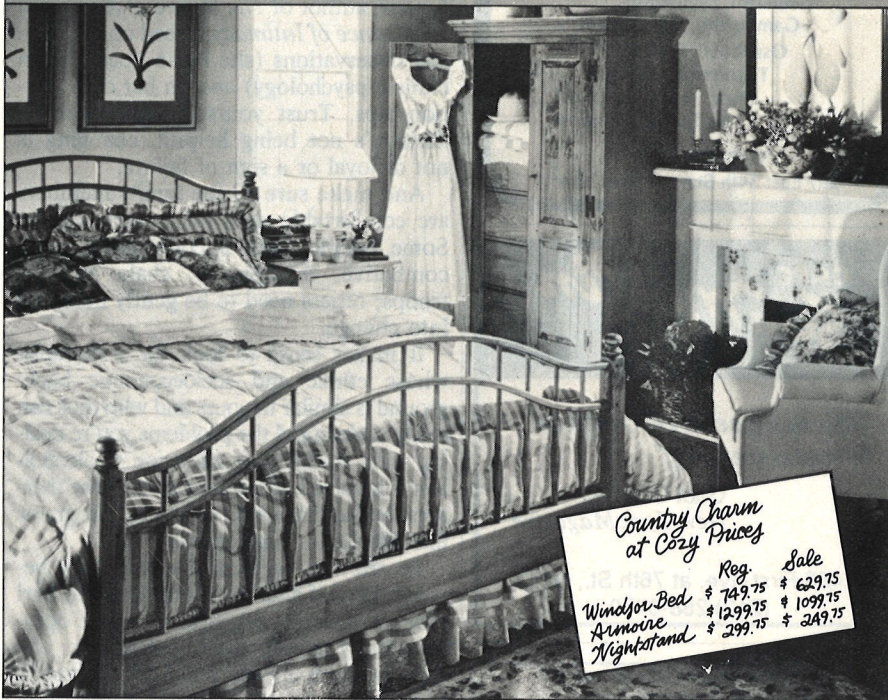
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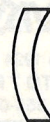
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Chapter Nine is not for everyone. The idea of revealing one's infidelities, sexual problems, or violent arguments—or even listening to other people's stories—might be unthinkable. The best way to find out if the program can help you is to try a meeting. The largest group, formed four years ago, meets in the George Washington Room of the West Side YMCA, 5 West 63rd Street, on Sundays at 7 P.M.; another meeting is held on Tuesday nights at 8:15 in the first-floor conference room of the West Park Presbyterian Center, 86th Street and Amsterdam Avenue (use the 86th Street entrance). At these meetings you can find out about the four other meetings held in the New York City area.

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flage—life-cycle pressures: A man and a woman who live together have conflicts over sex, but at the heart of the matter is the fact that she wants to get married and he doesn't. A little boy is disruptive in school after his grandmother dies; he's really trying to keep his grieving mother's mind off her loss. A father sees his adolescent daughter turning into a woman and reacts with fear and suspicion; his wife feels shut out, even jealous, and the daughter suddenly finds a new set of "fast" friends.

THE PAST AS PROLOGUE

THE THERAPIST'S JOB IS TO listen for old tapes playing in the background of clients' conversations. "Every family has a 'correct' way to deal with money, sex, marriage, family, religion, children, play, conflict," says Betty Carter. "We believe that when we leave home we've become independent of our parents and can lead our lives without them, but that denies the intense emotional connectedness that's an inescapable concomitant of family systems."

Carter emphasizes, "Often young adults—people in their twenties and thirties—don't want anything to do with family therapy, because they think it will glue them back into their families and take them away from their own lives. It's a common misunderstanding."

People also assume that participating in family therapy requires the presence—or at least cooperation—of other family members. Ellen Carlin*, a 28-year-old public-relations executive, belies both misconceptions. Today she's in family therapy, finally seeking help after a devastating breakup with a man she dated mostly by telephone. "It kept happening—I'd always be the one to get hurt—and I wanted to see what was up with me," she says.

Ellen's parents have never gone to sessions with her; they don't even know she's in therapy. But their marriage and subsequent separation when she was three—and especially her father's absenteeism—clearly made Ellen feel at home in long-distance relationships. "After all these years, my parents still aren't divorced," she says. "They always talked through *me*. I was expending so much energy on them that I had no energy for me, much less a relationship. They still try to put me in the triangle. The difference is, because of the therapy, I can say no."

Unbeknownst to Ellen's parents, she's had homework assignments that involve each of them: to ask them questions like "Why haven't you ever felt compelled to get a divorce?"; to ask grandparents and aunts about family secrets; and to use occasions like her mother's college reunion or a family function she attended with her

father to be more observant of their behavior and her own. "It has led to a lot of answers and helped me understand why I am like I am," she says. "I challenge myself more; I have more confidence. And instead of rushing in to take care of everything, now I ask myself beforehand, 'Is it worth my getting involved?'"

Family therapists point out that the pulls of our past can be truly astonishing; in some cases, they make it impossible to sustain a healthy relationship in the present. And our wounded psyches don't care if we pick on the wrong person. Incest survivor Susan Armani* is a case in point.

As a child, she had been helpless to repel the advances of a father who abused her. As an adult, she discovered, to her amazement, that she was using her husband, David Reed*, to settle the score.

"I thought I was being playful with him," she says, "when I was being seductive. Then when he'd reach for me, I'd pull away and say, 'That didn't mean I wanted to have sex.'" A few weeks after the therapist had suggested to her what she was doing, Susan realized it was true: "I had ripped off my nightgown and David had lunged at me," she says. "But this time, I saw it."

POWER STRUGGLES

INSIGHT IS NOT ALWAYS ENOUGH. CLIENTS sometimes need to perform specific tasks in order to practice new ways of dealing with one another. In Susan and David's case, for example, the therapist suggested a "couples dialogue" exercise: Susan would tell David how she felt, and he was not to respond. He had to just listen, and then they'd trade places. They practiced in the safety of the therapist's office at first, and later at home. "When I see him be vulnerable, it breaks the shell around my heart," Susan says. "I see the child in him, and he sees the one in me."

Their therapist also found a way to give Susan the power in a sexual situation and to keep David from feeling rejected. She designated Susan as the one to decide if they would have sex, thereby empowering her and making it safe for him to be close. Thus, David, who was by then very frightened to make *any* advances, had clear boundaries. "I wanted the therapist to define what being 'sexual' was," he remembers.

More often than not, neither homework nor what happens in the therapist's office is particularly dramatic. Much of the work boils down to talk therapy, routine tasks, or simple coaching by the therapist.

Is everybody treated fairly? Or do therapists have trouble restraining their preference for one family member over another? "The tendency in therapy is to side with the man against the woman," Peggy Papp declares. She admits that she used to

be guilty of the same societal prejudice. "The woman is often in an emotional state. She's shrill and agitated, and the man sits there calm and collected. But she's shrieking because no one listens to her."

A therapist has to consider, for example, whether a mother really is overprotective of, or too close to, her children. Or is she, perhaps, just living out her assigned role—and making up for a father who has never learned to be there emotionally?

"I sometimes felt as if the psychiatrist, who was a man, sided with my ex-husband," recalls Karen Stern, who, despite her satisfaction with the family-therapy process, felt she was unfairly labeled an alarmist. "I had just joined AA, I came from an alcoholic family, and my husband and I had once used drugs ourselves," she says. "Now our daughter was smoking pot, and I was upset—but I was the only adult there who saw cause for concern."

On a few occasions, she considered confronting the psychiatrist about what she perceived as his bias, but then she let it slide. "I was sometimes unsure of what happened in a given session," she admits. "It gets very confusing with all those personalities flying around the room."

Can therapists stay out of power struggles between couples? Most of them acknowledge that it's not easy, especially because many clients have a hidden agenda: getting the therapist to be an ally. "Secretly, I wanted him to side with me," admits Marie Ford*, whose stint with a couples therapist lasted only a few sessions. "My purpose in going there was to get support, not necessarily to change what I was bringing to the relationship."

Estelle Rosen, a psychiatric social worker in private practice and a consultant to the Jewish Board of Family & Children's Services, is aware that many couples come to her "with an invisible scorecard. Every one of their statements is an attempt to prove the other one wrong. I let them know that I don't pay attention. It's important not to blame either client; you have to hold them both responsible."

Fredda Herz, a therapist at the Family Institute of Westchester who is also in private practice in Bergen County, New Jersey, confirms, "The two people are in this together. You spend most of the time figuring out the dance between them. Each one has some percentage of the problem. He may carry 90 percent of it in one area, but on other issues it's more heavily weighted toward her."

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