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Structural Family Therapy for Children of Divorce: Case Reports

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Structural family therapy techniques for treating families with a parental divorce in which a child is symptomatic are described. The family configurations considered are: mother, child, and maternal grandparents; overprotective mother and child; helpless and mildly neglectful mother; father; new family formation; and couples who divorce and marry new spouses.

THE RISING FREQUENCY of divorce increases the number of children of divorced parents referred to child mental-health specialists. The referred child's behavior may be a response to four stresses: (a) disturbed family relationships prior to the divorce; (b) disturbed family relationships after the divorce (8); (c) the child's psychopathology prior to the divorce; as well as (d) his individual response to the divorce including such well-described phenomena as grief, guilt, and cognitive misinterpretation of the event (1, 4, 7). Family-therapy strategies for the child of divorce and his family have yet to be described.

Often, pathology inducing family interactions following parental separation are identical to the family interactions prior to the divorce. Family therapy in these cases allows for repair of long-standing

interactional patterns in which divorce is just one of a series of ongoing transactions that are disruptive to the child's development. The therapist works with those subgroups of the family system that seem most stressful for the child. The therapeutic work with these subgroups will be described.

The concepts employed in treating the families are based on structural family therapy, a theory and technique of family therapy developed by Salvador Minuchin. In brief, structural family therapy understands the individual to be influenced greatly by the social context in which he or she lives. A change in social context will alter the experience of the individual within it, and the individual will respond with changes in behavior and inner experience that are adaptive to the changes in the context. Thus, a change in family patterns of interaction—an important social context—will effect changes in the behavior and inner experience of a child within the family (5, pp. 1-15).

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The course of the family therapy is depicted with diagrams of the family (Figures 1-5). The first diagram in each case discussed represents the family interaction at the time that the family first presented, the last diagram represents the interaction at the conclusion of treatment as well as the goals of the treatment that the therapist formulated for the family in his initial evaluation of them. The diagrams are based on the work of Salvador Minuchin (5). Symbols used include a solid vertical or horizontal line to depict great psychological distance between the family members separated by the line, a dashed line to indicate normal flexible psychological distance between the family members, and a dotted line to indicate excessive psychological closeness between the family members. Additional symbols will be defined in the figures in which they are introduced. The treatment strategies devised to bring about the change in family organization indicated in the diagrams are described in the text of the paper.

Mother, Child, and Maternal Grandparents

Following a parental separation, mother and her children may return to live with the maternal grandparents. Even when the mother does not return to live in the same house as her parents, mother frequently turns to her family-of-origin for financial and psychological support. This tendency may be encouraged by those grandparents who objected to the marriage initially and support their daughter's efforts to divorce her husband.

The divorced mother's return to her family-of-origin can lead to a recrudescence of conflict between her and her parents. A common area of dispute between the mother and maternal grandparents is the child's behavior and the mother's child-rearing capabilities. The child may be subjected to a variety of conflicting dicta governing his/her behavior that are

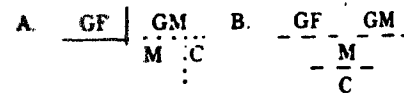
unrelated to her/his needs but are related to a struggle between mother and grandparents. The case below illustrates treatment techniques that can be employed with such a family in which a divorced mother has failed to achieve an adult role.

Case 1

A., a highly intelligent, slightly built, six-year-old boy was brought for treatment by mother and maternal grandparents for fecal soiling of lifelong duration.

After several years of marital warfare in which mother and maternal grandparents allied themselves against the child's father, the mother separated from him two years prior to seeking treatment and returned with her son to live with her parents. Father continued to see the son every other weekend.

The initial family interview in which grandmother, grandfather, mother, and A. were seen together, was characterized by loud arguing between mother and grandmother. Grandmother accused mother of lacking the ability to care for her son. For example, grandmother complained that because the mother did not



GF, grandfather; GM, grandmother; M, mother; C, child.

The diagram in Figure 1A schematically depicts the isolation of grandfather from his family and the overinvolvement and intrusiveness of grandmother with her daughter and grandson. Mother and child behaved as if they were both grandmother's young children and both equally lacking in decision-making power in the family. Thus, they are placed at the same horizontal level in Figure 1A. In Figure 1B there is an increase in psychological distance between grandmother, mother and child and decreased psychological distance between grandmother and grandfather. Each generation behaved in a fashion more consistent with its role, as depicted with the division of the family into three vertical groupings or generations.

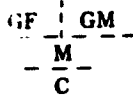
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know how to feed A., A. would starve to death. During the course of this disagree- ment, A. sat quietly in a corner drawing small pictures. Grandfather appeared mildly depressed and withdrawn from the intense disagreement between his wife and daughter. Grandmother related that she had recently suffered a stroke and that a continuation of the embattled at- mosphere in the family would result in her death.

Both grandparents and mother refused to allow A. any independence with regard to toileting. They complained that A. had failed to urinate in the toilet bowl, there- fore they held his penis when he urinated. He was not permitted to wash his hands because they felt that his failure to oper- ate the sink properly might flood the bathroom. These concerns were deeply held, despite their knowledge that A. was an exceptionally bright child who was ad- ept mechanically and well-behaved.

Mother, 26 years old, behaved as if she were helpless and incompetent. Despite a college education, she was unemployed. She was attractive but did not date. She fell asleep at eight o'clock every night, thus was unable to assist in A.'s bedtime routines. Like her son, she had frequent nightmares that awakened her through- out the night.

The family was understood as having failed to provide appropriate boundaries between the generations: grandparents, mother, and son, as well as a lack of boundaries between individuals.

An elderly woman cotherapist was in- troduced to ally herself with the grand- parents, and the primary therapist allied himself with the mother and younger child. The grandparents met with the cotherapist, and the therapist met with mother alone, mother and A. together, and A. alone.

The meetings with mother and A. be- gan with mother and child painting to- gether. Initially, they painted on the same piece of paper, they used each

other's paints, A.'s paint often ran in large rivulets over the portion of the pic- ture that mother had painted, and mother frequently painted over what A. had painted to improve its appearance. The therapist, using these behaviors as a met- aphorical expression of the lack of psycho- logical distance between them encour- aged them to use their own paints, paper, and easels. In these sessions, the thera- pist developed mother's role as an author- ity figure to her son. The therapist gave her the responsibility of ensuring that her son clean up in an appropriate fashion, that he leave at the conclusion of the ses- sion, and that he obey the rules of the session.

In addition, mother met with the ther- apist without A. A number of child-rear- ing issues were discussed with her dur- ing this period. The therapist encour- aged her to complain about the grand- parents' failure to provide A. with appro- priate independence. The grandparents had been meeting with the cotherapist. A joint meeting was arranged, and this time the mother began to fight with the grandparents about their failure to allow A. age-appropriate responsibility. This was an issue that permitted the thera- pist to support mother. Through the meetings with the therapist, mother could establish her competence as a mother in the eyes of her parents be- cause the therapist had shared his exper- tise with her. Mother was able to win from grandparents A.'s right to go to the bathroom with the door closed and to urinate without having his penis held. Following this, A.'s encopresis subsided.

To further establish mother's compe- tence as a mother, subsequent sessions were devoted to grandparents observing mother and A.'s interaction in front of a one-way mirror (6, pp. 266-268). As a result of the therapist's coaching and the personal growth of the mother-child dyad during the course of treatment, mother was able to handle A. in an ap-

appropriate fashion. The cotherapist dealt with the grandparents' anxiety behind the mirror and pointed out mother's newly gained adeptness in handling her child.

The personal growth of mother during the course of treatment facilitated the separation of mother and child from grandparents. Mother with the cajoling and support of the therapist began to behave in a more age-appropriate manner. For example, the therapist insisted that she remain awake at least until ten o'clock at night and that she wake herself at an appropriate time without the intrusion of her parents. Thus, by staying awake two hours longer at night and awakening at a reasonable hour on her own, mother began to establish herself as an adult in the family. Eventually, she obtained a job and began to date. With the disengagement of mother and A. from the family and the support of the cotherapist, grandmother and grandfather were able to come closer together because of the space provided by the relative psychological absence of mother and grandson. The grandparents purchased a small boat and began to spend many pleasant hours together at the seashore.

Overprotective Mother and Child

Pathological interactions between mother and child may be accentuated after the parental separation and divorce. In the absence of the father, the overprotected child clings more tenaciously to mother, and mother may focus even more concern upon the child than prior to the divorce. The following case illustrates treatment techniques for this situation and demonstrates the critical importance of the divorced father in such cases.

Case 2

B., a nine-year-old girl whose parents had been separated for one year was referred because of inattentiveness at school. She spent long periods of time in the class-



M, mother; F, father; C, child.

The diagram in Figure 2A depicts a mother and child in an overly close relationship in which father is excluded. Figure 2B represents an increase in closeness between child and father as well as an increase in distance between child and mother. The double-headed arrow signifies that the child can visit with and have affectionate feelings for both parents with a minimum of conflict between the parents about the child.

FIG. 2. Case 2.

room dreamily sucking her thumb. She neither interacted with her classmates nor performed school work. This pattern had been apparent from kindergarten and persisted through the third grade. B. and mother had an overly close relationship manifested by mother's refusal to allow B. to wander up and down the sidewalk of her own block or the freedom to go to a small store a few yards from her own house. Also, mother, in effect, had refused to allow the children to associate with father. Father, who disagreed bitterly with mother's child-rearing techniques, was relieved to withdraw psychologically from the family long before the legal separation.

At B.'s initial interview, she separated easily from her mother but began to behave in a bizarre fashion during the course of the session. She pulled at the skin on her face and pinched it. She pleaded to see her mother immediately. Despite interpretations and gentle explanations, her anxiety could not be relieved. In the next twenty sessions mother and child were seen together with the therapist. The initial goal was to decrease B.'s anxiety during the session. B. behaved as if the therapist were not in the room. She played exclusively with her mother and became almost panic-stricken if the therapist intruded verbally upon their play.

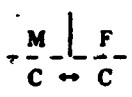
Simultaneously with these sessions, the therapist met at infrequent intervals with

the mother to attend to the granting of the behavior of the mother.

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child. depicts a mother and father relationship in which father represents an increase in father as well as an increase in child and mother. The diagram indicates that the child can have positive feelings for both parents and conflict between the

the separated father alone and with the mother alone. Initial sessions were merely to attain a working alliance with the parents and to reduce some of the more flagrantly inappropriate aspects of their behavior with regard to visitation and some of the struggles over the divorce agreement.

B.'s thumb-sucking diminished considerably in school, and the teacher reported a dramatic improvement in her behavior. This occurred despite B.'s inability to remain alone with the therapist without her mother in the office.

After four months of treatment, the therapist has a session in which he met with B. and father. It was speculated that one reason for B.'s aversion to the therapist was that his presence reminded her of the painful loss of her father. Therefore, it was important for her to deny the therapist's existence in the session as a way of denying the pain of the relative loss of her father. Furthermore, it was felt that B.'s refusal to speak with the therapist might represent what she considered to be a violation of a family rule that forbade her from speaking to men (3). Mother's permission for father to attend the session in her place might give meaningful sanction for B. to engage in a dialogue with men during the therapy hour.

Indeed, B.'s behavior with her father and the therapist was different from the way she behaved with her mother and the therapist. B. and her father engaged in a long dialogue about a number of issues that had great importance for B. B. complained in an appropriate, mature manner to her father about the circumstances of her visitation periods with him. She did not like his girlfriend nor his girlfriend's children. B. presented several good reasons for her feelings to her father. At the same time, B. was able to chat easily with the therapist during this meeting. After the single session with father, meetings with mother and B. resumed, but B.'s need to deny the therapist's existence had di-

minished considerably. B. and the therapist were able to play games together while mother silently read a book in the far corner of the office, and within a few weeks mother's presence in the treatment sessions was dispensed with altogether. The ability to remain alone with the therapist coincided with a marked increase in the maturity of her behavior at home and at school.

Helpless and Mildly Neglectful Mother

Those mothers who tend to be somewhat helpless and mildly neglectful of their children prior to the divorce often exhibit those qualities in an accentuated form after the father's departure. Subsequently they may find their child's behavior intolerable to them. Seeing the mother and child together gives the therapist the opportunity to create occasions for mutually pleasurable interaction through the use of play and to provide mother with support and child-rearing techniques.

Case 3

Mrs. Z. had been separated from her husband for one year. They had one son, C., age six. During the course of the marriage, mother had lived a life of relative luxury that had allowed her to spend considerable amounts of time engaged in her own interests. Following the separation, mother had an active social life. She came to see C. as an increasing nuisance. She was almost constantly angry with him, and there was little they could enjoy to-



Figure 3A suggests excessive psychological distances between mother and child and father and child. The three family members on the same horizontal line indicate that the child shared an inordinate amount of power in the family. Figure 3B indicates that each parent had become more affectionate and supportive of the child and had regained appropriate parental authority over him.

Fig. 3. Case 3.

her thumb. She was not liked by her classmates nor by the teacher. This pattern had been present in kindergarten and persisted through first grade. B. and mother had a close relationship. B. refused to allow B. to walk on the sidewalk of her home to go to a small play area in her own house. B. had refused to associate with father. B. had bitterly with mother. B. had refused to use techniques, was re-educationally from the legal separation. B. had refused to see her mother, but began to be angry with her during the course of the therapy. She pleaded to see her mother. Despite interpretations, her anxiety increased. In the next session, mother and child were seen by the therapist. The increase in B.'s anxiety during the session was as if the therapist was not there. She played with mother and became angry with the therapist in the next session. In these sessions, the therapist was present in the next intervals with

gether. She complained that he was too demanding of her time, often refused to listen to her, stole from her, lied, and had frequent temper tantrums. There was considerable turmoil about the financial aspects of the divorce agreement and the parents' inability to conform to a prearranged visitation schedule. Indeed, father was not allowed to see his son by court order because he had not made support payments to mother. C. was preoccupied with concerns about when he would next see his father.

The therapist, seeing mother and father together, made efforts to inject some structure and order into C.'s chaotic environment. Mother began to understand that her child's visitation periods with his father provided her with well-earned respites from the difficult task of child-rearing. In addition to weekly sessions with mother and father, the therapist met with mother and C. on a weekly basis. The therapist introduced a number of pathways of mutual pleasure between mother and child and explored with them a variety of activities they could both enjoy together. Also, mother was helped to become an effective disciplinarian for C. The educational focus of this therapy resulted in marked symptomatic relief for C. with a dramatic reduction in his lying, stealing, and hyperaggressive behavior. Nevertheless, the parents periodically failed to meet C.'s needs, and at those times his behavior deteriorated rapidly. Intermittent sessions were necessary to maintain the semblance of an appropriate child-rearing environment for C. The frequency of sessions was decreased to once every six weeks when the family was functioning well and increased at those times when there were exacerbations of difficulty.

The Father

Goldstein et al. (2) note the difficulties associated with the children's visitation to the father who divorced their mother. Loy-

alty conflicts can be severe, and the absent parent cannot provide "a true object for love, trust, and identification, since this role is based on his being available on an uninterrupted, day-to-day basis (p. 38). However, in the cases of children of divorce with whom I have worked (all of whom were aged five years or older), the father and children remained critically important to each other.

Maintaining contact with each other appears to have important psychological benefits for both the children and father. Indeed, in families in which the father has been relatively excluded from the children by an overly close relationship between the mother and children, the father may become closer to his children following the divorce. He is able to devote more time to the children without the interfering presence of the mother. (see Case 2).

To maintain their relationship with their children of divorce, the father must have the support of his new girlfriend or new wife. A conflict between the new partner's wishes and the father's wishes to continue the relationship with his children from a previous marriage is a painful one and can demolish the family therapist's attempt to structure an environment that will support the emotional growth of his child patient. The therapist may work with the father and the father's new girlfriend or wife or refer them to a separate therapist. The latter option tends to preserve the therapist's alliance with the mother of the child with whom he is working.

Loyalty conflicts for the child who regularly visits with father are often exacerbated as a result of such ongoing parental behaviors as one parent complaining about a separated parent. A critical moment in these families is the exchange of the child at visitation time. It offers to the former spouses an opportunity to hurt each other by not picking him up on time, not having him ready, or returning him early

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and the absent true object for attention, since this is available on an equal basis (p. 38). If children of different ages worked (all of 10 years or older), the therapist would be

with each other and psychological benefits to the father. In such a case the father has a relationship with the children following the divorce more time to himself without interfering with the relationship with the father's new girlfriend or the new partner's wishes to continue with his children. This is a painful one for the family therapist's environment that hinders the normal growth of his father's new girlfriend. The father's new girlfriend tends to preclude an alliance with the father whom he is working with.

The child who regularly is often exacerbated by ongoing parental conflict and complaining. A critical moment is the exchange of time. It offers to the child an opportunity to hurt each other up on time, not returning him early

or late. The brief contact between the formerly married parents might be taken as the occasion for a short and bitter fight between them.

The family therapist attempts to provide alternate means of communication between the formerly married parents other than the child. He does not promote psychological closeness between them but rather attempts to provide a small channel of communication to relieve the necessity of their using the children to communicate. The type of channel that the therapist provides can vary from meeting with the parents together to arranging simply for them to leave messages with a secretary for each other about changes in visitation dates, vacation plans, etc. Sometimes the therapist himself may serve as a temporary channel of communication. With embittered formerly married parents, he may have to meet with each parent separately and convey messages back and forth between them. That they are able to communicate through a channel other than the children tends to relieve them of the necessity of dealing with each other through their offspring.

New Family Formation

The formation of a new family after the breakup of a previous marriage is stressful for each member of the new family. Father must either abandon his children from his previous marriage or integrate them into his new family. If he chooses the latter course, he must help his children from the previous marriage with their resentment of the attention that he lavishes on his new wife or girlfriend and her children. An identical burden, of course, falls on the mother and her children from her previous marriage. Any disagreement that may arise between the spouses can easily express itself as a disagreement over child-rearing techniques with the result that the children can be-

come the focus of bitter disagreement between the new spouses.

The new spouses are initially concerned with fostering their relationship and protecting their children from their previous marriage. It can be difficult for the new spouse to begin to think of the psychological welfare of their spouse's children from a previous marriage as their responsibility.

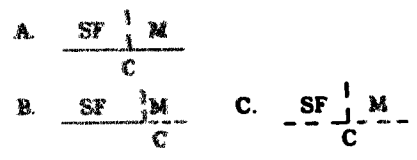
The following case illustrates the usefulness of family therapy in integrating a father into a family that was formed after a divorce.

Case 4

Y., a seven-year-old boy, was referred because he was unable to adapt to a first-grade classroom situation. He wandered aimlessly about the school and classroom; his attention span was short and he was unable to learn; he had no friends. On psychological testing he performed at a bright-normal level of intelligence, and there was no evidence of visual motor difficulty. He had frequent temper tantrums at the slightest frustration and appeared chronically sad.

One year ago his mother had divorced the father and had taken him and two younger siblings to live with another man.

In the initial family interview, the children related exclusively to their mother and did not make verbal, visual, or tactile contact with their stepfather-to-be. "Stepfather" on his part made no effort to initiate any interaction with the children and declined the therapist's invitation to inter-



Figures 4A, 4B, and 4C depict the serial development of a close relationship between a child and his mother and then between the child and his stepfather (SF).

FIG. 4. Case 4.

act with them. Mother, herself, was aloof from her children and indicated that although she wanted the stepfather to help with the children, she was reluctant to make this demand on him for fear that it might jeopardize the relationship between her and him.

The parents were seen together without the children one session a week, and the entire family met together once a week. In the couple session, stepfather discussed a variety of factors that interfered with his interacting with the children, including guilt about the absence of visitation with his children from a previous marriage, his covert disagreement with his current "wife's" child-rearing techniques, and a sense of inadequacy about his ability to deal with children. In meetings with the entire family, interaction between the parents and children were encouraged. As mother became more certain of the intention of stepfather to marry her, she became comfortable in relating to the children with warmth and spontaneity. However, she dominated the interaction with her children, and they continued to ignore stepfather. Stepfather and children were seen for several sessions without mother, establishing a number of mutually pleasurable interactions for children and stepfather. When the family began to meet as a unit again, the children began to interact with both stepfather and mother. Seeing the family together assisted in defining them as a family, a group identity that they were initially reluctant to accept. As a result of increased involvement with Y. on the part of both parents, Y.'s symptoms cleared rapidly. The parents married shortly following the termination of their eight months of treatment.

Couples Who Divorce and Marry New Spouses

The divorced parents often marry new spouses. The newly formed couples may decide that a child from the first marriage

is disturbed enough to require treatment. In these cases there may be a chronic disagreement between the child's mother and her new spouse and the child's father and his new spouse. The child may become the focus of their disagreement. An important strategy in these situations is to make explicit rules about whatever is the overt source of the disagreement. A joint meeting with both couples can be helpful. Such meetings must be approached with caution, since there is often an unsuspected strong attraction between the formerly married parents. The new spouses will intensify conflict between the couples to counter this attraction.

Case 5

E., a bright, ten-year-old male, was doing poorly in school. His parents had divorced and remarried new spouses. There were frequent disagreements between E.'s father's family and E.'s mother's family as to the financial obligations that each family bore with regard to E. E. was directly involved in these disagreements. For example, when E.'s eyeglass frames broke, they were not replaced for a long time because each side of E.'s family insisted that it was the other side's responsibility to purchase the new eyeglass frames.

Mother had divorced E.'s father ten years ago. She married a second time, but that marriage ended quickly. She immedi-

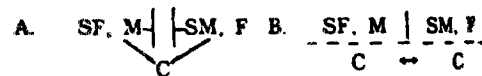


Figure 5A depicts a conflict between two families that were formed after a divorce and remarriage. The conflict is enacted through their disagreement over the child who is the product of the first marriage. Figure 5B represents the end of treatment when the child was no longer the focus of the disagreement between the families and could comfortably visit and experience affection for both families. The families continue to maintain considerable distance between each other.

FIG. 5. Case 5.

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ately returned to the city where E.'s father lived with the hope that she would remarry the father and that the marriage would continue as before the divorce. However, the father had already married someone else. E.'s mother remained in the city and eventually remarried.

The therapist believed that the mother had attempted to provoke the change in the financial rules regarding the family's financial responsibility to E. in part to establish closer communication with E.'s father. E.'s stepfather and his stepmother had initially objected to the meeting, and their objections can be understood as efforts to maintain distance between E.'s father and mother. The therapist believed that the meeting between the two families could increase the psychological distance between mother and father by making the ground rules between the two families explicit, thus lessening the opportunity for them to interact through E. in a destructive fashion.

A meeting was held with E.'s mother and father and their respective spouses. E. was excluded from the meeting in an effort to insulate him from the interfamilial conflict. In the meeting the therapist pointed out the amount of unnecessary stress that they were creating for E. by using their financial obligation to E. as a means of expressing disagreement. Ground rules were reestablished for their financial obligations to E.

Summary

The process of divorce involves a number of disruptions in family organization that take place through time. The process begins with marital turmoil and progresses to marital separation and divorce to a period when each parent leads a life independent of a spouse. In many cases remarriage and the difficult process of beginning a new family occur. In each phase the children provide an opportunity for parents and extended family to express

longstanding and deeply felt acrimonies. The therapist, by dealing with patterns of current interaction, attempts to relieve the families of interpersonal conflicts that may be related to the previous marriage or the parent's family-of-origin. These interpersonal conflicts serve as an environmental disturbance for the child; their resolution often provides symptomatic relief for the child patient.

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