# Chapter 4
# Parenting in Isolation, Without or With a Partner

*There are no problems, only opportunities for growth.*

—Jewish Proverb

When Andrea Lockhart began therapy with her sons Gabe (17) and Jonathan (14), the boys were reacting angrily to the loss of their father, who had recently left the family for a woman not much older than Gabe. In an early individual session with the therapist, Andrea disclosed that she felt "let out of jail" since her husband left. He had "fought every effort I made to discipline my sons," apparently preferring his many hobbies—which, Andrea now realized, included infidelity—over his children. "Good riddance!" she exclaimed.

At first Andrea was elated that she now had "full control" of the children. Her errant husband had made it clear that he was starting his life over and had no intention of remaining in contact with Gabe and Jonathan. Although there were financial battles still to be fought, Andrea was certain that her life as a single parent would be infinitely easier. She could raise her boys "by my own standards," no longer needing to cope with their "obstructionist" father who, in her mind, had blocked all of her attempts at discipline, "almost *ruining* my sons." (Note the phrasing: "my" sons.)

After a few months of family therapy, Andrea came to understand the reality of solo parenting. She no longer had an "obstructionist" partner to contend with, but the burden of raising two very angry teenagers alone had settled heavily on her shoulders.

As described in this chapter, the challenge of what we call *parenting in isolation* comes with unique challenges to the family and—consequently—to the therapeutic alliance. Whether the other parent is actively "obstructionist," covertly disparaging (e.g., McHale, 2004), or absent psychologically (Buehler & Pasley, 2000) or in reality, the family therapist must tread cautiously. Like a three-legged stool, the triadic therapeutic system (parent-child(ren)-therapist) can tip over without a great deal of pressure from the outside.



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## Unique Challenges

With the changing mores at the end of the twentieth century, more people—mostly, but not only, women—are choosing to become a parent without a partner. These one-family systems come about through solo birthing as well as through adoption. Nowadays many single women who decide to give birth to a child do so by choice, having actively sought out a male donor, who is sometimes a friend or acquaintance. These women's life stories and those of their children differ from the life stories of people who become families through adoption, but solo parenting by either means generally has fewer challenges than solo parenting that results from a parent's death or separation from the family. When separation or death results in a child being raised in a one-parent household, the degree of challenge depends not only on the reason for the parent's absence but also on the child's age, the memory of the absent parent, and the extent to which the remaining parent also experiences a sense of loss or abandonment.

In both circumstances—solo parenting by choice or through loss—the primary issue for the children is attachment. When children grow up never having known or remembering one of their parents, there can be wide variability in how deeply the absence is experienced. A girl adopted by a single adult who keenly feels the absence of a second parent longs for her birth family. A boy whose mother gave birth to him in the absence of a partner has vivid fantasies about his "ghost father." A teenager whose parents separated early in his life feels to blame for his father's absence regardless of his mother's explanation for the divorce.

Circumstances are altogether different when two parents are in the home but one is either uninvolved in parenting or, as Andrea Lockhart saw it, actively "obstructing" the efforts of the other parent. Sometimes the differences in parenting style are due to personality—some people are competitive and others are cooperative in parenting (McHale, 2004) as in other endeavors. Sometimes parenting differences may have less to do with personality and more to do with systemic forces. One or both parents may be attempting to replicate family-of-origin experiences or deliberately trying to avoid repeating those experiences with their children (cf. Bowen, 1978). Alternatively (or additionally), the parents may be reacting to one another in a circular fashion so that eventually their parenting styles become highly polarized: She becomes more lenient with the children in response to his being overbearing, and he becomes more overbearing in response to her leniency.

Sometimes polarized parenting becomes de facto solo parenting when the point of contention is not how to raise the children in general but rather has to do with meeting the needs of a particular child. Perhaps nowhere is parental polarization more apparent than when a child has a minority identity—for example, as gay or transgender, as a student of color in an all-white neighborhood, or as requiring special needs due to a physical disability, a developmental delay, or an emotional, learning, or behavioral disorder. When both parents are united in advocating for their child with people (a teacher) or systems outside the family (a school district), differences in parenting style are less problematic than when parents disagree with

one another about how to help their child: Should they medicate the child or not? Should they pay for private schooling or not? Should they support the child's gender nonconformity or not? And so on.

Often the parent who is in favor of special treatment for the child is the one who reaches out for professional help. The other parent may refuse to become involved in the therapy or may attend sessions only under duress. It is also commonplace for the problem child to refuse to engage in the therapy, fearing that doing so could alienate the less involved parent.

In separated/divorced and remarried families, co-parenting effectiveness varies depending on the psychological functioning of each parent (and stepparent) as well as the children's reactivity to the new family configuration. Challenges arise when a child who had never witnessed his parents arguing is blindsided by their decision to separate. Covert disparaging of one parent by another (McHale, 2004) is particularly damaging to everyone involved. Additional challenges arise if a new romantic partner comes into the child's life shortly after the parents separate, particularly if this person is believed to have caused the breakup of the family. Even when the custodial parent waits a long while before bringing a new partner into the home, co-parenting can be difficult if this individual interacts with the children as a peer rather than as another adult whom the children are expected to respect.

When there has been violence in the home, the children are often relieved by the parents' decision to separate yet nonetheless feel an acute sense of loss. Not surprisingly, co-parenting is seriously compromised when one parent accuses the other parent of abusing the children, particularly when sexual abuse is alleged. If abuse is suspected but not proven, a family court may require that visits with the children by the noncustodial parent be supervised by a social service agency. When domestic abuse results in a parent being incarcerated, the challenge is extreme if the children blame the custodial parent for initiating the criminal charges. (See Chap. 5 for a discussion of the challenges in working with cases of child maltreatment.)

When one parent is absent—in reality or in level of involvement with the children—there is a strong pull for the therapist to think, feel, and behave like the absentee parent (Rober, 2012). After all, emotional connection is a crucial element of all therapeutic relationships. When a lonely, desperate parent turns to a therapist for help, it is natural to resonate with that need for attachment—to a fault. Therein lies the unique challenge of working with these kinds of families.

## Recommendations from the Literature

### *One-Parent Families*

Salvador Minuchin, creator of the structural approach to family therapy (e.g., Minuchin, 1974; Minuchin & Fishman, 1981), began his career working with overburdened single parents who were raising their children in poverty. Added to the

demands of being the sole economic provider for the family is the reality of carrying the full responsibility for bringing up the children. In these circumstances, it is not surprising when the oldest child in the family becomes parentified, a systemic dynamic that may relieve the single parent's burden but in most cases is detrimental to the child's personal development and well-being (Earley & Cushway, 2002). When, in order to relieve pressure on the child, the therapist steps in to fill the void, the short-term relief may be counteracted by the parent's dependency on the therapist and consequent failure to develop a sense of personal agency (Rober, 2012).

Single parents tend to seek therapy either to help their children cope with the loss of the other parent or to obtain help when one or more of the children is experiencing significant problems. When the therapeutic focus is the absent parent, it is not as challenging to build and sustain the alliance as it is when a single parent and child are in conflict with one another (Friedlander, Escudero, & Heatherington, 2006; Friedlander, Lambert, Escudero, & Cragun, 2008). When the parent is strongly convinced that all the problems lie solely within the child, she tends to resist acknowledging the interpersonal aspects of the problem (Coulehan et al., 1998), particularly when her own stressors are exacerbating the child's difficulties (Escudero et al., 2012).

Several studies have notable considerations for practice in a single parenting context. In a qualitative study of problematic within-system alliances (Lambert et al., 2012), one case involved a mother and her two children who began therapy shortly after the father's death. The adolescent son, pressured by the therapist to explain his resistance, finally disclosed that his sole reason for attending the sessions was to support his mother in her grief. Unfortunately, the therapist missed an opportunity to strengthen the family's SHARED SENSE OF PURPOSE by drawing attention to the boy's concern and attachment for his mother. In another qualitative study (Friedlander, Heatherington, Johnson, & Skowron, 1994), one case involved an adolescent boy whose behavior was a particular source of concern for his mother. The son's ENGAGEMENT in the session markedly improved after he acknowledged a fear that his mother would remarry, a disclosure that followed the therapist's focus on the relational impasse between mother and son.

How do skilled family therapists manage problematic alliances like these? Recall the case study with Rosa and Ms. M described in Chap. 1 (Escudero et al., 2012). In that case, a severe alliance rupture was apparent. First, the therapist attended to SAFETY by asking Ms. M to leave the room briefly in order to check on his connection with the adolescent daughter, Rosa. When she returned, the therapist used many CONNECTION and SHARED PURPOSE interventions to help Ms. M. acknowledge that her "stress" was negatively affecting Rosa's functioning as well as the mother-daughter relationship. In another case (Friedlander et al., 2008), an African-American teenage boy and his single father were constantly arguing about the boy's externalizing behavior and noncompliance. In one session, the therapist encouraged the father to tell his son about his own experience of racism, which was similar to what the boy was going through in his predominantly white high school. By encouraging a more compassionate father-son dialogue focused on their similar

experiences (SHARED PURPOSE), the therapist intervened in a way that was visibly meaningful for the teenager.

Notably, research suggests that the quality of a client's alliance with the therapist differs for parents and children (Friedlander, Escudero, Heatherington, & Diamond, 2011). In a sample of mostly one-parent families headed by mothers, for example, the adolescents' alliances (on the SOFTA-s) were positively associated with their perceptions of a session's depth or value, but the parents tended to see their children's high alliance sessions as less valuable, perhaps out of a concern that the therapist was too caught up in the teenager's perspective (Friedlander, Kivlighan, & Shaffer, 2012). Indeed, the prevalence of split (e.g., Muñiz de la Peña, Friedlander, & Escudero, 2009) or unbalanced parent-child alliances (e.g., Robbins et al., 2006) underscores the delicate balancing act that is needed to keep both parents and children engaged in the therapy so as to prevent dropout and facilitate meaningful systemic change.

### *Two-Parent Families*

Compared with the substantial literature on co-parenting with divorced and remarried couples, little has been written about parenting in isolation, that is, when two parents live in the home but only one parent is actively involved with the children. Although numerous studies attest to the negative effects of parental noninvolvement on children's school achievement, there seems to be wide variability in the effects on children when only one parent is meaningfully engaged in the children's lives. In fact, one study found no association between child adjustment, as rated by the mother, and the father's psychological presence in the home as rated by the child (Buehler & Pasley, 2000).

In couple therapy, parenting often takes a back seat to other issues when working therapeutically with high-conflict couples, despite the well-established relationship between parental conflict and child adjustment. Notably, the effects on children are most pronounced when the conflicts center on the children's behavior and when the couple's arguments are intense, frequent, violent, and unresolved (Beach, 2016). When the conflict is related to depression in one of the parents, children tend to suffer even more (Cummings, Goeke-Morey, & Papp, 2016).

The literature on therapy with high-conflict, divorced families consistently points to the importance of creating a SHARED SENSE OF PURPOSE, or within-couple alliance, by putting the children's welfare above the individual interests of the parents (e.g., Bernstein, 2007; Blow & Daniel, 2002). As Bernstein put it, divorced parents need to work together to restructure a new, extended family by reducing "accusatory suffering" and "self-defeating spite" in order to build "good fences" and "good bridges" (p. 67).

Alliance research with high-conflict couples underscores the importance of creating SAFETY and motivating the parents to overcome their relational stalemate. For instance, in a qualitative study comparing families that were or were not able to

move from disengagement with each other to engagement in a specific session (Friedlander et al., 1994), the therapists in two of the successful cases enhanced SAFETY by excusing the children from the room while they focused on the couples' motivation for co-parenting despite their differences.

More recently, in a case study with a high-conflict couple (Blow et al., 2009), the therapist's focus on the couple's shared concern for their daughter was seen as instrumental. Speaking with the couple about their parenting conflicts, the therapist reframed their adversarial positions, a SHARED PURPOSE intervention: "You may have different solutions, but you both want the same thing for your child" (p. 362).

In yet another case study (Friedlander, Lee, Shaffer, & Cabrera, 2014), an estranged couple sought therapy with their adolescent daughter after the mother had left the family "temporarily" to live with another man. Although the father earnestly wanted his wife to return to the family, even taking responsibility for having chronically neglected her, she adamantly refused to focus on the couple relationship in the therapy. Rather, the only problem which both parents agreed to discuss was their daughter's intense anger. Focusing on this concern (to build a SHARED SENSE OF PURPOSE), the therapist used many EMOTIONAL CONNECTION interventions to convey empathy for each parent's individual struggle with the ambiguous situation. Simultaneously, the therapist helped the daughter voice her feelings about the breakup of the family and her belief that the boyfriend had "stolen" her mother. Throughout the process, the therapist helped each family member speak authentically to the others and created SAFETY by removing the daughter from discussions of her parents' relationship. Notably, the therapist remained neutral about the mother's behavior and the couple's incompatible goals for their marriage, instead enhancing the parents' SHARED SENSE OF PURPOSE by pointing out similarities in their attachment needs and concerns for their daughter's welfare.

After the mother-daughter relationship had notably improved, the family sessions ended, and the couple continued working with the therapist to discuss the future of their marriage. Their decision to do so may have been prompted by the relational improvements the couple experienced in the family therapy context. That is, it seemed that the parents came to trust the therapist to help them resolve their ambiguous marital situation without blame. In the end, the couple therapy resulted in the spouses' reconciliation (Friedlander et al., 2014).

## Alliance Empowering Strategies

The various theory-based approaches to family therapy focus on challenging emotional and behavior disorders in children and adolescents, such as drug abuse (Brief Strategic Family Therapy; Szapocznik & Williams, 2000; and Multidimensional Family Therapy; Liddle, 2010), conduct disorders and delinquency (Functional Family Therapy; Sexton, 2011), major depression (Attachment Based Family Therapy; Diamond, Diamond, & Levy, 2014), and anorexia nervosa (the Maudsley

family approach; Rhodes, 2013). A similar goal underlies all of these manualized treatments: Parents need to work collaboratively to set limits yet be emotionally available to their children. Although single parents tend to be over-represented in the target populations of these varied approaches, the treatment manuals vary in the extent to which they attend to issues of family structure.

Moreover, evidence-based approaches vary in the degree to which the therapeutic alliance is a specific focus of treatment versus a "given" that enhances the therapy's general effectiveness. That is, although a strong alliance, or "joining" with the family (Szapocznik & Williams, 2000) is seen as a necessary component in these therapies (e.g., Diamond et al., 2014), typically less attention is paid to the specific solo parenting challenges we have been describing in this chapter. Rather, there seems to be the assumption that these approaches will "work" regardless of differences in family structure and degree of parental involvement. Since the therapeutic alliance is a factor common across therapies, the alliance-empowering strategies described below, which differ somewhat for one- and two-parent families, can be used with any of the many evidence-based approaches to family treatment.

## *Flying Solo: Families with a Physically Absent Parent*

As discussed earlier, therapy with one-parent families differs depending on whether the issue at hand concerns problems with the child(ren) or focuses on reactions to a parent's absence. These families also differ based on their referral status as voluntary or mandated. More often than not, single parents who are having significant difficulties tend to be referred by the school, social services, or the criminal justice system, whereas parents who want to help their children grieve the loss of the other parent tend to be self-referred. In these and other self-referred cases, the children's behavior problems don't rise to the level of a *disorder* but rather reflect relational conflicts with the single parent, due either to developmental changes in the child or to problems adjusting to the new family configuration.

In all cases of solo parenting, as in virtually all conjoint therapy, SAFETY is the first concern. Sometimes the parent is so relieved to find an empathic listener in the therapist that she discloses disparaging information about the absent parent that is not appropriate and is highly disturbing for the children to overhear. The therapist can circumvent this problem by seeing the parent alone in the first session to set a boundary around appropriate topics for discussion when the children are present. Interviewing the parent alone also promotes ENGAGEMENT and EMOTIONAL CONNECTION, which may forestall a split alliance when the children join the therapeutic system in a later session. For similar reasons, it may be beneficial to interview the children individually or as a sibling group, depending on their age and capacity to benefit from an individual session.

As an example, in her first session alone with the therapist, Carmen Fernández revealed that her husband, Hector, had been incarcerated for the past 6 months after having beaten her regularly in front of their four children. Carmen blamed herself

for Hector's violence, seeing deference to her husband even in the face of abuse as upholding the Latino value *marianismo* (cf. Edelson, Hokoda, & Ramos-Lira, 2007). Now that Hector was gone, the oldest child, Pedro (13), was intensely angry at his mother, and the three younger children were acting out.

In exploring Carmen's experience further, the therapist learned that despite her marianismo values, she decided to initiate criminal proceedings against her husband. Doing so, however, challenged another marianismo value, a mother's spiritual duty to keep the family together. Her personal conflict about this decision was being enacted in daily fights with her son Pedro.

Based on the family's history and Carmen's emotional isolation, the male therapist was aware that his gender might complicate his relationship with the family. For this reason, he chose to focus first on repairing the mother-son relationship, which had been sorely strained since the father's absence. To enhance SAFETY, the therapist saw Pedro alone for a session to listen to his anger toward his mother and, in doing so, create a strong EMOTIONAL CONNECTION with him and secure his ENGAGEMENT in the therapy. The next few sessions were held with Carmen and Pedro together, focused on the SHARED PURPOSE of repairing their relationship. The younger children were invited to participate in the therapy only after mother and son had the opportunity to freely and fully discuss their feelings about the father's violence and subsequent incarceration.

By handling the case in this way, the therapist avoided the pitfall of stepping into the shoes of the absentee father (cf. Rober, 2012), which would have undermined Carmen's parental authority with her children and encourage her to become unduly dependent on the therapist. Whereas attending to his EMOTIONAL CONNECTION with both mother and son in their individual sessions was essential, the therapist used more influential alliance strategies, first to assess and ensure SAFETY and then to use SHARED SENSE OF PURPOSE interventions to foster a more authentic, trusting relationship between mother and son and empower Carmen as the new head of household.

## *Also Flying Solo: Families with a Psychologically Absent Parent*

In Jason Stuart's first therapy session, he began by describing the back story. He loved his wife, Mary Alice, but when they married, she was adamant that she didn't want children. Originally on board with this decision, Jason eventually started to feel a strong pull toward fatherhood. The couple finally agreed to have one child, with Jason having "full responsibility" for the child's care so that Mary Alice could be free to pursue her dream career in advertising. Now, however, their 19-year-old son, Todd, was addicted to heroin, living on the streets. It was only a matter of time before he was arrested—he'd stolen money not only from his parents but also from his former employer. Mary Alice, not one to mince words, had told Jason that Todd was "*your* problem, pure and simple."

Like most parents, Mary Alice loved her son. Unlike most psychologically absent parents, however, she had intentionally and decisively removed herself from child-rearing even before the boy was born. More often, a parent's psychological absence comes about as the other parent gradually assumes more and more of the childcare responsibilities, until the less involved parent has little or no say over the children's upbringing. Sometimes this parent, finding the home situation barely tolerable, loses himself in work, in alcohol, in golf, or in a new romantic partner. Often the marriage ends, but just as often the couple's relationship limps along, lifeless.

In these kinds of families, the need for psychological help becomes apparent when a crisis arises, usually due to a child's internalizing or externalizing behavior. Not surprisingly, usually only the involved parent comes to the first appointment, making some excuse for the other parent's inability to attend the session: "She's too busy at work" or "He'll go along with whatever I decide to do" or "He would only make it worse, since he never backs me up with the children."

Regardless of the kind of justification, the therapist's initial objective is to try to involve the (psychologically) absent parent in the therapy—ideally, when the first appointment is made by phone. Sometimes the referring parent promises to "try" to involve the absent parent, but "trying" doesn't facilitate success.

When the more involved parent—the mother, for example—comes alone to the first session, usually excusing the other parent's failure to attend, the therapist should accept the excuse at face value (so as not to doom the therapy from its beginning). To make an EMOTIONAL CONNECTION, the therapist can hear her complaints, empathize with her struggle to "do it all alone," and ENGAGE her in the initial goal of involving the absent parent "just to support you during this difficult time in your child's life." Even if the solo parent is unconsciously invested in keeping the other parent well away from "her" children, confronting this investment early on is unlikely to be successful. Rather, a more workable strategy involves helping her see that sharing the burden of responsibility with the psychologically absent parent "even a little bit" would likely be to her advantage.

This conversation should not take place in front of the children, however, since drawing attention to the absent parent's lack of emotional involvement can be incredibly hurtful. Indeed, the children may decide to resist the therapy so as not to further alienate the uninvolved parent. To maximize SAFETY, the children should be excused from the end of the session when the therapist proposes the objective of engaging the uninvolved parent in the treatment plan.

Often, the absent parent will agree to one session as a "consultant" to the therapist. By using ENGAGEMENT and CONNECTION interventions and asking him to provide an "important understanding" of the problem child "from your own perspective," the therapist can often set the groundwork for a SHARED SENSE OF PURPOSE—not with the goal of improving the couple's relationship but rather "to work together to help your child get back on track." The therapeutic outcome is likely to be most favorable if a strong within-couple alliance helps the absent parent become more meaningfully involved in the child's life, not only in terms of discipline but, more importantly, in terms of emotional attachment and responsiveness.

When, however, the psychologically absent parent refuses to attend even one session (usually claiming work responsibilities), other steps can be taken to achieve some measure of involvement. The therapist can call or write the absent parent, using CONNECTION strategies to empower him to take a more active role with the children. A home visit is often helpful, since reluctant parents tend to experience more SAFETY at home than in a therapist's office. And SAFETY is the key to ENGAGEMENT.

If all of these attempts fail, the only alternative may be to engage the uninvolved parent in absentia, that is, by guiding the solo parent to encourage the other parent to take a meaningful role in the child's life. If the solo parent comes to see that the one-sided parenting dynamic is contributing to the children's difficulties, she may well be receptive to the idea of actively facilitating her partner's involvement with the children. As is the case for any behavior change, the therapist should direct the solo parent to refrain from blame and accusations in favor of encouraging, supporting, and suggesting readily achievable small behavior changes (e.g., "you could take him out for ice cream").

Family systems therapists (e.g., Bowen, 1978; Minuchin, 1974) put forward the paradoxical notion that an intense focus on a problem child actually stabilizes the family by allowing the parents to avoid confronting serious problems in their relationship—problems that could lead the relationship to deteriorate further. For this reason, therapists working with these kinds of challenging cases need to be vigilant of their alliances with each individual, even the ones who refuse to attend the therapy. (These non-clients usually hear about the therapy process from the participating family members and, depending on their power in the family, can either support or diminish the therapist's influence.) Working with different family constellations at various times can often prevent seriously split alliances and maintain a focus on the family's SHARED SENSE OF PURPOSE, namely, for the family "to get back on track."

While a worthwhile objective is to rebalance the parenting responsibilities, this goal may be too far out of reach for some families. Rather, the prime objective is to help the problem child (to reduce her behavior problems, face her fears, recover from substance abuse, and so on) through a joint parenting effort. Even if the less involved parent reverts to psychological absence when the crisis is past, the family now has a blueprint for collaborative parenting if and when another serious problem arises.

## Case Example: The Wong Family

Mei-Lin Wong (age 39) sounded panicked when she called for an initial appointment. She'd been referred by her son's pediatrician, who had insisted that she "consult a therapist." Her son Han (13), who had Down's syndrome, had been sent home from school after groping another boy's testicles in the cafeteria. On the phone, Mei-Lin indicated that she had to see the therapist alone since her husband, Jiang, was away on business for 2 weeks and she couldn't wait that long to be seen.

The therapist offered Mei-Lin an appointment, making it clear that she expected Jiang to join the therapy at a future date. In the first session, Mei-Lin explained that she and Jiang had come to the USA from China as graduate students 17 years previously. Like Jiang, she worked full-time in the corporate world, but Mei-Lin had sole responsibility for Han's care and schooling. She explained that when Han was born, Jiang was distraught to discover that their newborn son had Down's syndrome. In fact, no one in Jiang's company even knew he had a child, and Mei-Lin suspected that Jiang had told his parents that Han died at birth.

For many years, Mei-Lin had had no contact with her in-laws because she refused to go along with Jiang's plan to return to China in order to build his parents a new home. The traditional Chinese arrangement, in which the daughter-in-law cares for her aged in-laws, in no way appealed to Mei-Lin, who much preferred the western way of life.

Mei-Lin's sister, a 24-year-old medical student, lived nearby and helped Mei-Lin out with childcare. Jiang had little to do with his son, and Mei-Lin never pushed him to do so, respecting the rigid gender roles in Asian family life (Kim, Atkinson, & Umemoto, 2001). Han was a happy, loving child whose joy in living more than made up for Mei-Lin's stale marriage. She explained to the therapist that she and Jiang had made a bargain when Han was born: He wouldn't insist that she return to China, and she wouldn't insist that he be involved in their child's care. After all, she said, "In the old Chinese way, fathers leave all the parenting to the mothers."

In her first session alone with Mei-Lin, the therapist quickly discovered that this overburdened mother was eager to tell her story (ENGAGEMENT[1]) and felt comfortable doing so (SAFETY[2]). The session was characterized by the therapist's use of EMOTIONAL CONNECTION,[3] as she empathized with Mei-Lin's sense of isolation and mentioned that like Mei-Lin, she too was a "working mother." Sensing that Mei-Lin was touched by this similarity, the therapist set the stage for facilitating a within-couple alliance by floating the suggestion that one goal for their conjoint work might be to "encourage Jiang to take a more active role in joint parenting." Mei-Lin, clearly skeptical about Jiang's willingness to become involved with Han, nonetheless agreed with this objective (ENGAGEMENT[4]).

The therapist, aware that Asian clients tend to prefer a directive approach and defer to therapists as authority figures (Kim et al., 2001), called Jiang and invited him to the next appointment alone, "just to consult about Han's difficulties." In point of fact, the individual session was held so that the therapist could make a CONNECTION with Jiang in order to enhance his willingness to attend future conjoint sessions with Mei-Lin.

Knowing that Jiang was reluctant to attend the session, the therapist began by discussing the confidentiality of the "consultation," assuring him that his employer

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[1] Client introduces a problem for discussion and leans forward.

[2] Client varies his/her emotional tone during the session.

[3] Therapist expresses empathy for the client's struggle and remarks on how her values or experiences are similar to the client's.

[4] Client indicates agreement with the therapist's goals.

would not be informed about the appointment and acknowledging that "it's hard to discuss very private matters with someone outside the family" (SAFETY[5]). As the session progressed, Jiang appeared to be more comfortable, eventually making eye contact with the therapist and responding to questions with less reluctance (suggesting greater SAFETY). Discussing the presenting problem, Jiang made it clear that he saw his son as an "embarrassment" and that Han's "homosexual inclination" was one more source of shame. Jiang further explained that the boy's "inclination" was no doubt "acceptable to his mother" because she "wanted nothing more than to be an American feminist."

Perhaps emboldened by the therapist's willingness to hear him out, Jiang also aired his feelings toward Mei-Lin, who "doesn't behave like a good wife." Careful not to imply that the marriage would be the focus of their conjoint work, the therapist normalized the couple's difficulties (CONNECTION), by saying that in her experience, "having a special needs child tends to put a strain on most couples."

As the individual session wound down, the therapist firmly asserted that Mei-Lin needed Jiang's help, "as father to son, to keep Han from acting on his sexual impulses inappropriately." The therapist knew that since Jiang saw his son's behavior as shameful, this was the only goal that was likely to motivate him to become more involved in parenting.

The therapist ended the session by handing Jiang photocopies of three psychology articles on how to teach developmentally delayed adolescents about sexuality: "Please tell me what you think about these articles when we meet with your wife next week. I'm looking forward to hearing your thoughts on the articles." Jiang agreed to do so (ENGAGEMENT[6]), as this request spoke to his strengths and did not require him to interact with his son.

The first couple session was devoted to enhancing SAFETY and SHARED SENSE OF PURPOSE. Mei-Lin seemed surprised that her husband was more ENGAGED and relaxed (SAFETY) than she had anticipated, especially when he spontaneously described the value of the reading he'd done at the therapist's suggestion (ENGAGEMENT[7]). Perhaps encouraged by Jiang's attitude, Mei-Lin took a risk (SAFETY[8]) by asking him if he blamed her for Han's disability.

This sensitive issue was one that the couple had never before discussed. Jiang was silent, looking uncomfortable (negative SAFETY[9] and SHARED PURPOSE[10]). To reduce the tension and promote CONNECTION,[11] the therapist interjected that Mei-Lin's worry was a common one for mothers of disabled children and praised

[5] Therapist provides structure and guidelines for safety and confidentiality; therapist acknowledges that therapy involves taking risks or discussing private matters.

[6] Client agrees to do homework assignments.

[7] Client indicates having done homework or seeing it as useful.

[8] Client directly asks another family member for feedback about his/her behavior.

[9] Client expresses anxiety nonverbally.

[10] Family members avoid eye contact with each other.

[11] Therapist reassures or normalizes a client's emotional vulnerability.

her for being "brave enough" to ask Jiang what he really thought (SAFETY[12] and ENGAGEMENT[13]). Taking this cue, Jiang directed his next remark to the therapist, saying that no, he didn't blame his wife. When Mei-Lin teared up, the therapist suggested that Jiang hand her a tissue (the tissue box was closer to him; SHARED PURPOSE[14]), which he did (ENGAGEMENT[15]). In doing so, Jiang made a tangible (but not intimate) overture to his wife in her distress.

In the remainder of the session, the therapist made several SHARED PURPOSE[16] interventions, for example, commenting that both parents were "embarrassed" about their son's sexual behavior at school and upset about how Han's teacher had handled the situation. As the session ended, Jiang spontaneously suggested that he wanted to talk with Han "as father to son" about his sexual urges (ENGAGEMENT[17]). When the therapist enthusiastically supported this "plan," Mei-Lin looked skeptical but remained silent. The therapist suggested that, for her part, Mei-Lin search for an online support group for parents of teens with Down's syndrome, which she agreed to do (ENGAGEMENT[18]).

Jiang was "too busy at work" to come to the next two appointments. Mei-Lin used this time alone with the therapist to air her frustration with Jiang, who apparently had not followed through on his plan to speak with Han. Reframing, the therapist empathized with Mei-Lin's "disappointment" (CONNECTION[19]) but encouraged her to be patient, pointing out that Jiang was more engaged in their joint session than Mei-Lin had originally anticipated.

During the second couple session, Jiang told the therapist that 2 weeks previously he'd "done my homework" (ENGAGEMENT[20]) by talking with Han about "how boys should and shouldn't behave when they have certain feelings." The therapist complimented Jiang (ENGAGEMENT[21]) on having followed through with his plan. However, before Jiang could respond, Mei-Lin angrily asked him, "So why didn't you tell me you'd talked to him? I had no idea!"

Here was a therapeutic land mine. Mei-Lin's outburst revealed the depth of the couple's relational problem, but allowing the conversation to move in that direction would diminish Jiang as both father and husband. Rather, relying on her strong bond with Mei-Lin, the therapist stepped in to reduce blame (SAFETY[22]) by asking her to recall the primary therapy goal: "Mei-Lin, I'm sure Jiang now realizes you'd have liked him to tell you about his talk with Han, but I also know that you've been

[12] Therapist helps clients to talk truthfully and not defensively with each other.

[13] Therapist praises client motivation for engagement or change.

[14] Therapist encourages clients to show caring, concern, and support for each other.

[15] Client complies with the therapist's request for an enactment.

[16] Therapist draws attention to clients' shared feelings.

[17] Client describes a plan for improving the situation.

[18] Client agrees to do homework assignment.

[19] Therapist expresses empathy for the client's struggle.

[20] Client indicates having done the homework or seeing it as useful.

[21] Therapist notes that a positive change has taken place.

[22] Therapist actively protests one-family member from another (e.g., blame).

wanting Jiang to help you out with this delicate problem by talking to Han as only a father can." Mei-Lin, quieter now, responded simply, "I guess so."

Although clearly peeved as Jiang continued to ignore her, Mei-Lin regained her composure. Noting this change, the therapist directed Jiang to ask Mei-Lin what she thought about his having spoken with Han (SHARED PURPOSE[23]). He did so, albeit reluctantly (ENGAGEMENT[24]). Seeing Jiang's discomfort but aware that he was in fact making an effort, Mei-Lin said, "I'm glad you talked with him…I am. He really needs you."

At this point, sensing that Mei-Lin might follow up by blaming Jiang for his typical lack of involvement with Han, the therapist intervened quickly: "You two are working together now as parents (ENGAGEMENT[25]). Each of you has something very valuable and unique to offer your son (SHARED PURPOSE[26]). I feel confident that you'll get through this difficult period of his life" (ENGAGEMENT[27]).

In the termination session, Mei-Lin and Jiang were visibly more relaxed with one another, even laughing together (SHARED PURPOSE[28]) as they told the therapist about something Han had done that amused them both. While the marital problems—deep seated, culturally bound, and of long duration—were not addressed in this therapy, Jiang and Mei-Lin were able to make some important joint decisions about their son's future.

As the session closed, Jiang expressed gratitude to the therapist for her "guidance." She acknowledged the remark with a smile and pointed out that she was "delighted to see you two working together to be the best possible parents for Han."

## Final Thoughts

As challenging as it is to work with isolated parents—those who have a partner in the home as well as those whose partners are really absent—the attachments between parent and child(ren) tend to be very strong. When parents can acknowledge the benefits of solo parenting (not having to negotiate decisions around parenting with anyone else) as well as the costs (having to shoulder the full burden of those decisions), they are more likely to seek and accept support from others. The ultimate therapeutic goal is to mobilize the solo parent's resources to obtain the needed support from people and systems other than the therapist. After all, family therapy is meant to be a stopgap measure, not a lifetime sentence.

[23] Therapist encourages clients to ask each other for their perspective.

[24] Client complies with therapist's request for an enactment.

[25] Therapist notes that a positive change has taken place.

[26] Therapist draws attention to clients' shared values, experiences, needs, or feelings.

[27] Therapist expresses optimism.

[28] Family members share a lighthearted moment with each other.

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