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Reply to Brokaw

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Reply to Brokaw

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Brokaw's commentary on my article (Thurston, 1994) on shame and guilt in Christian children raised some valuable questions. Perhaps the foremost of these involves the nature of the interventions that the therapist ought to have with the parents of the identified patient (child). In the case of Jacob, Brokaw noted that the parents seemed to miss out on the empathic attunement that Jacob was receiving from the therapist. I affirm Brokaw's (1994) hypothesis "... that the whole family might be so overwhelmed by intense feelings of fear, rage, and sadness that both parents and child can consider few other ways to keep the feelings in check than to lock them in a cage" (p. 385).

Indeed, I assumed that Jacob was likely 'stuck' psychologically in the very ways that his parents were stuck in their discomfort with managing intense feelings. In my individual sessions with Jacob, I worked diligently at empathically diffusing his emotional outbursts, while taking care not to shame him by inadvertently rupturing the "interpersonal bridge" between us (Kaufman, 1992). This proved to be a corrective emotional experience for Jacob, because I (unlike his parents) was able to demonstrate through my play with him that I was not threatened by the intensity of his feelings (particularly his rage). In so doing, I was able to offer Jacob the hope that God is likewise a safe enough object who will compassionately contain the painfully raw feelings which we pour out at times in our prayers to Him. As Eigen (1979) so eloquently put it, "... great freedom, power and energy can be released by allowing the patient to fearlessly experience his ruthlessness in the context of a meaningful, containing relationship" (p. 246).

Brokaw rightly asked who was offering similar empathic attunement to Jacob's parents, who surely seemed distressed over similar emotional needs as

their son. This query speaks to a therapeutic dilemma which I had to face in the treatment of Jacob's family. In light of Jacob's obvious grandiosity, I wondered if either of his parents might have a narcissistic tendency in their personality makeup. Prior experience with treatment of children with narcissistic parents had taught me that my attempts at empathy with their pain could get distorted into my insinuations that they have "problems" (and are thus defective) when their child (the identified patient) is supposedly the one with the problems. However, prior experience had also taught me that neglecting to include the parents in their child's treatment resulted in the child getting healthier, the parents' subsequent intolerance of the healthier behavior, and ultimately the parents' pulling the child out of treatment. I attempted to resolve this dilemma with Jacob's parents by resorting to the very techniques I was using in play therapy with their son: I spun tales with them—only this time, the tales were about my adventures in the play therapy room with their son. They listened, unmoving, the way a child does in a session when I am certain that our play themes are suddenly resonating in deep inner chambers. Hopefully, the inner child in each of these parents found permission to bask in empathy's warmth as I responded to their pain, one person removed.

In considering my choice of assessment and treatment modalities with Jacob, Brokaw used her background in family systems theories to make a compelling case for the use of family therapy techniques in addition to the individual therapy I conducted with him. For instance, in the assessment it could have been illuminating for the parents to assist me in constructing a family genogram. It is possible that Jacob's problems were compounded by trans-generational baggage (such as a parent's conflicted feelings over a sickly sibling) that went undetected in my assessment of Jacob. Further, family therapy would have created a space for Jacob to work on his interpersonal relationships with his parents and his younger brother (in addition to the intrapsychic work undertaken in play therapy).

Reflecting on the prospect of countertransference on my part, it is also possible that my mode of individual therapy with Jacob subtly encouraged me to form so strong an alliance with him that I found it increasingly harder to empathically attune myself to "Them" (his parents). Family therapy would have likely reduced this countertransferential tendency on my part.

Systems theories focus on our context in a community as well as in a family. Using a systems approach to treating Jacob might have offered some useful community-based interventions. For instance, a support group for parents of seriously ill children (often organized by pediatric hospitals) might have served a vital role in meeting Jacob's parents' need for empathy and support. Additionally, Jacob might have benefitted considerably from a referral to a nutritionist (R. Cass, personal communication, June, 1994). Such a professional might have been able to help Jacob to craft the tastiest and most varied menus possible within the strict limits of his many food allergies.

The real beauty of a nutritionist's work with Jacob would lie in the dynamic of placing Jacob in charge of his food intake. He would hopefully discover through his own experience that one can guiltlessly gorge in considerable gastronomical freedom, even when it lies, of necessity, within strict dietary limits. Moreover, Jacob could disentangle his need for dietary limits from his parents' control over him. In other words, Jacob could gradually extract himself from the toxic triangulation that had occurred between himself, his parents, and the need for limits to be set on his diet. Unfortunately, Jacob's parents had used punishment (inducing guilt and shame) as a method of controlling his food intake to the point where Jacob had begun to behaviorally pair limit-setting with punishment. Wilson (1992) pointed out that when a parent simultaneously

shames a child while setting limits, the child will subsequently experience attempts at self-discipline (the setting of one's own limits) as inherently shaming and punitive. Thus, a collaborative network of a nutritionist, Jacob, his parents, and myself might have been able to encourage Jacob to gradually become master of his food intake. Perhaps such a systems intervention might have led Jacob to begin to taste the paradoxical freedom and joy of self-discipline—and in so doing, taste and see that the Lord (of Grace as well as of Law) is truly good (cf. Psalm 34:8, NASB).

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