Examining Emotional Triangles in Blended Families of Older Adults

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Introduction

> John and Sara are older adults who have been married for 10 years; for both, this is a second marriage. Sara is in her late 60's, eight years older than John. There are four children, all adults, none live at home: Sara's 40 year-old daughter, Jean and John's three sons, John Jr., Bill, and Lewis.

> Both John and Sara say that they are satisfied with their marriage and feel lucky to have found this much closeness this late in life. Recently however John and Sara have been arguing about money, retirement and legal documents. These conflicts usually end the same way, with John throwing up his hands in frustration, and Sara retreating to her study, where she calls her daughter Jean to complain about John's anger and unreasonableness. Two weeks ago Jean called John and berated him for his mistreatment of her mother and his pattern of verbal and emotional abuse. She ended with a comment about his staged acts of kindness toward her which she said he used to conceal his "vile nature." John told her to "mind her own business" and hung up. Later that evening, John talked with Sara about the call. She defended Jean, but acknowledged that her comments were "exaggerations" and that she (Sara) did not feel that way about him.

> John feels that issues involving their marriage should be worked out within the context of the marriage and that Sara's practice of "running to her daughter" when things get difficult blocks their ability to work things out and threatens their intimacy; Sara feels that John does not understand the priority of her relationship with her daughter, who she calls her "best friend."

In three early papers, which document his work with the parents of schizophrenic patients, Murray Bowen first described the concept of the "triad" to elucidate the "emotional stuck-togetherness" of father, mother and schizophrenic offspring (Bowen, 1957, 1959ab; Titelman, 2008a, pp. 8-9). He further developed the concept in an analysis of the emotional functioning of his own nuclear family (Bowen, 1978b, p. 530; Kerr and Bowen, 1988, p. 374). Ultimately substituting the term "triangle" for "triad," Bowen built his family systems theory around the concept (Bowen, 1978b, p. 9; Kerr and Bowen, 1988, p. 379) and expanded its application to the emotional systems of higher functioning families, extended families and multigenerational family systems (Titelman, 2008b, p. 14). The concept was later employed in Structural (Minuchin, 1974; Minuchin & Fishman, 1981; Nichols, 2010) and Strategic (Haley, 1976, 2007; Madanes, 1981) theoretical family systems frameworks.

Based on Bowen, Strategic and Structural models, this paper examines the emotional triangle created in late-in-life second marriages, when one spouse triangles in an adult biological child to shift the emotional tension away from the marital partnership. The first section explores the meaning of the concept from the perspective of each of the three family therapy models. The second section illustrates the therapeutic application of the concept through the case of John and Sara from the perspective of each model. The paper ends with conclusions about the therapeutic applicability of the models for detriangulation in late-in-life second marriages.

The Meaning of the Concept "Emotional Triangle" in Bowen, Structural and Strategic Models

The focus of this part of the paper is to explore the meaning of the concept "emotional triangles" and its synonyms "cross-generational coalitions" and "triads" for three family therapy models. It demonstrates how the concept developed from its origins in the work of Murray Bowen, through its Structural usage within the contexts of family hierarchy and family life cycle, ultimately to be redefined by those who employ the Strategic model to address family problems. For each model, therapeutic themes are identified, which are developed more fully in second part of the paper.

Bowen. In Bowen's model, an emotional triangle is formed by three persons in a family system. When any two parts of the family system become uncomfortable with one another, they will "triangle in" or focus on a third as a way of stabilizing their own relationship (Titelman, 2008b, p.17; Friedman 1985, p. 35). According to Bowen (1978), in periods of calm, a husband and wife are a comfortably close twosome and work to preserve togetherness; they thereby prevent one another from becoming uncomfortable and forming a better togetherness elsewhere (p. 373). In a state of anxiety, however, the members of the original twosome will find another convenient third person to triangle into their relationship; now the emotional forces of the relationship run the circuits in this new triangle. The twosome thus reduces tension within the inner family and can actually create a situation in which the family tension is fought by outside people (p. 479).

In his last published essay, Bowen states, "The idea of triangles was the cement that integrated the concepts into a single theory" (Kerr & Bowen, 1988, p. 379). For the Bowenian model, therefore, the concept of the emotional triangle is basic to understanding the depth and complexity of the interlocking family system. It provides a framework for operationalizing in counseling other Bowenian concepts such as "identified patient," "extended family," "homeostasis," and "differentiation."

Bowenian therapist Edwin Friedman (1985, pp. 36-39) identifies seven laws of emotional triangles. These rules, which triangles invariable obey, are applicable to all families and the therapeutic context:

1. The relationship of any two members of an emotional triangle is kept in balance by the way a third party relates to each of them or to the relationship. When a relationship is stuck there is probably a third person or issue that is a part of the homeostasis.
2. If one is the third party in an emotional triangle it is generally not possible to bring change to the relationship of the other two parts by trying to change their relationship directly.
3. Attempts to change the relationship of the other two sides of the triangle not only are generally ineffective, but also, homeostatic forces often convert these efforts to their opposite intent.
4. To the extent that a third party to an emotional triangle tries unsuccessfully to change the relationship of the other two, the more likely it is that the third party will end up with the stress of the other two. This explains why often the most dysfunctional person in a system is often not the weakest person, but is often the one taking responsibility for the entire system.
5. The various triangles in an emotional system interlock so that efforts to bring change to any one of them are often resisted by homeostatic forces in the others. Usually one triangle in the system is primary, so that change in that one is more likely to produce change in the others. Primary triangles tend to be those that involve family of origin.

6. One side of an emotional triangle tends to be more conflctual than the others. In healthy families, conflict is more fluid, swinging around the various sides of the triangle. In unhealthy families, the conflict stays on one side of the triangle (identified patient, or identified relationship).

7. We can only change the relationship to which we belong. Therefore the way to bring change to the relationship of two others is to maintain a well-defined relationship with each, and to avoid the responsibility for the relationship with one another. To the extent that we can self-differentiate ourselves, maintaining a "non-anxious" presence in a triangle, we may be able to modify the anxiety in the others.

The emotional triangle is therefore the organizing concept for the Bowen model. It encourages the therapist to consider the identified patient or relationship within the broader context of the extended family. It understands the triangling in of a third person as an attempt to reduce anxiety and thereby maintain homeostasis in a primary dyadic relationship. In addition, it locates the potential future health of the family in the ability of any of those in the triangle to differentiate themselves and build a strong relationship with the other two.

Structural. The Structural understanding of the concept of emotional triangles builds on Bowen. Affirming the ideas that triangles reduce anxiety and thereby promote homeostasis in primary dyadic relationships, involve dysfunctional cross-generational relationships and require differentiation to restore family health, structuralists further develop and refine the concept with reference to the fundamental ideas of the structural model: hierarchy, boundaries, family life cycle, and flexibility.

In the Structural Model, the family is not an organization of equals but a hierarchy composed of subsystems: husband-wife; parent-child; and siblings. Each subsystem is distinguished by the members who comprise it as well as by the tasks or focus of the subsystem. In healthy families there is a *hierarchy of power*, with leadership in the hands of the parents, who form a united team (Nichols, 2009, pp. 11, 81, 97). Minuchin (1974) understood that triangles undermine family hierarchy and often exist when generational boundaries are breached (Magnavita, 2004, p. 240). This occurs when family boundaries are too enmeshed (there is little subsystem differentiation) or too rigid (each person constitutes an independent subsystem). While Minuchin uses the term "triangle" to describe the dysfunctional triad, more often he prefers the phrase, "cross-generational coalition," which better reflects his view of dysfunctional family relationships as a breakdown of family hierarchy (Minuchin, 1981, p. 24; 1993, p. 42). In a cross-generational coalition, for example, a mother or father may unite with the child in a coalition against the spouse, keeping him peripheral or making him overcontrol (Minuchin, 1981, p. 24; Magnavita, 2004, pp. 240-243). Nichols (2009) describes such a cross-generational coalition in his portrayal of the Salazar family: a rigid boundary between Sharon (wife) and Stewart (husband) has led to an enmeshed boundary between Sharon and her son Jason. A boundary failure in the husband-wife subsystem has led to the over involvement of the mother in the parental subsystem, which has caused Jason to rebel. Coalitions can therefore create family dysfunction by handicapping the development of spousal subsystem, mitigating the authority of the parental subsystem, and thereby militating against the development of the children or the third person in the triangle (Minuchin, 1981, p. 159).

Structuralists add a further insight. As the family develops through time it experiences significant life cycle events (e.g., marriage, birth a child; child goes to school, empty nest; retirement) to which the family must adjust to remain healthy. Each of these events creates anxiety (perturbation) in the family and correspondingly supports opportunities to create cross-generational coalitions or triangles to relieve it (Minuchin, 1974, p.16-30; Nichols,

2009, pp. 72-76). At different stages in the life cycle, the third party who creates the triangle with the spousal subsystem may differ. For example, newly married couples may form coalitions with members of their family of origin (parents); when a child is born, parent-child coalitions become an option for relieving anxiety in the spousal subsystem; in stepfamilies, its biological children; in old age, its adult children (Minuchin, 1974, pp. 16-45). While unhealthy couples form triangles throughout the family life-cycle to relieve anxiety, healthy couples have roles and boundaries that are *flexible* enough to be revised in the face of the changes that impact the family (Nichols, 2009, pp. 97-98).

Structural family therapists therefore work with the family to restructure triadic relationships in ways that differentiate its subsystems and restore healthy boundaries within and among them. Clear boundaries satisfy individual and group needs, allow system members to achieve personal freedom and enjoy mutual support, and help the family balance effectively autonomy and cohesiveness, and separateness and closeness. The result of clear boundary-setting is *differentiation,* which refers to the ability of each family member to maintain his or her own sense of self, while remaining emotionally connected to the family. As we discuss in the next section, the therapist accomplishes this by changing the way that people relate, by arranging who talks to whom, what they talk about and in what ways they talk about it. Furthermore therapists interact with families to increase their flexibility so that they are better able to adjust boundaries and patterns of interaction as the changes in the family life cycle require.

Strategic. There are three variations to the Strategic Model: The Mental Research Institute (MRI) (Jackson, Bateson); The Milan Model (Palazzoli) and The Haley and Madanes Strategic Approach. This paper focuses on the latter. Both J. Haley and C. Madanes were heavily influenced by S. Minuchin and M. Erikson (Haley, 1973, 1976, pp. 66, 69, 87, 110-113; Madanes, 1981, pp. 16, 19, 21, 66-67). Following Erikson they believed that the unconscious was full of wisdom, that people did not need therapists to give them insight, only help them get access to it on their own (Haley, 1973). Following Minuchin, they believed that family rules follow a hierarchal order and that improving hierarchy and boundary problems would prevent dysfunction. Consequently, emotional triangles reflect a breakdown of the hierarchal organization of the family, involving a coalition across generational lines (Madanes, 1981, pp. 67-69; Haley, 1976, pp. 151-168). They also recognize that triangles stabilize anxious families and thereby maintain homeostasis. Haley (1976) states, "Rivalrous quarrels that amplify in intensity require someone outside the dyad to intervene and stabilize it. If a third person is regularly activated to stabilize a dyad, the unit is in fact not dyadic but at least a triad" (p. 153).

Overagainst Structural and Bowenian perspectives, however, Strategic therapists redefine the nature of the dysfunction of triangles (Madanes, 1981, pp. 65-66). Instead of coming to the family looking for conflicts, coalitions, adversaries, disturbed hierarchies or family of origin influences, strategic therapists look at the family in terms of the caring and helpfulness of its members. The caring may be limited by a lack of effective alternatives; nevertheless underlying a family's dysfunction is the desire to help. For example, against a structural perspective in which a child is seen as one in a coalition with one parent against the other, which detours the problem through the child, or Bowenian perspective which see the triangle as a replication of family issues in a previous generation, Strategists view the "triangled in" third party not passively, but as an active initiator of protective sequences of interaction, who takes the focus off of, in the case of a child, the parent's issues.

The family problem is therefore framed as a hierarchically-based role reversal: while the rules of the hierarchy state that the parents should be taking care of the child, the child is taking care of the parents. The child's protectiveness is seen as a helpful yet unfortunate function in the family.

In triangles involving parent and children, therefore, parents are in a superior position by the fact of being parents, and yet the child is in a superior position by protecting them through symptomatic behaviors. For the strategic therapist, the presenting problem to solve focuses on what the parents can do to strengthen their relationship so that the child will not have to carry this burden (Madanes, 1981, pp. 66-67). The therapist works therefore to arrange the parents to solve the presenting problem, which resolves the incongruity in the family hierarchy. To do this the therapist defines the problem for the family, conceptualizes it as one where the child is protecting one or both parents, sets goals, and plans an intervention in the form of directives.

The Therapeutic Application of the Concept through the Case of John and Sara from the Perspective of the Bowenian, Structural and Strategic Models

John and Sara, older adults now married for 10 years in this their second marriage, have come to a family therapist for help with their problem. John feels that Sara's relationship with her daughter Jean is preventing them from working on important issues related to their retirement. He believes that when Sara gets upset about these issues, rather than working them out with him, she uses Jean as a "safety valve," blows off steam, and then never returns to him to pick up the conversation. According to John, he and Sara are stuck. Jean is getting in the way of both their ability to solve important problems related to the future and their intimacy. Now with Jean's recent "abusive" phone call, John is putting his foot down and saying "enough is enough." Sara feels that John does not understand the priority of her relationship with her adult biological daughter Jean, whom she has always considered her "soul mate." She cannot imagine or accept that being married to John would require her to hide things from Jean. John's insistence on having her stop her conversations with Jean, particularly when those comments relate to their marriage, makes her even more resistant to discuss with him financial matters related to retirement. As for Jean, she does not want to be around her stepfather and has refused to come to therapy. How would therapists operating from the Bowenian, Structural and Strategic models therapeutically address this family triangle and work with John and Sara to restore health to their family?

Bowen. For the Bowenian therapist, the approach to resolving problems caused by emotional triangles involves differentiation of the self within a process of detriangulation led by the therapist/coach. Bowen defines differentiation of self as the capacity to separate thoughtful goal-directed response from emotional reactive response (Bowen, 1978b, p. 362). Detriangulation, the basic principle in Bowen's therapeutic approach, states that an emotional issue between two people will automatically resolve if they are able to remain in contact with a third person who is free from the intensity of the emotional field between them, while at the same time actively engaging with each of them (Titelman, 2008b, p. 43). While Bowen was comfortable working with an individual, a dyad or a triad in process of detriangulation, in the case of John and Sara, he would prefer to work with them as a couple, outside the presence of Jean. When working with a dyad, Bowen saw himself, as therapist and coach, taking the place of the triangled in family member, while making an effort to avoid being emotionally caught or stuck in the triangle with the couple (Titelman, 2008b, p. 44). If John or Jean would attempt to triangle him into their problem, to take sides with one or the other, he would listen to each of them, ask thoughtful questions, stay out of the emotional system, remain neutral, but continue to stay in touch with both (see above, Law #7, p. 4). Bowen believed that this therapeutic posture would reduce the emotional fusion between the couple and make them more capable of developing together reasonable solutions to their problems (Titelman, 2008b, p. 45).

As the process of detriangulation progresses and emotionality is diffused, Bowen considered it important for the therapist to coach the couple in three additional ways. First, he worked with them to define and clarify the relationship between the spouses (Bowen, 1978b, p. 249). The goal here would be to assist John and Sara in thinking about their behaviors and feelings, rather than expressing them, so that they could better identify emotional triggers, negative stimuli, gestures and tones that evoke negative reactions. This sets the stage for developing their ability, individually, to define their own beliefs and principles and to be able to hear those of their spouse (Titelman, 2008b, p. 46). Second, the therapist models *I-Positions*, statements about what he thinks or believes, and what he is willing to do or not do in the future. By serving as a model for differentiated behavior, Bowen would seek to stimulate John, Sara or both to take I-Positions in relation to the problems creating the dysfunction (Titelman, 2008b, p. 47). Third, the therapist teaches family members how family systems operate and coaches each member on the role they play in the system. John and Sara could thereby modify their reactivity by controlling the part they play in their relationship problems (Titelman, 2008b, p. 47). With the emotional reactivity in John and Sara's relationship replaced by thoughtful collaboration between two well-differentiated selves, Bowen would expect them to be able to find practical ways to address their issues related to retirement and strengthen their intimacy. Moreover, one could expect Sara's subsequent conversations with Jean to focus on how well she and John were working together and on the significant progress they were making on building together a secure future.

Structural. For the Structural therapist, the approach to resolving family dysfunction caused by triangles or cross-generational coalitions involves restructuring the family hierarchy. Two principles are involved (Nichols, 2009, pp. 200-201): (1) lasting change is likely to require some alteration in the way a family is structured; (2) lasting change usually requires that the therapist helps family members increase their self-reflective awareness of their behavior and its consequences. Therapists pursue these goals through a number of different therapeutic approaches and strategies, depending on the nature of the boundary issues that characterize the triangle and a consideration of the family in the context of life cycle events (Minuchin, 1974, pp. 103-106). John and Sara's situation in life creates an interesting context for structural therapy, in which some basic principles of the model and preferred strategies may not apply.

First, as Minuchin (1993) states, "Almost nowhere in family life are triangles more notoriously troublesome than in stepfamilies" (p. 193). In stepfamilies, mother and father do not have the time to forge the parental bond that first time parents do. This is particularly true for late-in-life second marriages, where older biological children may never have lived with the new stepparent or may have had limited contact due to geographic separation (Minuchin, 1993, p. 195). Therefore, in cases like that of John and Sara, the normal rules related to hierarchy and the authority of the parental subsystem may not apply. Stepparents need to honor the prior claims of loyalty between parents and their biological children and recognize that this is a bond that may never be established with them. According to Minuchin (1993, p. 198), not doing so can be a big mistake, one on which many stepfamilies flounder (Nichols, 2010, p. 3). Given this, a structural therapist might work with John to increase his flexibility in relationship to the priority claims of the relationship between Sara and Jean.

Second, hierarchal rules related to authority the parent-child subsystem are different when the child is an adult, rather than a child or an adolescent living at home (Minuchin, 1981, pp. 26-27). Adult children are often enlisted in the care of aging parents, reversing rules related to authority. An adult child's responsibilities for other relationships, including their own spouse and children may take precedence over their relationship with their parents. Self-sufficiency, preoccupation with developing careers and geographic distance are also factors which

require an adjustment to boundaries that formerly defined levels of closeness and autonomy in the parent-child subsystem (Nichols, 2009, pp. 202-213). If Sara's daughter Jean is not willing or able to join John and Sara in therapy, a therapist might request a phone conversation to ascertain the level of responsibility that Jean feels for her mother, whether she shares her mother's feeling that they are "soulmates," whether she welcomes or resents her mother's revelations about her relationship to John, or how she feels about getting only one side of the story. If Jean's telephone outburst at John reflects more her frustration with her mother than her concerns about John, this would be interesting information for the therapist to know when assessing the nature of the triangle and planning therapeutic options.

Third, aging families cope best when they find the flexibility to shift functions and transfer power. There comes a point when aging family members need to let go (Minuchin, 1981, p. 241). Sara is eight years older than John, an age difference that may be significant in relation to how each spouse construes their mortality. John is preparing for retirement. Sara may consider that she is well into it, feel relatively secure about her economic situation and, in the face of John's concerns, still not want to change. The therapist could work with Sara to stretch her flexibility so that she could be more empathic to John's concerns; and also work with John to develop empathy and flexibility around Sara's reluctance to change.

From a structural perspective, the therapeutic approach to John and Sara would focus on developing a complementarity in the couple subsystem (Minuchin, 1981, p. 212). The goal would be to strengthen the bond between Sara and John by encouraging communication that facilitates better negotiations related to the issues they face, in general, and specifically, in relation to the presenting problem, end of life retirement planning. A secondary goal, if possible, could be to strengthen the bond between Jean and John. When spouses get stuck in their blame-counterblame set, the therapist highlights the child's triangulated position as a supporter of the husband-wife homeostasis and her lack of alternatives relative to actually helping them solve the problem (Minuchin, 1981, pp. 158-159). The therapist could work with Sara to ascertain how she feels about placing this burden on her daughter and to describe how it impacts her intimacy with John. The therapist could work with John to show him how his reactivity to Sara's relationship with Jean (aversive control) engenders resistance and plays a significant role in muting their intimacy. The therapist could also work with John and Sara to write rules that would define better boundaries around what stays inside the marriage, what can be shared outside of it, and how together they can involve Jean when her counsel or efforts could be beneficial to the marriage.

By restructuring the triadic relationship the Structural therapist would build complementarity and increase flexibility in the couple subsystem to help John and Sara better cope with their life cycle adjustment, establish a stronger boundary between the couple subsystem and the outside world and perhaps expand the range of alternatives open to Jean for interacting with and helping her mother and stepfather as they age.

Strategic. For the Strategic therapist, the approach to solving the family's problem when it relates to triangles or "conflicting hierarchies" involves restructuring the relationship to a single hierarchy by crafting directives that tell clients what to do and motivate them to do it. Influenced by Minuchin, Haley and Madanes view the task of the therapist as organizing the couple so that the power is balanced and the couple functions in a single congruent hierarchy (Madanes, 1981, p. 68). They confront malfunctioning hierarchies by designing a strategy to shift the presenting system to a more functional hierarchy (Haley 1976, pp. 122-123). For strategic therapists, therapy is not growth-oriented, it is not concerned with resolving issues in the past, or developing insight in family members that will deepen their understanding of the causes of their problems; rather therapy focuses on solving

presenting problems at a behavioral level—getting clients to do the things that will solve their problem. Problems are construed as analogical, rooted in dysfunctional communication sequences (Haley, 1976, p. 2; Madanes, 1981, p. 20). The goal is therefore to prevent the repetition of dysfunctional sequences and introduce alternatives (Madanes, 1981, p. 21).

The first task of strategic therapy is to define the problem in a way that it can be solved (Madanes, 1981, p. 20). For John and Sara, the presenting problem is that their sequences of communication, their patterns of interaction, keep them from getting what they want (e.g., an intimate and supportive marriage, collaboration related to problem-solving, a secure financial future, and peaceful, loving and supportive relationships with members of their extended family). The problem for John and Sara to solve is therefore: "How can we treat each other so that we can get what we want, individually, as a couple and for our extended family?" The therapist would then define goals or desired outcomes that function as indicators of success in relation to the problem (e.g., John and Sara are able to collaborate on important issues without anger; John stops being reactive about Sara's relationship with Jean; Sara stops burdening Jean with her problems).

The therapist then plans interventions in the form of directives. Directives may be straightforward or paradoxical (Haley, 1976, pp. 48-80). With straightforward directives, therapists tell clients what to do when they want the client to do something, or what not to do when the therapist does not want the client to do something. For example, to reduce the effect of aversive control on Sara, the therapist might tell John that he is only allowed to bring up issues related to family finances in the therapist's office, or alternatively after giving Sara an expensive gift, or in some other context negotiated with Sara in therapy. The therapist might give John specific language to use when introducing contentious topics. Paradoxical directives are used to motivate a client to do something they may not want to do or to stop doing something they may not want to stop. In these directives the therapist gives the client an order to do something when the therapist does not want them to do it. For example if the therapist wants Sara to stop triangling Jean into her conflicts with John, she might explain to Sara how her actions load Jean with her problems and make her life miserable (Madanes, 1981, pp. 65-67). The paradoxical directive might be for Sara to call Jean every time she has a problem and complain in such a way that the responsibility for solving Sara's problem falls on Jean. Sara would most likely resist such a directive and thereby decrease the power of the coalition on her relationship with John. The therapist's directives are not restricted to members of the family but may be extended to include members of the community who can help the couple solve their problems. For John and Sara, the therapist could direct them to see a particular financial advisor, who could function as a neutral third party or expert arbiter in relation to content issues regarding finances for elderly couples.

Strategic therapy therefore responds to the uniqueness of the presenting problem. For John and Sara, the therapist develops a clear understanding of the sequences of communication that create dysfunction and keep them from getting what they want; sets goals related to what they will experience when they conquer their problem; and plans an intervention comprised of a series of directives that will replace their dysfunctional patterns of interaction with functional ones. The assumption is that feelings follow behavior—John's and Sara's experience of intimacy will develop as behaviors that improve their communication and collaboration are practiced.

Detriangulation in the Blended Families of Older Adults: Conclusions and Implications for Therapy

In reviewing the therapeutic applicability of the three models to issues involving emotional triangles or cross-generational alliances, several contributions stand out as particularly helpful to the change process. In conclusion, we highlight one from each model.

First, in the Bowen model, the therapist takes the place of the triangled in member as a non-anxious presence in the triangle. From this position the therapist makes an effort to avoid being emotionally caught in the triangle with the couple; resists taking sides with one or the other. The therapist listens to each of them, asks thoughtful questions, remains neutral, but continues to stay in touch with both. The therapist thereby reduces the emotional fusion between the couple and makes them more capable of developing reasonable solutions to their problems. Once emotionality is diffused the therapist coaches the couple in three additional ways: (1) working with them to define and clarify the relationship between the spouses; (2) modeling *I-Positions*; and (3) teaching family members how family systems operate and coaching each member on the role they play in the system.

Second, Minuchin effectively describes the limitations of the hierarchical model and normal rules related to authority within and among subsystems when applied to late-in-life blended families. A parent's relationship with a biological child does have a priority when formulating the boundaries and rules related to parenting. Therapists working with couples in this context of life, must work with them to develop the high levels of flexibility required to make the adjustments necessary to form a strong complementarity.

Third, Madanes redefinition of the nature of the triangle and the role of a triangled-in child is particularly applicable for cases like that of John and Sara. Viewed as an active initiator of protective sequences of interaction, who takes the focus off of the parent's issues, the adult child is seen as the burden bearer of family problems, yet one with limited alternatives. The problem to solve focuses on what the parents can do to strengthen their relationship so that the child will not have to carry this burden. When challenged with this reality, most parents would readily seek more functional ways to resolve their problems.

To achieve a well-functioning, intimate marriage, John and Sara will have to overcome challenges unique to their current station in life. Both have been married before and carry with them into this second marriage the baggage of past failures and disappointments. Their adult children share a bond with the biological parent that, due to constraints of time and distance, may be difficult to replicate with the stepparent; thus, normal rules about hierarchy and authority in relation to children have limited applicability. While Sara's relationship with her biological daughter Jean has a legitimate priority claim, the cross-generational coalition Sara has formed with her overagainst her husband militates against their intimacy and handicaps their ability to work together to solve their problems. John's reactivity to Sara's unwillingness to cooperate with him on financial issues and to her relationship to Jean fosters and perpetuates a rigid boundary between them. With John being eight years younger than Sara and their age difference straddling the typical age of retirement (65 years old), each are in different positions in relation to this significant life transition: one anticipates it; one experiences it. The fact that they are approaching old age may make them less flexible in relation to the compromises that might be necessary to make required adjustments.

While John and Sara face difficult challenges, clearly all three models discussed in this paper have therapeutic applicability to the issues that affect them. To the extent that John and Sara remain committed to improving their relationship and to the therapeutic process, techniques deployed by skilled therapists from each theoretical framework can lead them to a better functioning relationship.

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