

Working transgenerationally: a clinical discussion on family dynamics and treatment

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Building on Lieberman's *Transgenerational theory* (1979), which posited that many inexplicable family problems could be traced to unresolved conflicts arising from clashes between cultural differences across generations, forty multi-generation families that have been treated with either a child, an adult, or a member from the older generation as symptom bearers were reviewed in this project. This paper is a discussion of the findings obtained from exploring these presenting symptoms from the perspective of transgenerational dynamics, and a presentation of a treatment approach in working transgenerationally. In addition to family histories, we also focused in this work on the importance of working with problematic interpersonal patterns across generations in order to negotiate a more satisfactory and developmentally appropriate boundary between subsystems.

Practitioner points

- Analysis of clinical data with Chinese families shows that many individual mental health problems can reflect unresolved conflict in transgenerational relationships
- Transgenerational theory is useful in helping us understand the link between generations
- Along with structural family therapy theory this enables members of multi-generations to negotiate a developmentally appropriate pattern between subsystems
- Using biofeedback in a family assessment protocol to elicit children's responses to parental conflict helps link repeated patterns transmitted transgenerationally

Keywords: family biofeedback assessment; family dynamics; multi-generation families; transgenerational family; treatment

My interest in transgenerational families began some years ago when I worked with a depressed man from Taiyuan, a wealthy Chinese city situated on the ancient trade road where the banking system originated.

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The man's wife and younger brother came with him, and it was his brother who started the session, saying: 'First, I wanna tell you about my family. I believe it has a lot to do with my brother's depression!'

He went on to describe a family history that spanned seven generations, with every family member's name carved on a piece of stone. Their father died while the brothers were still at university and at the time this depressed man was going out with a woman that their family disapproved of. After their father's death, he broke up with her and married another woman who his family deemed 'perfect'.

The younger brother was in his late 30s but he was still unmarried, because he could not find a woman like his sister-in-law, who can 'fit so well into the family clan'. He described their family as a solid fortress, where 'nobody can get in, nobody can get out'. He believed this might have something to do with his brother's depression.

I was impressed with how he viewed his brother's medical condition from a transgenerational perspective, rather than just as an individual illness.

Taiyuan was renowned for the splendour of its mansions with layers of walled structures built for the family clans of successful merchants. The House of Qiao, where the film 'Raise the red lantern' was filmed, was a fine example of such grandeur. This film depicted a story about a rich man with four wives who fought fiercely for power and control, a far cry from the true story of this grand mansion where house rules were exceedingly strict. Not only was no one allowed to take on a second wife or concubine; any bad habits such as drinking or gambling were also strictly prohibited. Like the labyrinth of walls and terraces built to fence off outside intrusions, these rules were created to protect the family legacy and prevent its members from any activities that might threaten family stability.

These grand structures symbolise how the family as an institution strives for continuation and prosperity. However, despite such efforts, the family is a living open system in space and time that is ever-changing and evolving. The House of Qiao lasted six generations. What remains now is only a tourist attraction.

According to Lieberman's *Transgenerational theory* (1979), a family could only survive over time if its members were continually replaced through marriage or birth, but both marriage and birth introduce new elements that may challenge the existing family culture. Paradoxically, while the older generation tries so hard to protect the clan from outside influences, it is changes that occur within the family system and subsystems that may cause the biggest threat and danger. Lieberman

also suggested that many otherwise inexplicable family problems could be traced to unresolved conflicts arising from family cultural collisions. For instance, differences in parenting or between spouses could create conflict in the family after children are born. Such conflict could be expanded to transgenerational relationships or vice versa and might become moulded within children and reappear in later generations (Lieberman, 1998).

Transgenerational relationships were of great interest early on in the development of family therapy. Prominent pioneers in the field such as Ivan Boszormenyi-Nagy, Murray Bowen and Carl Whitaker addressed individual problems from a transgenerational perspective (Goldenberg and Goldenberg, 2012). With a longer life span in the twenty-first century, multi-generational families have become increasingly common in modern society. Yet clinical studies on transgenerational dynamics are surprisingly scarce. Other than a predominant focus on the use of genograms, literature searches on PsycINFO and PsycARTICLES generated very few articles on the topic since the work of Lieberman. Furthermore, the service delivery model in most mental health systems tends to categorise people according to presenting symptoms; in this respect, family therapy seems to have departed from its transgenerational roots.

The need to revisit multi-generational dynamics was raised once again when I consulted on a case with a 10-year-old boy whose school refusal and suicide attempts remained unresolved despite various individual interventions. In a session with his parents and paternal grandmother, it was discovered that there was ongoing conflict between the boy's mother and grandmother. When we asked the boy why he refused to go to school, he replied, 'Because my family is more important to me than school!' He then shared with us that it was like he had to tend to two 'babies' at home, both fighting for the same bottle, and he did not know which one to give the bottle to. He made a 'sculpture' to show us one of his hands was pulled back by his mother and the other by his grandmother. He waved at his father and said, 'Come, come! You should be the one in this position, not me!'

In viewing the boy's individual pathology in the transgenerational context, we were able to quickly tap into the core of the problem, which would otherwise have remained hidden.

The transgenerational theory provided an understanding of transgenerational dynamics, particularly on how a family maintained and passed on its unique identity and culture as well as the mechanisms that allowed the passage of family tradition from one generation to the next (Lieberman, 1979). However, when multi-generations co-exist in the

same time and space, transgenerational conflicts can also be observed in the here and now through interpersonal transactions between family members, and not just through family history (Minuchin and Fishman, 1981). In Chinese culture, conflict avoidance is often disguised within the highly valued notion of family harmony, as in the case of this young child. As a result, there is considerable potential for unresolved conflict to 'go underground' and resurface in the form of individual pathology, especially in children.

Lieberman held that we are all bound by strong emotions, clinging to history, the past and shared culture, as well as sticking to patterns. He believed that new family culture can be created only with a change in family narratives, stories and histories (Lieberman, 1998). While transgenerational theory provides a useful framework to understand the link between generations, we believe that when combined with the theories of triangulation (Bowen, 1976) and structural family therapy (Minuchin, 1974) it can expand the therapist's repertoire in exploring not only influences from the past, but also current interpersonal patterns created over generations to negotiate a more satisfactory and developmentally appropriate pattern between the subsystems.

The Transgenerational Family Project at the Asian Academy of Family Therapy (AAFT) was made possible with a grant from the Lee Kum Kee Family Foundation. To fill the knowledge gap in this much neglected clinical area, the scope of the project involved: (1) reviewing all the existing cases in AAFT archives¹ that consisted of families with three or more generations to create a framework for understanding the dynamics of how individual problems can be shaped and maintained by interpersonal transactional patterns that occurred in transgenerational relationships; and (2) recruiting twenty new transgenerational cases to develop an intervention model in addressing their presenting problems, drawing upon learning from the review.

Project plan

The project was designed to use a transgenerational approach, involving family members from different generations in therapy, to treat issues that would normally be treated individually. Based on information obtained from the review of the clinical process, the final goal was to develop a treatment protocol for working with multi-generational families.

¹AAFT started in 2003 as HKU Family Institute. Since then, all cases seen were video recorded and have been added to our archives.

Altogether forty cases were included in the study: twenty past cases from the AAFT archives and another twenty recruited specifically for this project. The twenty past cases were first reviewed to form a framework to enhance our understanding of transgenerational dynamics, which was then used as a backbone to develop a treatment model with the twenty newly recruited cases. The clinical team at the AAFT was responsible for the recruitment of the twenty new cases. Cases with the potential of engaging three or more generations who came to the clinic were included on a first come, first served basis. The families were predominantly middle to working class who were referred by professionals from the mental health and school systems or who self-referred. The reasons for referral typically involved mental health problems in one family member, such as depression in adults or emotional/behavioural problems in children. Written consent to video record all assessment and treatment sessions was obtained from all family members, including minors.

The clinical team, which consisted of two family therapists, one family therapist trainer, one psychiatrist, and one research associate, was solely responsible for conducting the interviews and reviewing the video recordings of all the sessions from the entire dataset. The team's function in this project was twofold: (1) to capture the dynamics of how individual problems can be shaped and maintained by interpersonal transactional patterns as occurred in the transgenerational relationships; and (2) to develop a framework for the assessment and treatment of such dynamics.

Prominent members in the field of child services, family services and the chairman of the Elderly Commission were invited to join the consulting team as stakeholders for the project. This team met every three months to review and monitor the progress of the study. The project was approved by the AAFT Institutional Review Board. Details of the clinical data described in this paper has been altered to protect the identities of the families.

Transgenerational family therapy design

The therapy process consisted of an *assessment protocol* and *follow-up treatment*.

Assessment protocol. All the new cases recruited for this project would go through our Family Biofeedback Assessment protocol, which was established in previous studies to elicit children's responses to parental

dynamics (Lee, Ng, Cheung and Yung, 2010). The protocol involved a two-part procedure. In the first part, the parents were asked to discuss things they had yet to come to an agreement about in front of their child for thirty minutes, while the child's heart rate, skin conductance, and peripheral temperatures were being measured to identify arousal scores. The second part involved a debriefing, where the therapist used these scores to explore first with the child, then with the entire family what exactly in the parental discussion had caused anxiety in the child.

As the core of transgenerational work attends to dynamics across more than two generations (Ramisch and Nelson, 2015), the assessment protocol was conducted twice, first on the child in relation to his parents, and then on the parents in relation to the grandparents, involving two generations first and then three, to establish a linkage transgenerationally. In addition to exploring the family history, we focused on the interpersonal patterns of the family to see how these contributed to the creation and maintenance of problematic family structures (Lee, 2017b).

Follow-up treatment. The assessment was considered to be the core of our treatment model, as it set the tone and plan for treatment for follow-up therapy, which typically involved four to six sessions.

Data analysis

Using ideas from the grounded theory approach, our data analysis and therapeutic process went hand-in-hand. For the purpose of this paper, data analysis was mainly focused on tracking the themes and essential elements as observed in the process of the assessment protocol, with relatively limited attention on the follow-up sessions, which followed a more traditional family therapy intervention.

The clinical team went through the video recording of each case one by one at a weekly meeting to identify repeated patterns of interpersonal transaction that linked individual presenting problems to transgenerational relationships, then sought to weave these findings into an overall therapeutic approach to working with transgenerational families. The research associate led two research assistants in transcribing and recording significant themes and observations as emerged in the clinical analysis. These themes and observations were first coded and then categorised. For example, based on the assessment protocol which started with the presenting symptom (Lee, 2017b), the assessment sessions were coded under four major categories, covering the continuum of the assessment process:

1. *Self*, the symptom bearer's expression of his or her inner self;
2. *Self and others*, the symptom bearer's inner perspective was extended to his or her relationship with the parents,
3. *Significant exchange*, any significant exchange between the symptom bearer and his or her family members that could promote emotional interconnectedness and deeper understanding, and
4. *Back to self*, if, at the end of the assessment, the presenting symptom was understood in the family relational context rather than as an individual pathology and a treatment plan was developed accordingly.

Coding for *follow-up treatment*: following the progression in therapy, the treatment approach was expected to move from the insight obtained in the assessment to an active process of change, and the final goal was to develop new relational patterns to combat the presenting symptoms among the three generations. The focus of analysis was on the process of change, specifically on the development of new relational patterns, if any.

After reviewing one case, the themes and observations discovered were then applied to the following case, which was then reviewed at the next meeting. The treatment approach was reviewed and refined each time. This same process took place repeatedly for all twenty new cases. The research associate was responsible for checking the accuracy of the coding randomly to ensure that it was aligned with the criteria established in the assessment and treatment procedure. As this was a process-oriented study, the project took more than three years to complete.

Observation of transgenerational dynamics

We have categorised our clinical data into three major clusters based on the generation at which the symptom occurred: (1) child cluster, (2) adult cluster, and (3) elder cluster.

Child cluster

Since the strongest emotions occur in the formation, maintenance, renewal, and disruption of attachments (Bowlby, 1979, p. 126), it is these bonds that distinguish families and tribes from 'outsiders' (Lieberman, 1998). This can be seen as explaining why the 10-year-old boy described above considered his family to be more important to him than going to school. Such yearning for family bonds or a sense of belonging was a

dominant theme in our previous study with children and their parents (Lee, Ng, Cheung and Yung, 2010). This was also evident in our current data, except that these bonds were extended to the entire family system, including the grandparents. Many of the children in our study who developed symptoms indicated that they had to stay home so they could watch their parents, who were in conflict, in order to maintain the family equilibrium.

Role reversal. The reversal of roles was also a family dynamic that we have often observed in our data. The boy who had shown his father a sculpture of his hands being pulled in opposite directions by his mother and grandmother, for instance, was telling his father he had taken up a role that belonged to the father, who should have been the one dealing with this family conflict. This was a recurrent theme among the ‘problem children’ in our data, in which the child would step in to play the role left vacant by other family members.

Replacement of roles. Role replacement could take various forms, sometimes skipping one generation, as in the case of another 10-year-old boy whose father had problems disciplining him. During the assessment with his parents and maternal grandmother, it was revealed that his maternal grandfather was very much against the parents’ marriage and his rejection of his son-in-law seemed to have been passed on to his grandson, though they had never met. Through his close connection with his grandmother, this child knew every detail about his grandfather’s disapproval of his father. Whenever his father tried to discipline him, he would adopt his grandfather’s position and confront his father about his own wrongdoings, turning his father from a prosecutor to a defendant. When the father asserted his authority, the father-son conflict escalated and the father ended up losing his temper and beating his son. This immediately turned into husband-wife conflict, as the mother could not accept her husband’s approach to child discipline. Through the exploration of family dynamics, the father came to realise that the transgenerational conflict that started in one subsystem could find its way into another subsystem, resulting in a family structure that put him in a peripheral position.

Ownership of children. Fighting for the ownership of children was another commonly observed generational battle. A tragedy that had occurred in one generation can also be the source of father-son conflict in another generation, as in the case of the following 16-year-old boy. This story

also began before his parents' marriage, when his grandmother had lost three sons in an accident. To comfort her own grieving mother, his mother offered her firstborn son to his grandmother after she got married. Now that he had reached adolescence, his grandmother and mother decided it was time for the official adoption to take place. His father was only informed about this on the day of the ceremony when a neighbour whom he bumped into congratulated him about it. His father was, of course, furious about the arrangement, but was powerless in dealing with it, as his son was found to be much closer to the grandmother than to him. All his attempts to gain his son back worsened not just his relationship with his son but also with his wife. In therapy, he finally came to realise that his problem with his son reflected the power struggle between the family clans. He told his wife, 'No wonder your mom and I have such a poor relationship. We've been fighting for her daughter when we got married, and fighting for my son before he was even born'.

Weak spousal subsystem. The above three case examples, though with different manifestations, share a common family dynamic, in which cross-generational conflicts are either complemented by a weak spousal subsystem in the middle generation or the subsystem was weakened by these conflicts. The most common pattern appeared to be a strong grandmother-mother/mother-son liaison versus a peripheral father, resulting in a diffusion of generational boundaries and confusion of family roles assumed by the family members. It appeared that one way in which unresolved conflict became powerful or was maintained was through rigid relational patterns among family members across generations (Minuchin, 1974). To prevent the transmission of transgenerational conflict, we found it necessary to strengthen the spousal subsystem so that it could perform its executive function more effectively.

Adult cluster

Family life cycle theory (Carter and McGoldrick, 1989) suggests that family members have different tasks to perform at each one of the different family life cycle stages. The task for couples in the middle generation is described as acting in partnership to care for, sustain, and mediate between the older and younger generations. Contrary to the criticism that the family life cycle is a uniquely Western construct, we found that its notion of developmental tasks at each life cycle stage

could equally be applied to Asian families. When the spousal subsystem was weak, each spouse acted on his or her own, without the benefit of the spouse's input and support. This often created resentment between the spouses, causing one of them to align with the children and unknowingly act against the other spouse, as seen in the previously discussed father-son conflict cases.

Breaking the generational cycle. This is particularly poignant in cases involving family businesses, where there is a strong expectation to carry on the family legacy and prosperity (Levinson, 1971; Revilla, Pérez-Luño and Nieto, 2016). In a case of a man who was engaging in severe conflicts with his son, he considered himself an understanding and supportive father after having gone through his fair share of struggles with his own 'controlling' father. He was bewildered to find that his son regarded him as being exactly like the grandfather in maintaining the status quo, if not more so. People who try to rebel against the older generation often find themselves repeating as parents what they were against to begin with, without realising that family traits and characteristics are moulded in its family members through longstanding interpersonal patterns. For family evolution to occur, there must be variation between family cultures (Lieberman, 1998). Marriage, in essence, is the liaison between two family cultures, thereby creating an opportunity for change, as the new spouse brings new input and experiences to the family. This is why the strength of the spousal subsystem is crucial in breaking the generational cycle.

Our data revealed that it was common for husbands to act alone when dealing with transgenerational issues, without sufficiently involving their wives. Not only did they end up failing to resolve problems, new conflict might even emerge between the spouses, and many of these men became depressed as a result. We have seen a number of such men with depression who had been treated individually for a long time to no avail. Using the transgenerational framework, depression could be linked to a multi-generational dilemma, as in our treatment for a 45-year-old man with a very close relationship with his mother, who had been responsible for handling all of his affairs, including finding him a wife. Whenever this man ran into trouble with his adolescent sons, he would hide under his blanket and his wife would ask the sons to fetch their grandmother, who would hurry over from next door to manage the father-son conflict. The more capable this grandmother was, the fewer responsibilities the man assumed. The close relationship between the grandmother and this man reflected a longstanding family

history of a distant husband-wife relationship between the grandparents. During the session, it was discovered that this man's wife also had formed a close relationship with their children while being distant from him. Evidently, the triangulation of the older generation was repeating itself across the generations.

The turning point in therapy occurred when this man realised that he needed to break this cycle of relational transmission in his family. He started by telling his parents that their way of helping him was in fact denying him his rightful role in the family. He then asked his wife to work with him and refrain from calling his parents for help. Again, the goal of therapy focused on strengthening the couple relationship to create appropriate boundaries between the generations so that they could learn to deal with their two sons by themselves more effectively.

Elder cluster

As members of the spousal subsystem age, they move from the middle to the older generation, bringing with them long-established relational patterns and sometimes issues that have not been satisfactorily addressed. Depression was also common among the older generation, as illustrated in the following case. This 65-year old-woman described a long history of misfortunes, from growing up in and later marrying into a patriarchal family in a small town in Mainland China, to risking her life swimming across the sea to Hong Kong. There, she built a successful business with her husband, who ultimately left her for a younger woman. Her story resembled that of many other first-generation immigrant families in Hong Kong, filled with difficulties and hardship, punctuated by injustice and betrayal. As she spoke, her youngest son, who accompanied her to the session, was also in tears. The therapist asked him, 'I can understand why your mother is sad when she talked about her past, but why are you also in tears?'

This question opened up a new dimension of the family relationship, bringing it from the past to the present. It was revealed that the woman's depression was triggered by the marriage of this son, who had always been very close to her. He said, 'We used to be like twins and went everywhere together. I even brought her to my office party as my date. I don't know how many adult children would treat their mom like I did. People used to laugh at me about it'.

Now that this son had married a woman from another town and could only visit his mother on the weekends, this created a catastrophe for her. Interestingly, the mother had three children and her eldest son

and his family lived only a few miles away but she did not want to trouble them. Her daughter's family lived right next door and was readily available to her, but she dismissed her efforts altogether. In a separate session with the siblings and their spouses, there was tremendous conflict among the siblings, with everyone blaming everyone else for not caring enough for their mother. It appeared that the children had always revolved around their mother, who was the centre of their attention, and they seldom had a chance to relate to each other as siblings. The sense of injustice that the mother had experienced herself also appeared to be a central theme in the sibling conflict, as none of them felt they were being treated fairly, especially the younger daughter, whose efforts in getting her own family to stay next door to support her mother were only met with rejection, all because she was 'merely a daughter'.

This was a classic case of how love, loyalty and unresolved conflict from one generation were passed onto the next, resulting in a big emotional entanglement among the siblings. In the therapeutic process, we attempted to sort out the emotional predicament among the sibling subsystems and create a platform for all parties to negotiate for more positive and less constraining relations. After helping the siblings to deal with their own dilemma and encouraging more open dialogue, they began to plan together how to express their concerns more openly with their mother.

In a subsequent session, the therapist suggested that the three siblings and their mother sat together in a circle, while their spouses observed from sitting outside. The siblings began the conversation by reassuring their mother that they would never abandon her and the elder brother, in particular, promised to always be responsible as the oldest son. At the same time, they asked the mother to acknowledge her daughter's devotion towards her and not to dismiss her so carelessly, as it had hurt not just her daughter's feelings but also the relationship among the siblings. The younger brother then told his mother that he loved his wife dearly and begged her not to put him in a position to choose between them.

The siblings were initially worried that their mother would break down in response to their honesty. To everyone's surprise, she accepted their suggestions gracefully, saying, 'No problem. I'll do as you say. [*To younger brother*] I didn't reject your wife. I'm not that difficult'.

The mother came back with her younger son and daughter-in-law one month later for a follow-up session, looking much younger and happier. She showed off her new outfit and new hairstyle happily, and said, 'My son dyed my hair for me and my daughter-in-law bought me

these clothes'. The therapist teased her, 'Are they trying to marry you off?' and she giggled.

Sometimes the younger generations insist that their elders cannot change. We have found that on the contrary it is sometimes easier for the older generation to change because they have gone through many hardships, and hence know that change is inevitable. It is fear of abandonment and loss of power that maintains them in an unnecessarily controlling position. Adult children who looked up to their parents when they were young sometimes continue to see their elderly parents from the perspective of a child, without realising that as they grew older, their parents have become fragile and vulnerable, and may act like children themselves. In such cases, the parents will need assurance and a clear structure from their own children. When family members from different generations come to realise that this is a normal developmental stage in the family life cycle, they can negotiate a healthier transgenerational relationship together.

Parentified child. For children who have assumed parental roles to their parents since they were young, what we would call the position of a 'parentified child', this normal sense of family developmental process could be seen as a continuous source of frustration and entanglement. This was exemplified in the following case of a 40-year-old man, who had witnessed his parents' nonstop fighting throughout his life. His parents were now in their 70s and each time they got into fights, the father would leave home and this man would invest all of his energy trying to help his mother locate her husband, causing him to suffer anxiety attacks and high blood pressure. During a session when his mother complained about how his father had left after a trivial argument and threatened to kill herself, he reached his breaking point and said, 'You can't get along when you're together. You can't bear it when you are apart. You keep complaining about wanting to kill yourself. Okay, let's do it together. If you kill yourself, do you think I can survive? You really want to kill yourself? Fine! Let's just do it together'.

As the man threatened to die with his mother, he did not notice his own wife watching unemotionally from the side. The wife later shared that her husband was more interested in his parents' marriage than his own and the only way she could survive their marriage was to become a successful career woman.

In our work measuring children's physiological arousal to parental conflict, we had found that 80 per cent of the time the children's physiological arousal was closely related to their parents' relational difficulties

(Lee, Ng, Cheung and Yung, 2010). When we tried to apply the same measure to adult children, such as this man, the findings corresponded with that of younger children. Furthermore, in this man's case, when the parents realised how immersed their son was in their relationship and told him, 'Don't worry. We'll work on our marriage. We'll go on a honeymoon trip', he immediately grew anxious and said, 'But mom's so picky about cleanliness. What if the hotel is not up to her standard? You're gonna be calling me for help'. The parents replied, 'We won't call you this time. Let us handle it on our own'. However, instead of feeling relieved, the man became even more worried, as indicated by his high physiological score, which suggested he could not remove himself from his long established role of fixing his parents' marriage.

It appeared that the experiences and roles people played in the parental relationship when they were young continued to affect their relationship patterns and lifestyle when they became adults. High conflict couples, in particular, could have tremendous impact not just on the development of their young children, but also upon the wellbeing of their adult children.

In the case of an elderly couple who had been attacking each other fiercely throughout their lives, when we measured the physiology of their three adult children during exposure to their mutual attack, very high physiological responses were found for all three. Their 40-year-old daughter remarked, 'I can't stand it. They've been like that since I was a child. I still wanna run away'. The middle brother revealed that since his parents were so hostile towards each other, he had to eat with them every night, as he feared that they would not eat if they were left alone. This made him stay single and had also turned him into a very irritable person. The younger son, whom they all felt was indifferent to the parents' conflict, disclosed that their perception of him was not true. Since he grew up amidst the parents' fights, he had found it very difficult to tolerate normal noises from his own daughter. He said that after putting his daughter to bed, he often hid in his study and avoided communicating with his wife, though he felt immensely guilty about it.

Sense of belonging. Ultimately, as the adult children began to examine their strong emotions regarding their elderly parents' predicament, they also realised that it was a sense of belonging and loyalty towards their family that continued to tie them together. The youngest brother concluded, 'On my way here today, I realised this is the first time the five of us got together as a family. The first time! Can you believe it?'

The significance of this ‘coming together as a family’ echoed what the young child told us earlier that ‘my family is more important to me than school’. The longing for family connection and the desire to fix the parental relationship were similar, within children, regardless of age. In fact, in our cohort, the more chaotic the family relationship appeared to be, the more likely the offspring would choose to stay, at the expense of their own development. This was one of the major family dynamics that we observed in symptom bearers of all ages.

Belonging to a system provides individuals with security as well as protection. At the same time, it may constrain the freedom of the individual members of the family, as there can be a rigid distribution of roles, conflict avoidance, and excessive mutual loyalty that stifle growth and individuation (Colapinto and Lee, 2017). A quest for all individuals in the family system and subsystems was how to remain connected while maintaining a level of autonomy.

Our clinical approach

Our clinical model was developed through a process of reviewing and analysing our clinical data, over a period of more than three years. Our retrospective analysis of twenty cases supports the theory that individual long-term mental health problems could be traced back to unresolved conflict in multi-generational relationships. Therefore, regardless of the generation to which the symptom bearer belongs, the presenting problem could serve as an entrance to explore family dynamics, specifically in relation to hidden conflicts and their manifestation in the transgenerational passage.

Case example

In the case of the 45-year-old depressed man with a very capable mother, for instance, we conducted the biofeedback assessment first with his two boys, aged 12 and 14 years, to elicit their responses while they were exposed to the discussion between the man and his wife, and then with the man himself, to elicit his responses while he was exposed to his parents’ discussion.

In the first assessment, very high arousal scores were depicted in both boys during the half-hour inter-parental discussion, particularly at the moment when their mother complained about their father’s excessive involvement with his own parents. When asked to elaborate on this in the debriefing section, the boys openly supported their mother and

expressed their resentment towards their father, accusing him of being a 'bad husband'. They also revealed that they had little respect for him, as they considered their grandmother to be the 'real boss of the family'. The man was quite shaken by his sons' feedback. Instead of dismissing their disrespectfulness toward him as normal adolescent rebelliousness, he began to view his relationship with his sons from a transgenerational perspective. This realisation was further confirmed when it was his turn for biofeedback assessment, during which strong physiological arousal was also depicted.

When asked what he had reacted to in the inter-parental discussion, he admitted that he also found himself siding with his mother and rejecting his father. Furthermore, in response to his parents' argument on what constitutes a 'good father', he said, 'I felt that by what dad was saying, he was diminishing my role as a father. It's like I have no position in my family'. As he reflected on his resentment of his father, he was able to see the same resentment towards him in his own sons. He said, 'It's like I'm looking into a mirror; my sons are reacting to me just like how I'm reacting to my father'.

During the assessment process, the man began to feel a need to break the cycle of the family relational pattern, which was transmitted from one generation to the other. As a result, a breakthrough in therapy occurred when he told his mother, 'Please, please. Stop fixing things for me. Don't come running when I get into trouble with my children. Let me deal with them!'

He then turned to his wife and asked, 'Can you work with me? I need your help. I want to manage our own family'. With his wife's support, the couple addressed their children together, 'From now on, mom and dad will take charge. That means you'll have to listen to us and not run to Grandma all the time'. This time, the children listened without protesting. While the couple went on to seek marital therapy, the therapist assisted the grandparents to plan a more enjoyable senior life, one that was not strained by excessive responsibility for their child and grandchildren.

By combining both transgenerational theory (Lieberman, 1979) and techniques from structural family therapy (Minuchin, 1974), we aim to provide a new paradigm for the family to respond to individual pathology in a multi-generational family context and untie the emotional entanglement across generations to make room for new possibilities. The therapeutic process involves identifying the executive subsystem that has the developmental responsibility of 'taking charge', helping this subsystem establish reasonable boundaries, and equipping them

with skills to negotiate with both older and younger generations. In cases where the most common close mother-child and peripheral father pattern occur, as in this case example, we would try to strengthen the couple subsystem so that they would have a better chance to succeed in putting children (and the elderly) back into their subsystem, and to maximise the potential of each family subsystem.

Discussion

Our findings are in line with Lieberman's notion of many individual mental health problems reflecting unresolved conflict in the intricate relational network that holds the different generations together. Our data also suggests that when relational conflict is not resolved, negativity can be transmitted from one generation to the next, making it difficult for its members to fully enjoy the blessings of multi-generational families.

By demonstrating how the physiological arousal of one generation reacted to the interpersonal patterns of the generation above, the assessment protocol made it easier for family members to bring up unresolved conflicts, which would otherwise be concealed. It also provided a structure for family members to renegotiate new relational patterns, allowing each generation to deal with the emotional entanglement in the present moment and open up possibilities. For therapists who wish to use this approach without the benefit of biofeedback equipment, they could still apply these concepts by asking the young children (or adult children) to observe and identify issues in the interparental discussion that they might be concerned about and use this feedback to explore the impact of intergenerational relationships.

The families in our study were all Asian Chinese, but we believe the protocol we have developed is not culture-specific, as it is designed to accommodate the nuances of different cultural manifestations. Furthermore, the child's physiological response is an involuntary function of the polyvagal system, a physical response that transcends culture (Porges, 2011). Possibly due to the fact that Hong Kong is a rather Westernised city, our lens would tend to be more universal in analysing what might have previously been regarded as culturally idiosyncratic (Lee, 2002, 2017a). For example, people may consider the notion of building a stronger spousal subsystem in the middle generation a Western idea, citing the theory of filial piety in which the older generation is highly respected in traditional Chinese culture. From our point

of view, strengthening the spousal subsystem does not necessarily mean weakening the older generation. Rather, it allows the couple in the middle generation to be more capable in performing its executive function, a role that is expected of this spousal subsystem in order to maintain harmony in the entire family system. This seemingly Western concept is actually very much in line with Confucius' teaching on governance, which holds that if everyone from the government to the family assumes the responsibility he/she holds in his/her respective subsystems and play his/her roles accordingly, the world would be at peace (Lee and Cheng, 2017). In any case, yearning for belonging and connection is universal in all human relationships, although its manifestation may differ from culture to culture.

Regrettably, the current service delivery systems tend to segregate family systems into subsystems such as youth, couple and the elderly, with service provision catering mostly to the treatment of individual pathology. We hope this analysis can provide new insight and evidence to the effect that treating the family as an entire system would be more cost and treatment effective.

Family is an ever-evolving life system, always in transition in any cultural context. Some family cultural elements may survive through the transgenerational passage, but many others may disappear or change as new practices, beliefs, and traditions are acquired. After all, people with satisfactory family relationships are happier and live longer (Siegel and Allison, 2016; Waldinger, 2015).

Limitations

Our observations are constrained by the scope of our data and they are by no means exclusive of other transgenerational patterns and configurations. Since the analysis was based upon our clinical perspectives, we recognise that our opinions can be biased by our theoretical and clinical orientations. We only hope that this attempt could stimulate further studies on this much neglected area of interventions with transgenerational families.

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