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# Family Practice Grand Rounds

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## Adolescent Depression and a Family Physician's Approach to Working with the Family

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DR. DAVID D. SCHMIDT (*Associate Professor, Department of Family Medicine*): We have a very special guest with us today, Dr. Reuben Hill. Dr. Hill has devoted the major part of his long and productive career to the study of the family from a sociologic perspective. His pioneering work has included the development of the concept of a family life cycle and the critical role transitions that occur at various stages of the family's development. He is currently the Regents' Professor of Family Sociology at the University of Minnesota.

Dr. Hill, I am going to present to you and the group a family that I am currently trying to help, and an edited videotape of our last interview. However, before I begin, let me share with you the evolution of my thoughts as a family physician concerning this type of family work.

During early practice years, I had to deal almost daily with psychosocial issues that were related to medical problems. With certain types of problems, I would work with the family rather than the individual. Let me cite a few examples. If a patient's tension headache, peptic ulcer, or spastic colon seemed to be related to marital stress, one had to get the couple together in order to define the problem adequately. Often, I encountered a family dis-

tressed by the turmoil created by having an adolescent at home. Here again, more was learned by talking with the parents and child together. During these early years, I relied on intuition as I had no formal training to prepare me for this work.

During the three years that our group has been working together here in Cleveland, we have all learned a great deal about the family. Our group includes family physicians, an experienced psychiatric social worker, a child psychiatrist/family therapist, and a medical sociologist. We hope that our family practice residents who participate in these family oriented teaching exercises will enter the practice world more prepared to help families than have past generations of physicians.

There has evolved a consensus within our group that the family physician might devote four to six sessions with the family, trying to help them define and manage a given problem. But if, at the end of that time, there is little indication of improvement or if the family physician discovers a major psychiatric problem, it would be appropriate for him/her to ask for help from other mental health professionals.

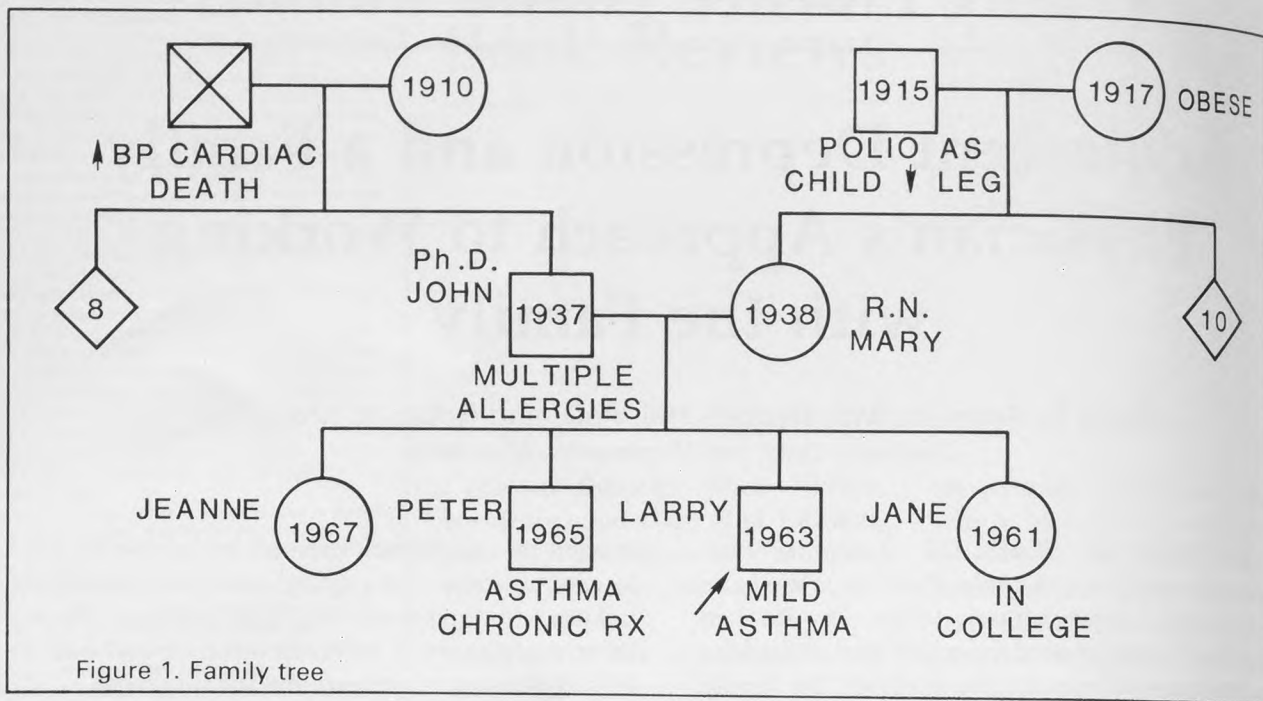
Please note that we are not labeling this effort "family therapy," in the formal, psychiatric sense of the term. Let us simply call this a family physician's approach to helping a troubled family. The physician's "point of entry" into the family system usually is an index patient who comes to the office with a medical complaint.

### Case Presentation

DR. SCHMIDT: Larry is a 17-year-old high school senior who came to the family practice cen-

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ter during a busy afternoon in March. His mother had telephoned and told our nurse that Larry had a cold with headaches and nasal congestion and, for the past several nights, he had had difficulty sleeping. Very early during the visit, the boy disclosed that he had been seriously depressed with suicidal thoughts three months earlier. After a cursory examination for his cold, I suggested that he wait until the few remaining patients were seen, after which I would be available to talk with him further about his depression. He eagerly accepted this suggestion.

Larry is the second (first male) of four children. His father is a prominent biomedical researcher and his mother is a registered nurse who has a demanding administrative position. The family tree in Figure 1 provides additional background materials.

The young man reported that for the past three nights he had been unable to sleep and, when he turned to his mother and father for help, he felt that he received little or no support. He stated that his mother needed her own sleep in order to get to work in the morning and the father, too, was very much involved in his own activities. After the third night of no sleep, the boy fell asleep early in the morning and was unable to go to school. He called his mother at work and she called the practice to make an appointment.

Larry recognized that he was upset over some recent developments in a relationship with two young women. B. is an old friend and confidante who lost her parents in early childhood and is living with her brother and his family. In the past, she had shared her feelings with Larry but in the previous fall she had felt the relationship was getting too strong and, because she could not stand the thought of "losing a loved one again," she asked him to back off. This was part of the upset last November. In this relationship, Larry listened to B. but was reluctant to share his feelings with her. He thinks he has a natural talent to help others but a reluctance to ask for help himself. Recently another girl, P., has been confiding in him and, as this relationship developed, Larry worried that B. might be hurt further. In this second relationship, he was again unable to share his feelings but readily listened to P.

Much of this first interview centered around the boy's period of depression in November. During this period, he was not functioning well in any of his school or extracurricular activities. His grades fell. (The young man appears quite bright and has a high expectation for academic achievement.) He had suicidal thoughts and did carry with him, for several days, a hunting knife that he had found in his closet. At one point, the boy gave the knife to his mother asking her to take it and hide it so that

he wouldn't hurt himself. He reported that this obvious attempt to ask for help led to little or no response from his mother, and he was not sure that his father even knew of the incident.

Larry also described his family's reaction to a serious automobile accident that occurred shortly after the above incident. The boy, while driving, was hit head-on by a drunken driver and his father's car was totally demolished. Larry was not injured. His first thought was that his father would be angry with him. When he saw fluid leaking from under the car, it occurred to him that it could have been his blood. This convinced him that he didn't really want to die. Larry reported that his father picked him up from the accident, took him to the hospital for examinations, and very casually said that he was glad the boy wasn't hurt. When he finally arrived home, he was greeted by his mother with a hug and then told that she had to go to bed because of work the next morning.

A few years ago, Larry made a conscious commitment to high moral standards. He has become active in a Catholic group on campus. Both his parents are Catholic and they attend church together frequently. He takes pride in the fact that he does not drink or smoke, and that he has not experimented with drugs. He is apparently popular with his peers and is invited to many social events.

At the end of this first hour, I spoke with his mother who seemed pleased that Larry was able to talk openly with someone. Both agreed to continue this work with a minimal expenditure of five or six sessions, and with a review of our progress at the end of that time. I also discussed his case with a consultant psychiatrist because of my concern about his earlier suicidal wishes and the apparent lack of concerned responsiveness of the family to the explicit signals.

Following the first interview, the young man went home and slept soundly and became more involved in his normal activity. He went off with some friends downhill skiing for the first time. After a week's thinking, Larry concluded that he really needed to learn how to express his feelings to others. He appeared to be sincerely motivated. He had, in the meantime, a long comforting discussion with one of the counselors at school. He was in the process of selecting and applying to colleges, and had a long and useful talk with his father about these plans.

He recognized that he had never been able to share his feelings with others. He just assumed that this was the usual way to behave. He felt that strong persons should be able to control emotions. He described a childhood event in which he was able to ride his older sister's tricycle; in fact, he "took it away from her." From that point on, he received parental approval by achieving. He stated that he could do anything he wanted to do. He excelled in every activity he undertook. He beat the competition and then lost interest. The level of achievement required to become "Number 1" was far short of his own expectations. His recent activities showed that this pattern was repeated in other activities such as dramatics and singing. At the end of the second session, the boy made it quite clear that he regarded the problems with B. and P. as minor. He explicitly expressed a desire to improve communications with his parents, seeing difficulties in his relationship with them as a more important source of distress. At this point, my impression was that Larry was an ascetic, striving, and overly perfectionistic young man who seemed to have considerable difficulty in experiencing and giving expression to emotion. He therefore had a depression-prone personality, being vulnerable to feelings of self-doubt and worthlessness. He also appeared to be struggling with dependence-independence conflicts, heightened by his pending departure from the family. He did not appear clinically depressed or suicidal at this time.

During the third interview, Larry, his parents, and I met together. The family chose chairs so that the mother was physically placed between the father and son. I began by pointing out that teenagers frequently have periods of depression but what Larry experienced seemed unusual. I went on to say that Larry had expressed a strong wish to improve communications between himself and his parents, and that is why I thought it would be helpful if we all sat down together.

For most of the interview, the mother dominated the discussion. She immediately brought up the episode of the knife and related that she stayed up with Larry the entire night after he gave her the knife, in an effort to uncover what was bothering him. The harder she tried to get him to talk, the more quiet he became.

It became clear to the boy for the first time that his parents had discussed his problems exten-



sively. Frequent references were made to the fact that the mother is a volatile person with wide mood swings. The father has a very even temperament and has never been depressed or troubled, and simply goes about his work.

After 30 minutes of the mother dominating the conversation, during which she repeatedly tried to rationalize and defend her reactions to the boy and her career activities, Larry turned to his father with contempt and accused him of being the strong, silent type. At this point, I made an effort to engage the father in conversation. We talked about his family of origin. He was the oldest boy of nine children. Throughout his childhood, he did not express feelings. He had no relationship or contact with his father at all. When first married, he was amazed to discover that his failure to express emotion was not the norm for others. About eight years ago, the mother and father went through some type of couples therapy. They are presently involved in a couples group and she finds much support from a women's group and is involved in the women's movement. The father freely expressed that over the past few years, he has been able to express his feelings better and wishes that he had started working on this much earlier. I suggested that the father might be a good resource for Larry since both are struggling with the ability to express feelings.

During this interview, Larry mentioned that he had been moved by the movie, "Kramer vs Kramer." In fact, this was the first time he had ever shed a tear during a movie. The parents were planning to go see the film themselves.

At the end of the discussion, I suggested that we review where we stood. Larry's first response was that he seemed much better now and there was no need to do anything more. The father stated, very forcefully, that he wanted to continue this type of work. There followed a very heavy moment in which the father expressed to the boy that he had been trying to reach out to him, to communicate with him unsuccessfully for the past several years. The mother interrupted this exchange! I made the observation that it seemed odd that the mother had interrupted this rare moment of communication between father and son. She apologized. As we left, the mother said she felt the father and son should work together; that she did not see any reason for herself returning. As an exercise in communication, I suggested that the family dis-

cuss this together and decide who would return for the next session. All agreed to accept the majority vote.

#### *Fourth Interview (Videotaped for Presentation)*

##### **Part I: Why Mother Decided Not to be Present**

DR. SCHMIDT: How are things?

LARRY: Good.

DR. SCHMIDT: I see just the two of you came in. How did you decide that?

LARRY: We just decided.

FATHER: My wife didn't want to come. She was uncomfortable last time.

DR. SCHMIDT: Really?

FATHER: She's very conscientious about trying to be a good mother. She came to the realization that she's not living up to her own expectations. She's not performing as a mother. This made her feel bad.

DR. SCHMIDT: Did you all talk about that?

LARRY: Sure, but not with you (turning to his father). You were too busy! You were gone!

FATHER: Yes, I have been busy.

DR. SCHMIDT: You talked with your mother about this, Larry?

LARRY: Not much. (Long silence)

DR. SCHMIDT: I'm interested in learning how communications are going now. This was one task that you were going to work on—figuring out who was going to come today. Could you share with me what you talked about?

LARRY: We just talked. I can't tell you everything. I don't like to say what other people said.

DR. SCHMIDT: Did you get a feeling that she felt she had failed somehow?

LARRY: No, she was just upset. She didn't feel that she fit in. What, you know, mainly, being a father yourself, you can deal more clearly with my Dad. So, some of the things she said, you wouldn't understand. I understood!

DR. SCHMIDT: Did I offend her?

FATHER: No, it was the situation.

DR. SCHMIDT: Well, I hope we have an opportunity to patch that up.

##### **Part II: Father's Style of Relating to Others**

FATHER: I'm not a very social person. I'm happy to be in my laboratory, in my corner, doing

my own thing. I don't know if that's normal, but that's just the way it is.

DR. SCHMIDT: And the realization that you might not be communicating with your family?

FATHER: I'd be much better off if I could develop skills in this area.

DR. SCHMIDT: And in respect to Larry?

FATHER: Yes, I'm more distant with him than the other kids.

DR. SCHMIDT: How did that evolve?

FATHER: A combination of both our personality types. Larry's not the type that confides in others. It's not a good situation.

DR. SCHMIDT: When was the last time you had a serious conversation?

FATHER: I never told him anything about how I was feeling about something. A few years ago, we had a discussion. He got upset. We talked downstairs for a while; we talked upstairs for a while.

LARRY: I don't know what you're talking about.

FATHER: You don't remember?

DR. SCHMIDT: Do you remember what it was about?

FATHER: No, I don't recall the exact topic. The thing that I do remember for sure is that he started off by saying that he wanted to talk to me, but finds that I'm never available. I was shocked. I'm always around the house. All anyone has to do if he wants to talk to me is ask. I was amazed that he feels that way.

DR. SCHMIDT: Larry, what's your perception about how available your father is?

LARRY: He's usually home, but always doing something. I'm not one to interrupt people.

DR. SCHMIDT: Have there been times when you wanted to?

LARRY: I don't like to interrupt people or bother people. One of the major reasons I don't tell people about my problems is that they have enough problems of their own to deal with. It's just easier if I work them out myself.

### Part III: Larry's Lack of Interest in Doing Further Work

DR. SCHMIDT: You're not as open as you have been in the past. Is this a message that you've had enough of this talking?

LARRY: (Laughing) Could be!

DR. SCHMIDT: Is that what you think?

LARRY: I'll keep coming as long as you all want me to. It doesn't matter that much right now to me, as to what goes on because no matter what happens, it always narrows down to, I'm the one who has to do everything in order to work things out.

DR. SCHMIDT: Who laid down that rule?

LARRY: That's the way it is! Think about it. No one could get anything done if I didn't help them.

FATHER: And vice versa, too.

LARRY: Yes, but you can't *start* without me.

FATHER: You can't start without Mom and Dad, either.

LARRY: No . . . (Pause) If I'm not going to do anything, then it doesn't matter what you all do.

DR. SCHMIDT: Well, put it this way: the family's made up of individuals and they all have to work together to accomplish anything. Is there some reason why you're going to boycott things?

LARRY: No, I'm just saying that I know what's going on. No matter how long I come here, how long you try to do anything, if I don't feel like it, I can always stop things.

DR. SCHMIDT: Sure, if you wanted. Do you want to?

LARRY: I don't know. (Silence) The other part of that is that I can always start things. I don't see any particular purpose in doing things until I want to. Right now I'm so busy, I wouldn't even have the time to do anything because I'm in school almost all day, until 5:00 or so, and then I have to be back at 7:00 and I'm there until 9:00. After that, I finish my homework and go to bed. There's not much time for anything else. Ask me in two weeks or so and then I'll be more receptive. Spending time is one of the things we really can't do right now. This is not a good time to try to do anything.

DR. SCHMIDT: Aren't these some of the same excuses your busy parents are using?

LARRY: Yes, but we're all busy. It takes time to come here! I came home, slapped together an omelette, we came here, and I have to leave at 6:30 so I can get back to school. This is set-aside time for talking. Most of the time, I don't see where it's heading. I know almost everything that's going to be said.

DR. SCHMIDT: I'd be the first to admit that you have tremendous insight.

LARRY: What good does it do me? (Silence)

DR. SCHMIDT: The basic thing that I'm struggling with in my mind is this: when you were hurting, you were motivated to get something going. Now you're too busy. What does that mean? Does it mean that the pain's not there?

LARRY: To a certain extent, yes. Once something's over with, I tend to move on to the next thing. I don't like to draw things out that are not a problem and now it's not a problem.

FATHER: That's pretty accurate for the moment. We react by getting involved in a project. No time to think about anything else, even our own feelings.

DR. SCHMIDT: And you do the same thing? Does it work?

FATHER: Yes, if I have a particular personal problem with the wife or something, I get involved and forget about it for a few days and it goes away.

LARRY: And it's not so much that something has to be said—it has already been said. What more can be said? What I said to you—I told you a lot the first and second times I talked to you—I learned a lot just by saying it because I had known it before, but I had never clarified things. I've been able to learn to do with myself and with others. It's pretty good. You can't learn a lesson twice.

#### Part IV: Larry's Expression that His Parents Need Help

DR. SCHMIDT: (Turning to the father) I'm struck with your change in level of motivation. Correct me if I'm wrong. The last time I asked, you were saying strongly, "Let's keep working." There seems to be a change this week. For heaven's sake, if the problem's over, let's not waste time. But it's important for me to think about some other possibilities. Mom is not here. Does that make a difference?

LARRY: Not to me.

DR. SCHMIDT: Does it make a difference in terms of what communication goes on?

LARRY: Not to me.

FATHER: She's a very vocal, verbal type person—which I am not. So, I usually rely on her to speak for the two of us in many situations. That's the way it is. So, when she's not here, I don't say very much but it's more than I do when she is here. She was feeling somewhat defensive the last time. She's super conscientious about trying to be a good mother and a good person. She felt threatened by the whole thing.

LARRY: What does that have to do with your communications? Remember recently when I was trying to figure out with Mom which college to go to? The next night, Dad asked me the same question. My Mom complains that my Dad never tells her anything I do. Whenever I tell my Dad, he doesn't relay it on to my mother. So, if she has to know something, I must tell her.

DR. SCHMIDT: Is that right?

FATHER: Well, if I think about it, I don't spend a lot of time talking. Two sentences in a whole day is a lot for me.

DR. SCHMIDT: (To father) Yet your lectures are successful.

FATHER: My formal presentations are all right, but I don't chat in the hallways.

LARRY: He's got this lecture voice and a talking voice. If he says something at the dinner table, half the people understand what he's saying—the ones sitting near him. The others say, "What?" But when he came to talk to the high school, he made a presentation on science, I was surprised that *that* was my father. I never heard him give a lecture before. He made points clearly. It's just a different style. When he's around home, he's relaxed—he doesn't need to go into great depth about anything.

FATHER: Things I have to say, I don't feel are important enough to fight to get things in. I'm a great listener. I like to listen. I don't have a great urge to express myself. I don't fight for the right to get my ideas presented. If they don't hear me, that's their loss.

LARRY: How do you know if they want to hear, if you don't present them to begin with?

FATHER: I don't care. It's not important to me.

DR. SCHMIDT: Well, shall we call an end to this interview?

LARRY: It's about time we end this one, but I don't know about all of them.

FATHER: You've done about as much good as you can already.

LARRY: I think it would be good if you and Mom would come in for help. You two have more trouble talking to one another than you do to me. It wasn't until three years ago that you actually spoke up to Mom. She starts yelling at you, then just goes away while you just sit there. It frustrates Mom, I know.

DR. SCHMIDT: How do you know?



LARRY: It's kind of evident—at least to me.

DR. SCHMIDT: Have you talked with your mother about this?

LARRY: No, she usually just gets fed up and walks away. Maybe it would be better if she just went away for a while. After you two had seen "Kramer vs Kramer," one night you got into a fight—I don't even know what it was about—but she said, "Maybe that lady was right in walking out; maybe I'll walk out."

FATHER: She feels that way often—at least once a month.

## Discussion

DR. SCHMIDT: As you can probably detect from the videotape, I was uncomfortable during this entire interview. To maintain flow was like pulling teeth! The motivation that seemed so strong during the earlier meeting appeared to have vanished. I was also surprised to learn that the mother had been uncomfortable during the last visit and that she was not interested in being part of further efforts.

DR. ROBIN MOIR (*Assistant Professor, Department of Child Psychiatry*): The information available suggests a coalition between mother and son. What you did, Dr. Schmidt, during the earlier session, was support a change in that coalition by pointing out that the mother had interrupted the father and son during an important attempt at communication, and by suggesting that the father could be a valuable resource to the boy in his attempt to develop the capacity to express feelings. I think the mother was feeling somewhat threatened and reacted to that effort to change the coalition. By not participating, she is probably declaring, "Okay you two. You want to get closer? See if you can do it. Let's see how you get along without me." Remember, she knows the history of this relationship, how uninvolved the father and his feelings are, and how difficult it has been for the two of them to communicate.

DR. REUBEN HILL (*Regents' Professor of Family Sociology, University of Minnesota*): The first thing that impresses me about this young man is the fact that his major confidantes are female. In our studies of "confidantes," girls talk to girls, girls talk to their mothers, and boys talk with boys. This young man is an exceptionally skillful listener with girls and with his mother. This aspect of communication is well developed.

DR. MOIR: Recall that his sister, the oldest girl who just went off to college, had a strong relationship with the mother. Could it be that Larry has taken his sister's place as a confidante for the mother? If this is so, it's much less congruent for him as an adolescent male with his mother than it would be for the daughter. He is probably being placed in a role that he does not find comfortable and is quite clearly trying to get his father to assume the role of confidante for the mother, as he properly should.

DR. HILL: I would like to know what's happening with the older 18-year-old at college. Has she been able to work out more collegial relationships that permit coming back and not being reinstated as a child? You never do become a complete peer with your parents, but it is an approximation and so, the confidante possibility is tested out around the circle of members of the family, kinsmen, friends, and workmates, when it is needed. In Middletown, we found the adolescents ranking the father "lowest person" as a potential confidante; yet, also, the person they would most like to "be able to establish a relationship with." But something happens developmentally over time because the male parents of these adolescents report that their own fathers are the persons they talk to most about all kinds of affairs. I would view this family as being in the process of moving toward collegiality between adolescent and parents. They are struggling with rearranging their relationships at a more relaxed, collegial level. It's sure tough for parents to withdraw from being protective and nurturing because it wasn't easy to enter into these potential roles in the first place. The parents are giving up an investment in their children, and the children are giving up an anchorage point. The children also give up someone to blame when they make bad judgments. This youngster has enormous insight into this situation and is the source of change.

The adolescent experiences erratic shifts back and forth between self-sufficiency and feeling hurt and neglected. Two steps forward, and three steps back. When he was hurting, he turned for help and talked freely with his family physician. In this videotape, he re-establishes himself as self-sufficient and makes it clear that he is in charge. If we would take his present stance at face value and everybody would quit listening, assuming all was well, it would be disconcerting because the option of

being "just a child again" would appear no longer available.

DR. MOIR: The fact that Larry is no longer interested in help for himself but suggests that the mother and father need some help is quite significant. One of the things we see regularly in family work is that a child is presented as the problem, and rapidly the focus shifts to parental-marital issues. This frees the child from being caught in this triangulated sort of relationship. It frees them to walk away and get on with their own lives. I think that, in this instance, at this age, youngsters do not necessarily want to establish a greater sense of closeness and involvement and communication with parents. They have a need to remove themselves. If the parents are in a conflicted or non-communicating sort of mode, and the youngster is filling a role that would normally be filled by the father, then he's stuck. If he can bring them to you, and if you can work on the parents' problems, this would take a great load off the child's shoulders and he could go off to college next year without any guilt.

DR. HILL: So far, this presentation looks like this is an only-child family. We hear little or nothing about the other children. Is the father's relationship with the other children really better, as he stated? The mother, a registered nurse, is the natural spokeswoman for the family in your medical setting, but what goes on at home? We have learned from small group laboratory work with families that the leadership or spokesperson role changes. The experimenter encounters a different leadership pattern when he makes his observations in the home. I recommend, Dr. Schmidt, that you arrange to meet the entire family on home base. You may observe different configurations. You would then be a guest rather than an authority. I make this suggestion as a researcher who's trying to understand families rather than as a clinician responsible for medical services.

DR. SCHMIDT: That is an excellent suggestion. I could certainly find the time to visit the home as a learning experience for myself. Our next visit will be the sixth and last. I plan to see the mother and father alone. I feel a bit disappointed about the family's apparent loss of motivation to work on problems at this point.

DR. MOIR: I find this is very characteristic of the way in which families or individuals within the family will identify themselves as having problems

and make equivocating approaches toward help. By the time the psychiatrist sees families, they usually have gone through those steps of identifying the problem, seeking help, pulling back from it, only to seek help again. The family physician serves many essential roles for a family. First, he can help the family define the problem. Is the basic problem the boy's depression or the parents' relationship? Once the problems are defined, the family physician can help the family look at available resources for more extensive help if the family wishes. One must be prepared to have the family pull back; in fact, they may choose to work on issues on their own, and that may be very appropriate. Because of the family physician's long-term commitment to the family's welfare, the door is always left open. The individuals involved know that they can return at a later date if they need further help.

DR. HILL: I am pleased to see that family medicine is prepared to establish this type of service to families. There is a great need for psychological support for families. It seems strategic for the family physician to assume this role. The family physician can build upon the foundations of mutual trust and respect that develop as he serves the family's medical needs.

## Epilogue

During the last interview with the mother and father, a simple openended question about their relationship led to an outburst of angry accusations about how miserable one had made the other. They readily admitted that they remained in a state of mutual tolerance only because divorce is not an option for them at this time. In the past, both tried to improve their relationship through marriage encounter groups, but the mother, at this point, was "fed up and tired of trying." They readily acknowledged that Larry had assumed the role of mediator between them.

At the end of the session, I offered to help them find more extensive marriage counseling when and if they decided to seek such help. I explicitly asked them to contact me again if I could be of any further assistance. They also agreed to my visiting the entire family in their home when the oldest girl returns from college this summer. At present, I am seeing family members for the occasional medical problems and continue to demonstrate an interest in what's going on in the family.