

The fallout from family secrets



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“I know that’s a secret, for it’s whispered everywhere.”

– William Congreve, *Love for Love* (1695).

CLINICAL SCENARIO

SIXTEEN-YEAR-OLD Sarah was referred with “serious depression”. For the last six months, she had stopped seeing friends, often missed school, was sleeping poorly at night and spending much of the day in bed. Her parents and her three siblings accompanied her to the consultation. All looked worried.

ASSESSMENT

At interview, Sarah was distinctly depressed. However, key features did not suggest a biological melancholic depression – she could be cheered up, and she was quite reactive, although preoccupied, at interview.

Her anxiety symptoms were more distinctive and had preceded the depression, suggesting that the depression was secondary to an anxiety state.

There was a family history of anxiety: her father was a ‘worrier’ and two of her

siblings were being treated for anxiety. Sarah had shown school refusal in primary school, and, from age 11, distinct social phobic symptoms. She described intermittent panic attacks since 13 and had a phobic avoidance of going to shops.

SEARCHING FOR THE ‘SOURCE’

When an individual presents with high anxiety, it is common to suspect some underlying cause that may or may not be known to the patient. This, in the past, often led to many patients engaging in years – if not decades – of psychotherapy, to find the ‘secret’.

However, we should be informed by the plays of Harold Pinter, whose theatrical model accords with much in clinical practice. In it, ‘causes’ of anxiety can be epiphenomena; often the individual has had high levels of trait anxiety for years (presumably reflecting genetic factors) and they (or their therapist) seek to find some external cause to make sense of it.

THE SECRET

However, there are exceptions to the rule. While it is natural for adolescents to have secrets and to become preoccupied with them, most are personal and transient, and of little significance. Some secrets are of greater moment. The adolescent will often think that he or she is the only one who knows ‘the family secret’ when, ironically, it is known to everyone in the family but with each member avoiding raising it with the others.

I once referred an adolescent girl with

an ‘acute’ conduct disorder to a family therapist and was surprised that she required all family members – including a five-year-old brother – to attend a family session.

Like the parents, I argued that the five-year-old would be too young to be aware of what might be going on – and I also questioned the appropriateness of his exposure to problems faced by his sister.

I attended that meeting and felt the tension when the therapist asked the assembly: ‘What is the key family secret?’ The parents said nothing and looked tense, the adolescent and her older siblings appeared distracted, while the five-year-old stopped emptying the book shelves and stated – in a matter-of-fact voice – “Dad’s an alco”.

Each family member assumed that they alone knew the family secret

There was an elephantine moment in the room. Over the next hour, it became apparent that each family member was aware of this reality, assumed that they alone held that knowledge and elected that others should not be required to worry about it. The family tension had built up to such a degree that the adolescent girl became the ‘conduit’ – a variant of the ‘scapegoat’ scenario.

RETURNING TO SARAH

When Sarah was asked whether there

was any issue within the family that was preoccupying her, she was quiet for a while and then alluded to two issues. She was invited to raise them but elected to talk about only one.

She had accidentally found out that her father – a man who preached high moral standards – was having an affair, and had promised his mistress that he would leave his wife and family. She felt unable to confront him about this information and afraid to raise this secret with any family member.

CONCLUSIONS

While such ‘secrets’ are a rare explanation of severe stress, anxiety or depression in adolescents, they may occasionally be determinants.

Further, the adolescent may consciously or unconsciously try to absorb any family tension, believing that this may prevent feared consequences. The possibility that Sarah might be staying ‘unwell’ as a way of distracting her father from his affair by keeping the focus on her was not put to Sarah, as this might have been demeaning.

An interview was then held with her father, allowing the issue to be obliquely broached.

It became apparent that Sarah’s concerns no longer had justification. Her father had, in the last month, firmly recommitted to his family. The affair was at an end.

Though the interviews had respected the confidence of Sarah and her father, they had robbed the secret of its potency. The family bomb had been defused. ☺