# Chapter 8

# *Triads and the Management of Conflict*

## *The Natural Triad*

Up to now we have been looking at triads that relate to distress in a social system with the implication that these forms are themselves the source of some malignant tension. The position taken here is that they are neither good nor bad. They are natural regulatory mechanisms which may or may not—depending on the point of view—exact too high a price. They take a benign shape when a group is functioning well, and what we have come to think of as a pathological shape when it is not.

Let us start with the "natural triad" of Morris Freilich, ~~which~~ Caplow ~~mentions in *Two Against One*~~, as a good example of a benign triangle. Freilich, an anthropologist with an interest in triads, noticed a peculiar three-person arrangement that occurred over and over again in kinship groups in many countries. What is interesting about this triangle is that it has many of the same basic characteristics as Haley's "perverse triangle" and Caplow's "improper coalition." There is a close tie between a superior and a subordinate;



there is a hostility or distance between the other superior and the subordinate; and there is a clear difference of attitude between the two superiors.

Freilich formally describes the cast of characters of his triangle as follows:

1. a High Status Authority (HSA)
2. a High Status Friend (HSF)
3. a Low Status Subordinate (LSS)[1]

Freilich posits a positive or friendly relationship between HSF and LSS and a negative or distant one between LSS and HSA. Regardless of the kinship structure of a society, the person who wields authority over a child, whether his father, his uncle, or his grandfather, is the HSA, while another relative without that responsibility would play the part of the HSF—perhaps mother's brother or sister, or a grandmother, or some such. Freilich observes that similar sets of relationships are represented in societies like our own by triads within occupations or institutions. In a prison it might be "warden-chaplain-prisoner"; in a hospital, "psychiatrist-social worker-patient"; in the army, "officer-chaplain-G.I."; in a university, "authoritarian professor-friendly professor-student."

Freilich discusses the many-sided uses of this triadic form. For one thing, he says, it is a kind of buffer, upholding the hierarchical nature of a society that contains some who lead and some who follow, while mitigating the strains between the levels. The HSF, he says, is a power balancer within the group, mediating between the severity of the demands of the group and the needs of the individual. In our society, a grandparent, not usually being the disciplinarian of the child, can act as the HSF. But if the grandfather, for cultural or other reasons, is the main authority, the father or mother can be a chum or pal.

In addition, the HSF is a tension-reducer. If the HSA creates tension in the group, the HSF ameliorates it. Freilich turns to the concept of "expressive" and "instrumental" leaders originated by Talcott Parsons and Robert Bales, who wrote that in every group there will be one person who is the "task specialist" and one who is the "social-emotional specialist." Both Caplow and Freilich equate these roles with two necessary but conflicting polarities. There is the program of the individual and his own interest, and

there is the program of the organization and its survival. Caplow argues that, at times, it is healthy for a "revolutionary" coalition of subordinates to override the sanctioned program of the organization. At other times, especially when the group is in danger from without, the authority structure of the organization takes precedence.

We could say that these polarities represent Ashby's adaptive mechanisms for the survival of any organism. The administrative side of the continuum falls into Ashby's category of "constraint," the rules and regulations necessary for the maintenance of the system. The individual side falls into the category of "variety," the pool of idiosyncratic elements from which new solutions can be drawn when the system is facing previously unknown circumstances. These polarities are the systole and diastole of the tension between stability and change.

Parsons, applying his version of these polarities to the American family, gives the mother the expressive role and the father the instrumental one. Empirical research has found this not always to be true, and latterly, of course, changes in parenting styles and sex roles make the linking of any position with any gender a doubtful enterprise.

Freilich points out that Bott's studies of family networks may clarify at least some of these issues. In families embedded in close-knit kin networks (usually working-class or ethnic groups) there is a fairly rigid differentiation of labor with instrumental and expressive roles clearly parceled out to father and mother respectively. Nuclear families with sparse or loose networks have a less rigid division of labor, and the parents' roles are more interchangeable. But whatever the arrangement, the possibility of an alternation between relatively "authoritarian" and "permissive" positions acts as a system of checks and balances which may be integral to the survival of any group.

Freilich tries to incorporate the principles of balance theory in explaining how his "natural triad" works—but this poses some problems. If Heider and other balance theorists are correct, the HSA, HSF, LSS triangle will have built-in difficulties. As soon as we posit a positive relationship between HSF and LSS, this means that the relationship between the two authorities will have to be negative,



or else the triad will have to change, either with all sides becoming positive or with the HSA becoming friendlier with the LSS, and the HSF becoming more distant.

To guard against the pressure for change in such directions, Freilich suggests that "formality systems" equivalent to Caplow's status schisms between levels in a hierarchy, or Haley's generation line, will act as role protectors. As an example of my own, a student in trouble with the principal of his school might be befriended by the guidance counselor. Balance theory predicts that the friendlier the student and the counselor become, the more likely it is that the counselor will side with the student and that relations between counselor and principal will become tense, thus subverting the authority structure of the school. Usually the pressure for solidarity among school personnel will keep that tendency in check, so that principal and counselor do not become divided over handling the case, with possible worsening of the student's problems. This is an illustration of how a "formality system" or status line operates.

As this example suggests, Freilich's formulation applies mainly to a normal situation. It is appropriate for the leaders of a social system to represent two contrasting positions, either of which may be needed, depending on circumstances. The HSA (the principal in this example) is important at times when the survival of the group is at stake. The HSF (the counselor) is important when exceptions must be made on behalf of the individual, or when outside forces or interior stresses point to the need for change. If the "formality systems" are working right, they will counteract the strain toward compatibility predicted by balance theory, even when the leaders disagree.

But the "formality systems" do not always have sufficient weight when conflicts between leaders or in-groups become too great, or when there are pressures to form, or to intensify, cross-level or cross-generation coalitions. Here we will see an economical twist by which the natural triad, as described by Freilich, becomes the "perverse triangle" of Haley, and a third party is employed which diverts the threat of splitting or a war. It is at this point that we must return to the extraordinary insights of Alfred Stanton and Morris Schwartz, mentioned in Chapter 6, in their description of what they called "the special case": a configuration which seemed to act to

encapsulate a conflict and prevent the social fabric from being torn apart.

## *The Problem of the Special Case*

In *The Mental Hospital* Stanton and Schwartz explore the influence of triadic forms in mitigating conflict.[2] Published in 1954, the book was intended as a "social structural" study of a large institution. The authors were, by and large, committed to an organization theory framework that put the focus on elements such as chains of command, formal versus informal structures, flow charts for decision making, lines of communication, arrangements for handling conflicts, questions of morale, and all the other problems that interest the student of administration.

However, for family researchers, the study turned out to be an unexpected corroboration of some of their hypotheses. Clinicians working with families had long suspected that a hidden conflict between parents might have something to do with the symptomatic behavior of a child. Stanton and Schwartz's findings, which linked outbreaks of pathological behavior on a hospital ward to unaired disagreements among members of the staff, seemed to provide a suggestive confirmation for these hunches.

Oddly enough, few if any other organization theorists picked this idea up—which is why Stanton and Schwartz's work is so unusual. No study in small group or organization theory literature has explored in such detail the workings of the three-person form that Haley calls the "perverse triangle," Caplow calls the "improper coalition," and Stanton and Schwartz call the "problem of the special case."

What is so special about their "special case"? The phrase itself seems to lack color. It is almost as if the authors did not know that what they had stumbled on deserved a more glorious signature. Their book would have been, in fact, merely another organization theory study had not they allowed themselves to be sidetracked when an unidentifiable object swam into view.



This object first appeared during what began as an inquiry i breakdowns in staff morale. It seemed always to be around " problem of a special case" that both patient outbursts on the wa and crises in the administrative life of the hospital clustered. T led the authors to put a circle around these events and start do menting their circumstances. They noticed that the problem inv ably occurred when a patient was treated in such a way as tc marked off as a favorite or pet of some authority. It was not same thing as "unique treatment." Sometimes a person had an jective reason for being treated differentially, as when he need special diet for a physical condition. To be a true "special case," following features had to be present:

1. "special person" treatment
2. one who administers that treatment
3. one who protests it
4. an audience group whose norms are violated

Often the irritation around special treatment would be expre most loudly when an item in short supply was specially give that others got less, or when the regimen ordered involved work for staff. When it was seen as connected with a pati demand for particular recognition, or when it involved waivir a hospital rule that others had to follow, this would also c resentment.

The problem of the special case was also curious in that it see to appear only under certain circumstances. For instance, if ma on a ward were unusually disorganized or weren't going well, a member might start to favor one patient at such a time. O would then begin to criticize the staff member, and feelings ag the patient would run high. A division would make itself felt a a line of cleavage implicit in most organizations. In this hospi in other institutions, persons in authority tended to cluster ar two poles: some represented the official program, with all its and regulations, and others took a more permissive attitude, ar that each case must be judged individually. Stanton and Schv noted that at the center of each "special case" disturbance, would be two persons on the staff who represented those two

The authors also noted that these persons were unable tc directly with each other over the issues that divided them-

there was usually at least one issue which was not directly related to patient care—but that they chose to do battle through a third party, so to speak. Thus the one whose style came closest to the permissive pole would side with the patient against the unfeeling bureaucracy and would engineer all kinds of favors for him. The other, believing in an across-the-board enforcement of rules, would insist that the patient be treated like everybody else. The "protective" party might be a therapist and the "punitive" party a nurse, since these two opponents often represented the two opposing groups within the institution. After a while the staff closest to the main participants would begin to take sides and a polarization would appear along authoritarian versus permissive lines. The patient would usually respond by becoming extremely agitated. Although he might be seen as a successful manipulator, playing both ends to his own advantage, his position was actually not enviable. He was forced to respond to contradictory definitions of his situation by two superiors who each had power over his fate. This often resulted in the patient becoming extremely disruptive and upsetting his entire ward.

The authors go on to observe that the disruption might not only spread downward among the patient population, but upward, invading each echelon of the administration. As the controversy between the two staff members mounted, each of them would talk to (or, as Bowen would say, "triangle in") more and more personnel. If the major figures were influential in the hospital structure, the entire staff might end up divided into two warring camps, with the patient as the *cause célèbre.* Subsidiary disagreements would cluster about the main one, differentiated from it primarily by the fact that their resolution would leave the core situation relatively unchanged.

The resolution of the main problem could happen in several ways. One of the two combatants could go over the head of his opponent to protest to a superior, usually by threatening to hand in his resignation. Sometimes one of the two parties would begin to attract more and more opprobrium to himself until he ended up a "minority of one." In this case, if his resignation was accepted, it was tantamount to an extrusion, an example of Taylor's single deviant arrangement. This would in essence free the patient, who had until



But a more effective way to resolve the crisis, according to the authors, was for the opposing pair to settle their differences directly, face to face. The striking fact about the "special case" situation was that the real disagreement, whatever it might be, was something the principals were not always aware of. The authors began to believe that this matter of covert disagreement was central to the special case, if not actually its cause. They go so far as to state that:

> All patients who were the center of attention for the ward for several days or longer during the period of study were the subjects of such a covert disagreement. The most striking finding was that pathologically excited patients were quite regularly the subjects of secret, affectively important staff disagreement; and, equally regularly, their excitement terminated, usually abruptly, when the staff members were brought to discuss seriously their points of disagreement with each other.[3]

The authors present a detailed, day-by-day account of one such difficulty between a staff administrator and the patient's therapist, which documents the above assertion. The state of the patient fluctuated according to the intensity of the unexpressed disagreement between these two staff members until they finally talked matters out, whereupon the patient's excitability immediately subsided.

Stanton and Schwartz also discuss a related phenomenon: the collective disturbance, which in one case involved a change that was imposed by administration in the name of economy but that was seen as detrimental to patient welfare by many of the staff. Personnel took sides for and against this change, and after it was finally instituted a crisis in morale occurred, not only among staff but among the patient population. It was during this period that the agitation of one patient on a ward spread contagiously, until the whole ward was in a turmoil. A therapist who was an outspoken critic of administration policy had disputed the treatment of this patient with a member of the administration. The authors make the point that in this case the background of the patient's agitation was not only the conflict between the therapist and the administrator but the crisis involving a collective polarization of the entire institution. It did not matter that the disputed policies had been dictated by sources quite outside the hospital itself.

*The Mirror-Image Disagreement*

In Chapter 2 we paid attention to one very important aspect of social groups: the appearance of self-reinforcing repeating sequences. Haley, Caplow, and Freilich, in the works cited, tended to describe their triangles in static terms, like pieces of architecture or bits of Euclidian geometry. Yet, on a closer look, these triangles are not static but embody the type of mutual-causal processes referred to above. Stanton and Schwartz were the first researchers to link the rigid triadic forms characteristic of social contexts where symptoms appear to these peculiar redundancies. They became fascinated with the dynamics of their "special case" and invented a phrase to describe the polarization that invariably took place around it: the "mirror-image disagreement." If, during the management of a "special case," the two authorities took opposing views along authoritarian versus permissive lines, a deviation-amplifying process would ensue that would increase their differences exponentially. The more the protector protected a patient, the more the punisher would punish him. But a central rule seemed to be that the parties must remain polarized. If one party changed position, the other would, apparently unconsciously, make a simultaneous about-face, so that the structure of contraries in which the patient was locked remained the same. By this process, an originally small conflict between two authorities could become enormous. This could happen even in benign circumstances, with ludicrous results.

One could say that the patient, caught in such a vicious cycle, is the unwitting agent who exponentially transforms a difference or conflict between two staff members into a full-blown mirror-image disagreement. But if one is to remain circular, one should not forget the part the patient plays in maintaining and intensifying this disagreement. In some strange way the intensity of the conflict gets disssipated by going through the patient, almost as if he were a lightning rod, and with the unconscious connivance of the apparent "victim."

This amelioration of the conflict does not happen without a price, however. In a brilliant insight, Stanton and Schwartz surmise that





this type of polarization becomes internalized and surfaces in the patient in the form of a pathological condition known as "dissociation." This simply means that a person begins to perceive events and persons around him in purely black and white terms. One person will seem all bad, another all good. The patient will see himself, too, as alternately "bad" or "good."

The authors observe, however, that the patient may not be perceiving the facts as unrealistically as supposed. As they observe, two important persons in the patient's life are in fact pulling him in opposite directions. If these two persons are authorities with fateful power over him, and one of them sees him in need of strict controls and punishment and the other as deserving of favors and kindness, a social context emerges in which the patient's "dissociated" fantasies may be justified. This is not only true in regard to the perception of the favoring person as good and the nonfavoring person as bad, but may also pertain to conflicting notions about treatment or about the self. The authors conclude by saying:

> If our hypothesis is correct that the patient's dissociation is a reflection of, and a mode of participation in, a social field which itself is seriously split, it accounts for the sudden cessation of excitement following any resolution of this split in the social field.[4]

Stanton and Schwartz thus share with Haley the idea that certain behaviors associated with schizophrenia are an appropriate reaction to a real split between real others with whom the patient is intimately engaged, if not deeply dependent on. This is very different from assuming that there is a split in his personality, or a dissociative process taking place in his brain. In particular, the idea is presented that the person at the nexus of a pathological triad is somehow deflecting splits in the wider social field—between kin groups in the case of the family, or between professional groups in the case of an institution. It is of interest that the line of fission on which the split takes place is simply an intensification of the polarities inherent in the dual executive structure which seems to be most functional for any group. The dynamic model of Stanton and Schwartz, which deals with an escalation of intensities along this line of social cleavage, also explains the severity of the symptom displayed by the person who is mediating the split, which may

psychically, if not literally, tear him apart. It also offers the thought that this person may indeed be an unwitting sacrifice, so that he, rather than the body politic, absorbs the split.

Stanton and Schwartz concerned themselves with pathological escalations in the context of a hospital ward. The logical next step is to examine such escalations within a family that has a member with a psychiatric symptom to see if the family acts in the same way as a matrix for symptomatic behavior. Of all clinician-researchers, Salvador Minuchin has done the most interesting work in this area.

### *Conflict-Detouring Triads*

A recent contribution to the literature connecting triads to the management of conflict is Minuchin's *Psychosomatic Families,* a ground-breaking study of children with psychosomatic disorders: asthma, diabetes, and anorexia nervosa.[5] Minuchin and his coworkers started from the hypothesis that children could be used to obscure or deflect parental conflict. In analyzing relationship configurations which coincided with symptoms in a child, Minuchin formulated a typology of what he called "rigid triads."

These "rigid triads" are: "Triangulation," "Parent-Child Coalition," "Detouring-Attacking," and "Detouring-Supportive" (see Figure 8.1). "Triangulation" describes a situation where two parents, in overt or covert conflict, are each attempting to enlist the child's sympathy or support against the other. This form would correspond to what I have called the "inadmissible triangle" of balance theory, the triangle with two positive sides, connoting intense conflict of loyalty. "Parent-Child" is a more open expression of parental conflict, even though the family may come for treatment with a child problem. One parent will side with the child against the other parent, and at times it is difficult to determine whether the child or the outsider spouse is in more difficulty. The intense closeness of the child to the preferred parent can result in symptomatology, however, especially when the natural process of growing up begins to put stress on the parent-child stasis.



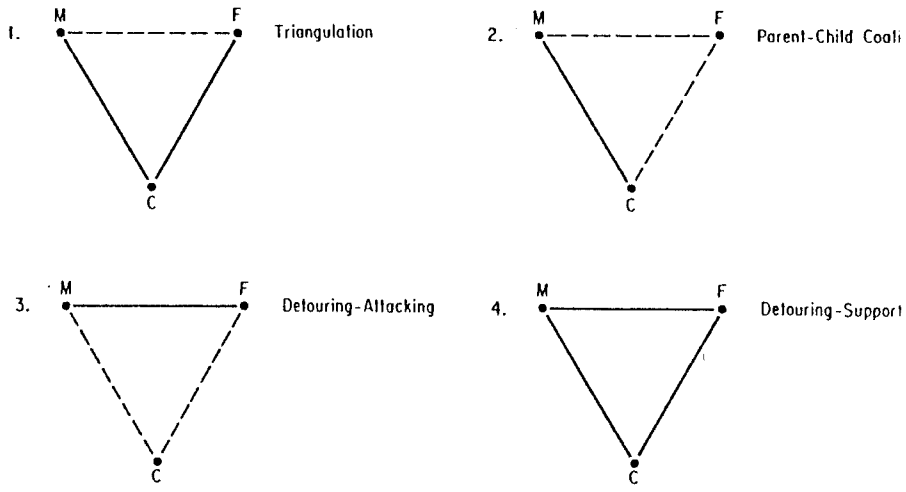


Figure 8.1
Minuchin: "Rigid" Triads

There are two types of "Detouring" triads. In a "Detouring-Attacking" triad the parents are most often perceived by the clinician as scapegoating the child. The behavior the child shows is disruptive or "bad," and the parents band together to control him, even though one parent is often apt to disagree with the other parent over how to handle him and both may handle him inconsistently. Most behavior disorders in children fall into this category. In a "Detouring-Supportive" triad the parents are able to mask their differences by focusing on a child who is defined as "sick," and for whom the parents show an enormous, overprotective concern. This brings them close together and is a frequent feature of families in which tension is expressed through psychosomatic disorders. All these triads, or permutations of them, can be found in families with psychosomatic children, but they are prevalent in families where children have other problems as well.

*The Transfer of Stress*

Using this triadic framework, Minuchin's team came up with a research idea that ties parent-child interactions to symptom production in the child. The particular test devised was originally directed toward a group of diabetic children. It had been noted that the presence of free fatty acids (FFA) in the blood could be an indicator of emotional arousal, and a concentration of these substances had long been linked to the onset of diabetic acidosis. A measurement of the plasma elevation of this substance might be the clue that would test out what could lead to the physiological changes known to be associated with diabetic attacks.

There were forty-five research families in all: ten with children with intractable asthma; nine with families with superlabile diabetes; and eleven with children with severe anorexia. The control group consisted of seven families with diabetic children whose illness was well controlled, and eight families with behavior-problem diabetics whose condition was not life-threatening. The purpose of the experiment was to provide evidence for Minuchin's hypothesis that the symptom of the child is intimately connected with the presence or absence of stresses between his parents. The larger research purpose of the study was to prove that a therapy that concentrated on changing the structure of relationships which constrained the child would also alleviate the symptom.

The question that especially interests us here, however, is the smaller one dramatized by the structured interview. This interview was designed so that blood samples of parents and symptomatic child could be taken at regular intervals. After a baseline FFA level was established for each family member, the child was placed behind a one-way screen to watch while an interviewer induced an argument between the parents. After half an hour the child was asked to come into the room, and parents and child were asked to work together on a solution of the argument.

The researchers found that the symptomatic children in the experimental group showed a far higher rise in elevations of plasma





FFA than children in the control group. In addition, their FFA level went higher and took longer to return to baseline after the interview was over than anyone else in the family, while the FFA level of the "higher parent" began to go down shortly and sharply after the symptomatic child entered the room. Examination of family interaction data (all sessions were videotaped) confirmed the hypothesis that in some way the parents "passed on" their emotional arousal to the child, as one would transfer a heavy weight. In the experimental families almost all conversation involved the child, while in the control families much more interaction took place between the parents.

Although there is no known direct link between levels of free fatty acids in the blood and the symptoms connected with asthma and anorexia, the children with these disorders behaved much the same in the interview as the diabetics. For instance, the FFA profiles of all the anorectic children, averaged out, rose in a high, steep curve as the parents argued; the level of the "normal" diabetics stayed below baseline level; while that of the "behavioral" diabetics rose slightly above it. This experiment, limited though it may be in population, is the first to my knowledge that has ever established a direct tie between an interactional sequence involving a symptomatic child and chemical changes associated with his illness.

Therapeutic interventions based on Minuchin's hypothesis that a child's symptom can be linked with parental conflict proved unusually successful. The goal of therapy was a structural one: to disengage the child from his position between the parents and to help the parents deal with their problems more directly. Follow-up studies of the group of fifty families of anorectic children over an eight-year period showed that 86 percent of these children had recovered. In addition, they were doing well on other indices of normal functioning. Most of the group reached normal weight within less than a year of treatment, some in the first weeks after therapy started. To date, there have been no deaths, which contrasts with the standard fatality rate for anorectics of 12 percent. In addition, the return to social and personal functioning contrasts with the average 40–60 percent success rate of individual therapy treatment programs, in which the anorectic may regain normal

weight but continues to show symptoms and to function poorly.

At this point it is useful to reconnect with the idea, suggested by Stanton and Schwartz, that a child's symptom may be associated with a mirror-image disagreement between the parents (overt or covert) which can be enormously stressful if it involves the child. In the four cases illustrating therapy with anorectics in Minuchin's book, this form repeats itself over and over in the beginning interviews. It is almost as if there were a hidden program in some famlies, no matter what social group they come from. Otherwise, how do all these families, from such diverse backgrounds, come up with such a similar reaction to threats to family stability? Over and over in the initial lunch session (a standard feature of Minuchin's treatment program for anorectics) there is one authoritative parent who tries to force the child to eat and another who pulls back, gives way, attempts to calm the child and soften the other parent. The child is caught in the classic "ballot box" situation: If he eats, he will be voting for one parent, and if he does not, he will be voting for the other. In addition, the action escalates so that he is being pulled harder and harder in two directions.

Nevertheless, it is important to realize that we are not dealing here with a simple triangle or cycle, but a complex force field with surprisingly similar characteristics from family to family. It is almost as if there were sets of instructions in families—perhaps in all social groups—having to do with the ordering of behaviors in the face of change.

We have seen that the most obvious single characteristic of families with "disturbed" members is their apparent lawlessness, most strikingly conveyed by the lack of boundaries or appropriate status lines. The family is governed—if that is the word—by a powerful politics of secret coalitions across the generations. What is so intriguing about the families in which this subterranean structure prevails is that one also finds processes equivalent to Bateson's corrective circuits, with symmetrical escalations tending to polarize the family, blocked by complementary sequences of a counteracting nature; threats of civil war or reciprocal violence, blocked by symptomatic displays or, alternatively, the emergence of the kind of solidarity which only a common enemy or an outside catastrophe can create. Of all these forms, the most common check to violence



or splitting is, as we have noted, the "single deviant arrangement," in which the group attains unity at the expense of a symptomatic member. At the same time, the family fails to evolve toward an organization more appropriate to its stage. How to intervene in these schismogenic operations, and in the fateful spirals that characterize them, will be the material for the next few chapters.