

Applications of the Lausanne Trilogue Play paradigm to Family Therapy: a homoparental case

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Abstract. Research on homoparental families showed that the most important risks for the child's development are homophobic experiences, whose effects can be moderated by family and peer relationships. Thus, the whole family, and in particular coparenting and family alliance, can be considered as an important resource for children's development.

We suggest a consulting intervention on family dynamics with two lesbian mothers and their young girl. Participants filled in questionnaires and took part in a direct observation of the family through the Lausanne Trilogue Play, resulting in a multi-method assessment. Through the video-feedback parents could see their own interactions and recognized - with the therapist's help - how their coparental experience was connected to their child's problems. By accessing to the representational level, a real therapeutic work enables to create a link between the present relationships in the family and the past experience in the families of origin.

Keywords: homoparentality, observation, family alliance, coparenting, infant's engagement style.

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Introduction

Homoparentality is a way to indicate when a homosexual parent raises a child: literature includes it among the “new families” (Carone, 2016; Golombok, 2015). This term considers all those new family structures – even though some of them have always existed – that increased during the last decades and now are going to be recognized as a reality: monoparental families, stepfamilies, intercultural families, immigrant families, homoparental families, and unmarried couples.

Research conducted by developmental psychologists on children’s adjustment in lesbian mother families showed that there were no differences between them and children born in heterosexual parent families, in terms of their psychological, socioemotional, and sexual development, as well as academic skills (Adams & Light, 2015; Baiocco et al., 2015; Golombok et al., 2003; Green, 2012; Speranza, 2015). When differences were identified, studies showed that children with lesbian mothers were better adjusted than their counterparts (Golombok, 2015; Patterson, 2016). A longitudinal study from the children's conception until they reached adolescence (Gartrell & Bos, 2010), found that they generally showed higher social and academic competences, more tolerance and an open mind, and less social difficulties, rule breakdown and aggressive behaviour than their peers who grew up in traditional families.

As in many “new families”, children can have more resources than in the traditional ones, considering the environment and the specific events related to their birth (Lingiardi, 2016). Even though almost half of the children experienced some homophobic attacks outside their families (Gartrell et al., 2005), the effects of this stigmatisation - usually related to problematic behaviours -, are moderated by the quality of family and peer relationships that helped to develop a good resilience towards the external stressors (van Gelderen, Gartrell, Bos, van Rooij, & Hermanns, 2012; van Gelderen, Bos, & Gartrell, 2015). Thus the family as a whole, that is the triad composed by parent, parent, and child and all the relationships among them, has to be considered as a protective factor that moderates the risk. Particularly, when homoparentality has been studied, the focus on coparenting demonstrated that gender issues were not implied, as men and women had all the competences to raise their infant based on intuitive parenting capacity: “expectant fathers showed greater intuitive parenting behavior when they had greater human capital and more progressive beliefs about parent roles, and when their partners had lower parenting self-efficacy” (Schoppe-Sullivan et al., 2014). Said that, families and coparental dynamics can be considered as relevant factors linked to the child’s adjustment and as

such it can be very useful to understand how parents work together to cooperate in the coparental team guiding their children along the developmental trajectories.

Parents with a better quality in the couple relationship showed a more supportive coparenting, that was related to a better child adjustment and less behavioural problems (Farr & Patterson, 2013). New frontiers have been reached in the study of coparental relationship and it has been demonstrated that parents together usually have an important *framing* function during the child's development. Some research showed that the child's interactive style was coherent with the parents' coparental style: family alliance or family coalitions were linked to a better or worse child adjustment (Fivaz-Depeursinge & Philipp, 2015; McHale, 2010; D'Amore, Simonelli, & Miscioscia, 2013).

Observing lesbian-headed families through a play situation – Lausanne Trilogue Play –, it has been found that parents generally showed more flexibility in the parental roles because they were not influenced by the gender role; the coparental style was cohesive, including the child into the family interaction. When competitive dynamics were shown, they were not linked to the couple conflict but probably to the enmeshment and the lack of clear intergenerational boundaries (Mazzoni, 2016). Literature considers the family as the first and the main *intersubjective matrix* for human beings (Stern, 2005) and the Lausanne Group demonstrated that infants show their triadic communicative competences since they are three months old. The primary triangle is very important for the child's Self development: the triangular communication - and so the *collective intersubjectivity* - is shown very early including the child in multipersonal interactions from the very first moments of his or her life (Fivaz-Depeursinge, Lavanchy-Scajola, & Favez, 2010).

The case study presented here shows the possibility to assess family interactions, to include parents into the assessment process and to use the data in a clinical setting aiming to help parents in their parental and coparental functions. We will propose in the conclusions that this method endorses parental competencies and it can be considered particularly appropriate for the “new families”, where parents use to feel guilty because the family structure is not a traditional one.

The case we introduce in this article is focused on the possibility to help a lesbian-headed family through a consulting intervention on family dynamics. The recent developments of family observational methods - which focus on interactions - give us the possibility to assess the functionality of the coparental relationship and the interactive style that the child shows in the parents-child triangle (Fivaz Depeursinge & Philipp, 2015).

The clinical consultation introduces the observation through the Lausanne Trilogue Play in the family's assessment process, which represents the first of three phases:

1. The first phase - developed in three or four sessions - is a *shared assessment*: the family helps us with the evaluation. We use different tools, e.g. self-report questionnaires and symptoms check lists: in this moment, we always use LTP to observe family relationships and co-parenting. LTP leads to videofeedback, which helps us to clarify - with the parents - the goals of our intervention strategies.
2. The second phase is a consultation on parental and coparental relationships, where the family can have an experiential change in the frame of LTP. If the family already has many resources, but the parents have a specific problem in scaffolding their child, we can start with a Developmental Systems Consultation (as described in Fivaz Depeursinge & Philipp, 2015), a brief intervention where we use family interactions as the port of entry (Reiss, 1989). During this phase, the frame of LTP can be useful to recognize – through the videofeedback - the interactional patterns in which parents and child participate and the connection between the child behaviours and the coparental style.
3. The third phase is the more traditional psychotherapy, focused on the *Represented Family* (Reiss, 1989). We propose psychotherapeutic strategies in case the problem of the parent-child relationship appears to be connected to an intergenerational transmission.

Method

Instruments

During the first phase, we presented a structured family play and some questionnaires to the family, to assess their resources and their difficulties. The interactions between parents and child were video-recorded with the participants' consent.

The *Lausanne Trilogue Play* (LTP) is a validated observational play situation designed to assess the quality of family interactions, involving the two parents and the baby together (Corboz-Warnery, Fivaz-Depeursinge, Bettens, & Favez, 1993). The parents sit in front and on each side of the child, who sits in a chair specially designed to be adapted to the child's size and weight and to be oriented toward each parent or between them. It has been used with different family types (e.g., same-sex parent families, gamete

donation families, heterosexual parent families) (D'amore, Simonelli & Miscioscia, 2013; Favez, Lavanchy-Scaiola, Tissot, Darwiche, & Frascarolo, 2011; Korja et al., 2015) for both research and clinical aims, as it enables the analysts to identify resources and risk factors (clinical aim), and to understand the characteristics of the interactions and to compare them to other family forms (research aim).

In the Italian version of the LTP (Malagoli & Mazzoni, 2006) the setting is semi-structured, with a low round table adapted to 3-to-5-year-old children, and small chairs, in a room with a one-way mirror and a camera: this gives to the child the possibility to have more freedom – we evaluate if she stands up and moves around – even though it reduces the parents' space.

LTP is a structured play developed in 4 phases:

1. One parent plays with the child and the other one is simply present (2+1)
2. The parents change their roles (2+1)
3. Both parents play with the child (3 together)
4. The parents talk to each other while the child is simply present (2+1)

The instructions ask the family to build something with the LEGO® toys, while having fun all together, in a total time that goes from 15 to 20 minutes. The analysis of LTP videos gives a structural coding (Malagoli & Mazzoni, 2006) consisting of two different parts: one is dimensional and assessed through several criteria, while the other one is qualitative, and tells us which alliance better describes the family interactions.

All the criteria – in the dimensional assessment – answer to a different question, in a hierarchical order:

- Participation: “Is everybody included?”
- Observation: “Is everybody in their own role?”
- Focalisation: “Is the attention focus shared?”
- Affect sharing: “Is everybody in affective contact?”
- Structure: the criteria assesses the timing of the play.

Every criterion is assessed for each member of the family in each phase, giving us a score for each phase that can be 2 (appropriate), 1 (partially appropriate) or 0 (inappropriate): the global score is between 0 and 40.

The categorical assessment differentiates four family alliances:

- A- Cooperative: the family members play together as a team, with fluidity, respecting the delivery and in a calm and happy atmosphere;
- B- Stressed: the family members play together but find some difficulties to achieve the task, reparations are complicated or ineffective, there is a lack of fluidity;

- C- Collusive: the family members are not able to work together, there is an overt or hidden competition between the parents, the climate is stressed and there is no shared triadic play;
- D- Disordered: it is not possible to understand which phase of the play the family members are achieving, there is chaos, incoherence and a negative atmosphere.

The mothers also answered some self-report questionnaires, that gave us important information about the Represented Family (Reiss, 1989).

Coparenting Scale-Revised (CS-R; McHale, 1999; Carone, Baiocco, Ioverno, Chirumbolo, & Lingiardi, 2016) is used to assess separated parents' perception of the frequency of their own activities related to coparenting and to promoting their child's sense of family (with children aged 0–12 years). The scale consists of 18 items and the mothers were asked to endorse how frequently they engage in each of the situations described on a seven-step Likert scale (1 = 'absolutely never'; 7 = 'almost constantly, 1–2 times an hour').

In this case we used the Coparenting Scale-Revised validated on a sample of Italian lesbian mothers and gay fathers (Carone et al., 2016). This version consists of 16 items and measures two dimensions: Family Integrity and Conflict.

Dyadic Adjustment Scale – Seven-Item Short Form (DAS-7; Hunsley, Best, Lefebvre, & Vito, 2001) is used to assess relationship satisfaction. This is the seven-item version of the longest DAS (Spanier, 1976), where the participants had to evaluate their agreement, cohesion, and dyadic satisfaction on a 6-point Likert scale. High scores describe a couple that shares interests, spends quality time together, and perceives the relationship as satisfying.

Family Adaptability and Cohesion Evaluation Scales-IV (FACES-IV; Olson, 2011) is used to assess family cohesion and family flexibility, which are the two central dimensions of the Circumplex Model of Marital and Family Systems. It is composed of 42 items on a Likert-type scale divided into six scales: two balanced scales (Cohesion and Flexibility) assessing central moderate areas and four unbalanced scales (rigid, chaotic, enmeshed, and disengaged) assessing the lower and the upper ends of Cohesion and Flexibility.

The Strengths and Difficulties Questionnaire (SDQ; Goodman, 2001) is a brief behavioural screening questionnaire for children aged about 2– 17 years old that evaluates five dimensions: emotional symptoms, conduct problems, hyperactivity/inattention, peer relationship problems, and prosocial behaviour. Lower scores indicate better emotional and social well-being, with the exception of the prosocial scale.

Video-feedback. An important part of the *shared assessment* is the video-feedback, proposed after every LTP session: it helps the development of the working alliance, showing the parents their family interactions directly and thus making them think about their resources and their difficulties.

We do not show the whole recorded activity to the family, but we select some sequences from the LTP video:

- To choose the resources, we make some short videos to remark the positive interactions that correspond to a functional behaviour of the child;
- To choose the obstacles, we make some short videos to remark the parents' not appropriate interactions linked to the child's difficulties.

It is fundamental to adapt the coding system language to one that the family can easily understand (for example, "participation" is replaced with "availability to interact").

Video-feedback is a very important part of the clinical work with families, as it already represents an intervention that facilitates the parents' insights on their family dynamics. To reach this goal, the therapist must pay attention to follow a setlist.

The first step is to establish a working alliance and to highlight positive aspects: before watching the video with the family, the therapist has to "join" with the parents to establish a good therapeutic alliance. For example, the therapist can share some positive observations about how the family carried out the task.

The second step is to encourage the parents to watch couple and family interactions: the parents watch selected sequences, reflect on what they have just watched, noticing what they liked and what they did not like (we ask them to distinguish between behaviours and emotions). Then the therapist underlines positive interactions between the parents and the child, giving them a name - e.g. family warmth -, and points out dysfunctional interactions, giving them a name - e.g. coparental competition - and proposing to change them. Sometimes, the parents draw a parallel with their patterns at home.

In the third step the problems are recognized through connection with the inappropriate interactions to the child's difficulties: this is important in order to establish some change objectives.

The fourth step is not always reached: only if the parents propose a connection, the therapist can make a link with the couple or the multigenerational aspects. Then, beginning from the interaction, the parents propose a connection with the couple relationship context or the parental and coparental relationships in the family of origin; the therapist validates the association, contextualises the possible relational difficulties, and prescribes some tasks for the change.

Presentation of the case

The family is composed by two mothers and their young girl, Laura: when we meet them, the child looks older than she is. Laura is addressed to our Centre by a specialized Centre for gifted kids. They found that she was intelligent, but not gifted. They thought that family therapy could help the mothers to manage the difficult situation.

At the age of 3, Laura showed hypersensitivity, hyper-vigilance, an advanced motor and verbal development, hyper-control, opposition, some sleeping difficulties and she had some relational difficulties with her peers; the intervention of the school psychologist had not been successful.

The mothers acknowledge that Laura is difficult, but they see her as a gifted child and think that the teachers and the peers do not understand her problem. That is why they went to the specialist Centre, whose assessment had confirmed her high intelligence, her hyper-maturity, yet without a gifted child diagnose.

Results

The data analysis of self-report questionnaires was conducted using SPSS Statistics Version 23.0. To determine whether our case's mean was different from the mean obtained by a comparison group of Italian lesbian mothers who conceived their children through donor insemination (Carone et al., unpublished data) we conducted a one-sample t-test. Lesbian mother families formed through donor insemination were chosen as the comparison group to control for both the non-heterosexual orientation of the parents and the use of third-party assisted reproduction, and because of the large body of research showing that lesbian mothers can and do form positive family relationships (Golombok, 2015) and their children do not differ in psychological adjustment from children with heterosexual parents (Baiocco et al., 2015; Chan, Raboy, & Patterson, 1998; Golombok et al., 2003; Patterson, 2016). The comparison group was composed by 103 lesbian mothers (Mage = 43.16; SD = 6.32) with donor-conceived children aged 5.2 years (SD = 1.81).

Table 1

Descriptive statistics for mothers' characteristics and coparenting, dyadic satisfaction, family functioning and child adjustment dimensions.

	Genetic Mother	Non-genetic Mother	Comparison group (N = 103)	t		p	
				Genetic Mother vs. Comparison Group	Non-genetic Mother vs. Comparison Group	Genetic Mother vs. Comparison Group	Non-genetic Mother vs. Comparison Group
CS-R							
Family Integrity	45	42	42.65 (6.37)	-3.74	1.04	.001	n.s
Conflict	24	20	17.70 (6.58)	-9.71	-3.55	.001	.01
DAS-7	28	26	27.58 (4.27)	-0.99	3.76	n.s.	.001
FACES-IV							
Cohesion	18	20	18.17 (1.65)	1.08	-11.24	n.s.	.001
Flexibility	19	13	16.64 (2.11)	-11.35	17.53	.001	.001
Disengage	7	4	6.68 (2.27)	-1.43	11.99	n.s	.001
Enmeshment	12	12	8.22 (2.54)	-15.09	-15.09	.001	.001
Rigidity	7	7	10.92 (3.27)	12.18	12.18	.001	.001
Caoticity	7	7	8.75 (2.87)	6.17	6.17	.002	.001
SDQ							
Total problems	15	15	5.70 (3.68)	-17.88	-17.88	.001	.001
Prosociality	9	6	7.20 (2.30)	-5.52	3.68	.001	.01

Note: Standard deviations are reported between brackets.

The genetic mother reported more *family integrity* ($t_{(102)} = -3.74, p < 0.001$), more *conflict* ($t_{(102)} = -9.71, p < 0.001$), more *flexibility* ($t_{(102)} = -11.35, p < 0.001$), more *enmeshment* ($t_{(102)} = -15.09, p < 0.001$), less *rigidity* ($t_{(102)} = 12.18, p < 0.001$), less *caoticity* ($t_{(102)} = 6.17, p < 0.001$), more *child's total problems* ($t_{(102)} = -17.88, p < 0.001$) and more *child's prosociality* ($t_{(102)} = -5.52, p < 0.001$) compared to the comparison group. Alongside, the non-genetic mother reported more *conflict* ($t_{(102)} = -3.74, p < 0.001$), less *dyadic satisfaction* ($t_{(102)} = -11.35, p < 0.001$), more *cohesion* ($t_{(102)} = -11.24, p < 0.001$), less *flexibility* ($t_{(102)} = 17.53, p < 0.001$), more *disengagement* ($t_{(102)} = -1.43, p < 0.001$), more *enmeshment* ($t_{(102)} = -15.09, p < 0.001$), less *rigidity* ($t_{(102)} = 12.18, p < 0.001$), less *caoticity* ($t_{(102)} = 6.17, p < 0.001$), more *child's*

total problems ($t_{(102)} = -17.88, p < 0.001$) and less *child's prosociality* ($t_{(102)} = 3.68, p < 0.01$) compared to the comparison group.

These findings highlighted several differences between the two mothers and the comparison group. Family cohesion is defined as the emotional bonding that family members have toward one another and its focus is how the systems balance their separateness versus togetherness (Olson, 2000); thus, it is reasonable that the two mothers experienced more difficulties balancing independence and connection in their family environment. Very high levels of cohesion implied that the mothers, in particular the non-genetic one, were less rigid and disengaged with the consequential risk of becoming enmeshed. This resulting unbalanced and poorly differentiated family system may have relevance to explain why the non-genetic mother reported lower levels of dyadic satisfaction (example items were "Please indicate below the approximate extent of agreement or disagreement between you and your partner for the amount of time spent together", or "How often would you say that you and your mate calmly discuss something together?", or "How often would you say that you and your mate work together on a project?") and both mothers reported higher levels of conflict (example items were "How often in a typical week (when all three of you are together) do you step in to intervene when you see your partner mishandling a situation with your child?", or "How often in a typical week (when all three of you are together) do you find yourself in a mildly tense or sarcastic interchange with your partner about other marital issues unrelated to your child, in the child's presence?") than the comparison group.

The results from the questionnaires showed a clear convergence with those resulting from direct observation and clinical conversation that mothers and therapist have had during the video-feedback: the coparental conflict and the risk of enmeshment, associated with emotional and social problems of the child, were the key issues which the clinical consultation was to take as a gateway.

The LTP procedure

During the LTP, all the family members were focused on the game and on the objects, never on the relationship with the others; they never looked at each other, and Laura never looked up from the Legos, even when the mother called her by name. In this context, we were not surprised that the atmosphere was neutral, in fact Laura and her mothers did not seem to enjoy the play, they looked like they were not having fun and did not share any emotion with each other.

These elements were related to the coparental competition: the parents overrode with each other, and during the third phase, there was not an alternation of the child with the two mothers. However, the parents did give a structure to the play, so that all the parts were respected in an appropriate time. Table 2 shows the structural coding and the criteria meanings of our family's LTP.

Table 2

LTP structural coding

	Phases				Total	
	I	II	III	IV		
Everybody included? PARTICIPATION	2	2	1	2	7	YES
Everybody in their own role? ORGANIZATION	1	1	1	2	5	PARTIALLY
Shared attention focus? FOCALISATION	1	1	1	1	4	NO
Everybody in affective contact? AFFECT sharing	0	1	1	1	3	NO
STRUCTURE	2	2	1	2	7	YES

Evaluating the LTP according to our coding system, we considered a Cooperative Tense Alliance. It means that the three partners were available to interact and to participate, the roles were partially appropriate, but there were a lot of mistakes in their interactions that were not recognised or fixed. The family members then did not manage to share their interactive and emotional experience.

Referring to the criteria of the family internal dynamics as described in Fivaz Depeursinge and Philipp (2015), we assessed the coparenting style – applying the Mc Hale's *Coparenting and Family Rating System* (Mc Hale, 2010) – and the infant's engagement style to understand the link with the child's difficulties and thus decide the intervention for this family.

The coparenting style was *competitive*, with an overt competition - that corresponded to the coding four in the McHale system -: in fact, there were two overlaps between the parents, with a mild awareness that they had to repair the mistakes. The Infant Style of engagement was mainly

withdrawn: Laura verbally seemed to share the experience, but never glanced at them, even when adults asked her a question. She used the others, but had difficulties to share her experience.

The link between the *competitive coparenting style* and the *withdrawn infant's style* was confirmed: each one of the parents tried to catch the child's attention, with the consequence that the intergenerational border was not respected and Laura put herself in a withdrawal position or became a messenger between them, with an excessive focus on the object, becoming directive and trying to lead the moms too.

Laura was disengaged or over-engaged (verbally, she led the interactions) and was attuned with social partners only through the objects (for example, she shared her attention looking at the object that the parent was showing her, but she did not look at the parent); there was only one interesting episode of social exchange with the non-genetic mother, but without any gaze. The affective balance was often positive, but only through the tone (she sang twice), while there were not any triangular bids, even during the third phase, when we had the impression that Laura accepted different initiatives from the parents; she still did not look up at them. During the third phase— where mothers were not mutually involved — she suspended the participation to search herself some objects in the box. We observed a coherence between the diagnose proposed by the sending centre and the infant's engagement style.

With these important elements, we can conclude that there is a *triangulation coalition*, as there is an openly expressed competition between the two mothers, who try, each one on her side, to catch the child's attention, meaning that the intergenerational border is not maintained (Fivaz-Depeursinge & Philipp, 2015).

Table 3

Results from direct observation during the assessment phase (Fivaz-Depeursinge & Philipp, 2015)

<i>Infant's Involvement Style</i>	<i>Coparenting Style</i>	<i>Family structure</i>
Over-engaged/withdrawn	Competitive	Triangulation

However, the conflict in this couple had a peculiar characteristic: it did not concern the romantic relationship between partners, but the

coparental relationship. The genetic mother was considered too controlling and stressed by the non-genetic mother who – although with the intention to give support – proposed criticism and overlapped initiatives. These partners were too stressed as parents, and this aspect had an important influence on their marital relationship, so it is important to work on their excessive involvement in their mother role to give them back the time and the space to be a couple.

Video-feedback

Video-feedback is important for the self-evaluation: the shared assessment increases the participation and the awareness that, unlike other kinds of video-feedback, is focused on triadic interactions.

At the beginning of the video-feedback, the therapist always shows the positive interactions of the family's LTP. In our case, it was highlighted that they were all included, available to interact and they carried on the whole play, building something all together: this is a very important resource, because if they can share an experience with Laura, they can lead her towards her objectives.

When the therapist gave the floor to the parents, the genetic mother became aware of her anxiety, in a meta-communication where she spoke about herself: both the mothers said that raising Laura was a job and recognized that this coparentality became stressful for them, and it was not pleasant anymore. This transition is very important in the clinical model, because self-evaluation during the video-feedback is a fundamental part of the shared assessment.

The therapist showed the parents some sequences of the play where there was competition between them. They recognized it and the genetic mother linked it to what happened at home: "a huge interaction, superimposition, a little confusion". The therapist who helped the mother become aware of their coparental behaviour, naming it as *parental competition* and saying that she wanted to help them to change it.

When the therapist showed an interaction where the child was controlling, the mothers together made a link with what happens at home, where "she'd like to be the director", and suggested a metaphor: Laura played the role of the "glue" between her parents. This meant that the mothers already understood that Laura "went-between" them, but now they saw it and could also recognize and said it.

Starting from these two elements, the therapist showed Laura's sensibility to their competition: when they overrode each other and the conflict was almost beginning, the child stopped her play and expressed her stress. It was very

important to show the parents how their interaction corresponded to a child's semi-symptomatic behaviour.

In this family's video-feedback, the mothers were very cooperative, associating a lot of what they saw in the video to their everyday life: they were open to think about how they had excessively prioritized their daughter over their own relationship.

In this case, we focused on the parents' competition, their enmeshment with Laura, and her withdrawal and directivity, that led to the child's problem, of being always controlling.

Then, with the parents' help, we focused on the mutual engagement and the warmth between them: the warmth between the parents was too low and they showed a difficulty to share their interactive and emotional experience.

After all these insights, the therapist could give some indications about how the parents should behave as coparents for their child. The mothers said themselves that they need some space just for them.

The evolution of the case

A short intervention focused on the family and couple development was proposed. There was a central question: can Laura's symptoms have a defensive meaning in relation to the hyper-implication of the mothers (excess of attention to the performance and enmeshment) and their competition?

We had a monthly session for two months, and another one three months after.

For the first two sessions we focused on the relationship with the community (educators, psychologists, the other parents at school), the couple relationship, the history of the child's birth, and the coparental relationship. We reflected on homophobia and the mothers made a connection between Laura's difficulties and a very unpleasant episode: her best friend was separated from Laura by the parents who asked the school to change the class of their child. Parents reflected also on the idealization and the expectations linked to the parentality/coparentality: they learnt to observe the real child, to wait and to help Laura achieve her objectives with the adult's help.

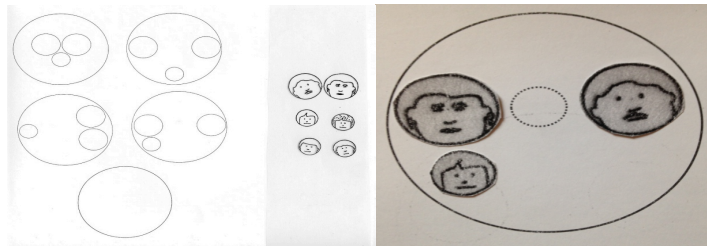
During the third session we focused on the multigenerational model of coparentality: this has a peculiar importance in same-sex parents, as parental and coparental roles are not linked to classical gender roles (Carone et al., 2016; Farr & Patterson, 2013; Golombok, 2015; Green, 2012). Each mother would have liked to be a mother-hen like her own mother. The genetic mother, instead, had to take the role of the regulator parent, identifying with her father, whom she said to dislike; in this context, her

controlling tendencies took over. The non-genetic mother took the role of the mother-hen who supported the baby and controlled the job of the genetic mother. So the coparental competition had a connection with the experience the mothers had with their parents.

To better understand the mothers' representation of their family of origin, we proposed the *Kerig's Family Cohesion Index* (Kerig, 1995): they had to describe their family models choosing among different kinds of triangles that the children make with their parents. Thinking about their own family of origin, both parents chose the triangle representing their proximity to the mother and their distance to the father who was described as authoritarian and controlling, as he was not hostile, but difficult for a child.

Figure 1

Mothers' FCI



When we explored the representation level, we underlined a symmetry that helped us to explain the competition between the mothers. It has been clear for them that the problem was the definition of the roles and the necessity to find a new model to integrate different parental functions usually expressed by mothers and fathers. If both mothers wanted to be like their mothers, the competition would be increased.

Follow-up

Seven months later, we proposed a second LTP for the follow up: it gave us the possibility to assess the result of the intervention and the definition of other objectives. In the meantime, the family adjusted their resources: Laura changed her school and found some teachers who – with a

psychologist – offered to help her to develop her social competences with her peers.

Laura looked a younger child than at the beginning of the treatment, finally showing her age, while the parents were in contact to each other and worked harmoniously together. Laura was framed by her parents, even though she did not share her gaze with them yet.

We asked the same questions of the first LTP:

- 1- Everybody included? Yes, all the members of the family were in the interactive triangle for the whole time;
- 2- Everybody in their own role? Partially: there were some moments where they did not respect the role of the phase, and Laura was quite directive;
- 3- Shared attention focus? Yes;
- 4- Everybody in affective contact? Partially: the atmosphere in the first two phases was neutral, even though there were a couple of moments with a shared positive affection. The third phase was the best one, with laughs and nice songs, and the same happened at the end of the video, when the mothers worked together to convince Laura not to destroy what she built. However, there was still a lack of gazes with the child.

The video clearly showed that the parents could lead Laura in the play without competing. In fact, the third phase was carried out in harmony and the atmosphere was very positive: the family members had fun all together, in play that led to a narrative plot and there were several moments of shared affection, with laughs and songs. There was a stress moment for Laura, who wanted to destroy the construction, but the mothers could handle it very well, creating a frame where their child could continue the play and also have fun. Thus, Laura no longer destroyed what she built, because she shared the meaning with her parents also at a symbolic level, and they could share the child's experience at an emotional level: the mothers worked together to reach the developmental goal. Even though Laura still did not share her experience through her gaze, her smile and her voice said that she heard her parents' emotions.

Discussion

The case shows the utility of direct observation of family interactions associated to self-report questionnaires: convergent measures have emerged, helping the clinician to focus, together with the mothers, on the work objectives. While the theoretical model is the *Structured Family Therapy* (Minuchin, 1974), the clinician apparently used a psycho-educative approach: she gave information, behavioural prescriptions and led the parents in their framing function.

However, during the video-feedback, the mothers started to become conscious and connected the child's problem to their coparental experience and thus, in the clinical conversation, they opened the exploration of self representation in the parental couple. This facilitated the reflection on the connection between the marital relationship quality and the coparental relationship quality. During the clinical work, the mothers' availability to access the representational level led to the discovery of the connections between the present relationships in the nuclear family and the experience in their families of origin: both the mothers, in fact, sought to realize an alliance with the daughter and an exclusion of the other parent. This phase can be properly considered psychotherapeutic.

The systemic relational model allowed the clinician to also explore the child's relationships in the school environment and to point out, together with the mothers, the importance of a homophobic experience: this shared assessment with the parents allows to reflect on the child's experience out of the family and the possibility to lead same-sex parents to protect their child from potential negative experiences that cannot be completely excluded.

The use of LTP in Developmental Family Consultation is a very successful gateway to help the access of the parents to the intervention, to minimise their defences, to know and eventually change the rules that organise the couple, parental and coparental interactions, to let out – during the video-feedback – the representations of the parent-child relationships at a multigenerational level. In the case of homoparentality, the use of LTP helps the work alliance with the clients and is useful to find the parental functions, not linked to the gender, but essential for the child development.

The combination of different tools used in the research and psychotherapeutic techniques allowed to realize a brief, no-blame, intervention, aimed to stimulate the natural resources to change, to re-establish a familiar environment, in favour of the child's development.

Through the follow-up with a second LTP we could assess the results of the intervention: this is a very important goal in the research in family psychotherapy.

Notes

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