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Introduction

Case studies in psychotherapy provide ample opportunities to integrate relevant information, assess the validity of theoretical interpretations, and develop possible clinical interventions (Mackrill & Iwakabe, 2013). In this respect, it is worth investigating the possibilities and challenges of using fictional characters and events, such as those on film, in clinical case studies. Particular (maladaptive) interpersonal relationships, illustrated in a given film and then conceptualized, could be as indicative as cases described in textbooks and reference sources (Corey, 2009; Corsini & Wedding, 2010; Wedding & Corsini, 2008). This article examines the movie *Ordinary People* in order to conceptualize experiential family therapy and its applications.

A summary of *Ordinary People*

Ordinary People portrays the life of the Jarrett family after the accidental death of their eldest son, Buck, and the attempted suicide of another son, Conrad. The Jarretts are an affluent middle-class family. The father, Calvin Jarrett, is successful businessman in his forties who provides the family's main financial support. Beth, the mother, is approximately in her early forties and spends most of her time playing golf, joining social events, and taking care of the house. The couple has been married nearly 21 years. Beth favors her eldest son, Buck, who is a

charming teenager. Conrad, the second teenage boy in the family, worships his brother.

In a tragic boating accident, Buck drowns during a storm. Conrad is the only survivor. After this traumatic loss, the family tries to return to their normal life, while Conrad suffers from severe depression. He attempts suicide to overcome his guilt and grief, slashing his wrists. His attempt fails when his father finds him in the bathroom. Conrad is therefore sent to a psychiatric hospital for four months, where he befriends another patient, Karen.

After discharge, Conrad returns home and restarts his school life. However, he continues to dream about the accident and experiences depressive symptoms (such as agitation, poor appetite, and poor concentration). At school, he tries to rebuild friendships with his friends and rejoins the swim team and choir, while at home he attempts to communicate and reconnect with his parents. However, people in school tend to respond to him in a careful, wary manner, as if he were dangerous. His father treats him awkwardly and shows hesitation to express his personal feelings. His mother, on the other hand, has grown cold and prefers to avoid any contact with him. This leads him to Dr. Berger, a psychiatrist, for treatment.

His feeling of alienation leads him to seek Karen's support and sympathy. Yet Karen interrupts his reminiscence of life in the hospital, encouraging him to move on and start a new life. Seeing Karen, whom he expected would let him talk freely about his sorrow, seems to leave Conrad lonelier.

Throughout his therapy, Conrad gradually recognizes and accepts his underlying emotions, despite his reluctance in the initial sessions. Meanwhile, he spends more time with his friends and starts dating a girl, Jeannine. He starts to feel more optimistic, but news of Karen's suicide induces deeper feelings of guilt and depression. With Dr. Berger's help, he is able to yell out his anger and release his grief at his brother's death. He can finally stop blaming himself for his survival and allow himself to experience his feelings. Eventually, he learns to understand and accept his mother for being who she is and to sympathize with what she feels.

His father, Calvin, also goes to see Dr. Berger after a fight between Beth and Conrad. This incident leads him to start to question the things he once thought were normal. He finds his wife increasingly cold and distant towards both him and their son. She has also accused him of being overly concerned while he is trying to preserve his family's unity. During the session, he gains some awareness of his underlying emotions, which leads him to the realization that they all need to talk about Buck's death. For this reason, he invites Beth to join him in therapy, not only for their son, but also for her bereavement. Despite his good intentions, this idea is eventually rejected.

Calvin and Beth find themselves in conflict while

on vacation. This argument gives rise to her biggest fear—change—and forces her to confront her deeper feelings. After Calvin and Beth return home from the trip, Conrad greets his mother with a hug, but she is frozen and stiff. Subsequently, a most intense discord finally emerges in the spousal relationship, and Calvin's honesty leads Beth to escape from the situation by leaving. When Conrad finds out his mother is leaving, his first reaction is to blame himself. His father yells at him to stop, but he later apologizes for losing his temper. Finally, father and son have a chance to clarify their feelings and needs. In the end, they are able to connect to each other and express their love and care.

A genogram of the Jarretts

While the above summary of the film focuses on the Jarrett family, several scenes provide some information on the maternal family. Thus, partial interactions between the mother and her family of origin can be observed that may explain some of Beth's behavior. The genogram in Figure 1 illustrates the relationships within the Jarrett immediate and extended family, although some relationships may be omitted or incomplete as a result of lack of information.

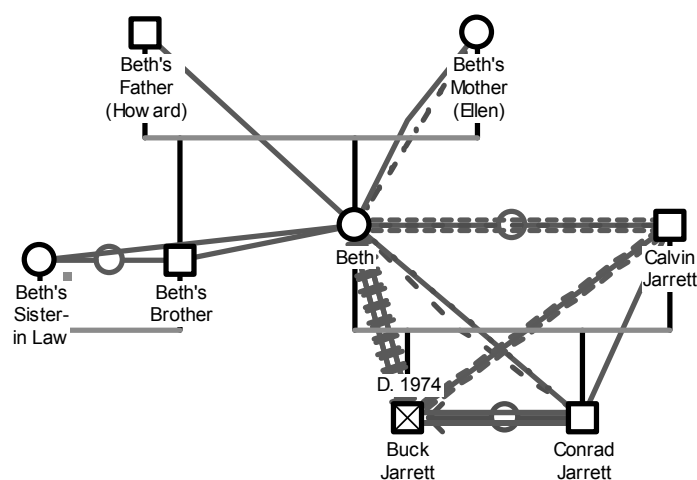


Figure 1. Genogram of the Jarretts and their extended family¹

1 A full-color version may be found at: <https://www.dropbox.com/sh/2hsvyblhy7fv4c4/AAD9G0e33ZEGk5S3XhQv6jJma?dl=0>

Beth and Calvin have a loving spousal relationship (the spousal relationship is illustrated by a green line with a circle in the middle). They respect and cherish their exclusive time with each other. This couple has rarely had any conflict, even after Buck's death and Conrad's attempted suicide. When Conrad begins to express his feelings and thoughts more within the family, this increases the tension in the spousal relationship (the two red dotted lines show conflicts). At first, they manage this through repression, but Beth's emotional distance gradually escalates, raising anxiety in the spousal relationship. Calvin responds to her emotional distance by trying to get closer to her, which does not alleviate the tension but leads to further conflict. When the discord becomes more intense and Beth is no longer able to handle it, she leaves.

In terms of the mother and son relationships, Buck has a very close relationship with his mother (appearing with “#” symbol in green). He can freely express his desires and thoughts with his mother, while Beth feels comfortable responding to Buck and reveals her affections naturally. By contrast, she tends to be cold toward Conrad, increasing this distance after Buck's death (the two black dotted lines show Beth's distant and apathetic attitude towards Conrad). Conrad has struggled to gain her attention and love. While their relationship is rigid and distant, conflict is absent. Therefore, a green straight line is used to represent this relationship.

The father and son relationships are harmonious, although there is tension in the relationship between father and elder son. However, this assumption is based on the conversation between Calvin and Conrad, in which Calvin describes often yelling at Buck to reprimand him and correct his inappropriate behavior. This might have caused some tension among them. Conrad, on the other hand, does not require his father's concern; hence, their relationship is less conflicted.

Conrad worships his brother for his charming personality and has a close and admiring relationship with him (the black line with “←” shows the admiring

relationship). Although their closeness and interaction cannot be observed completely in the film, it seems that Buck feels likewise close with his younger brother.

Regarding the relationships between Beth and her family of origin, it becomes clear that Beth has two opposite relationships with her parents. The interaction between Beth and her mother is distant and apathetic. By contrast, Beth and her father have a harmonious relationship, as do Beth and her brother and his wife.

The rationale of experiential family therapy

Experiential family therapy is a growth-oriented, existential-humanistic approach (Nichols, 2010; Whitaker & Bumberry, 1988) that emphasizes immediate, here-and-now experiences and works from individual emotions to improve family cohesion. The therapy focuses on every individual's ongoing experience rather than family dynamics, family systems, or actions (Nichols, 2010). This emphasis allows experiential therapists to uncover individual emotional experiences and expand the range of their clients' lives (Nichols, 2010; Whitaker & Bumberry, 1988).

Experientialists believe that emotional suppression can be problematic (e.g., Satir, 1972) because it blocks self-fulfillment. In other words, emotional suppression estranges individuals from themselves, and such alienation leads them to have trouble achieving self-actualization (Nichols, 2010). Moreover, the achievement of self-fulfillment depends on family cohesion and commitment to self-expression. According to the experiential perspective, interaction within families aggregates every family member's reaction to each other's projection, along with their defenses. Metaphorically, a family interaction is similar to dancing; that is, an action in one member activates an action in another. Hence, family cohesion is enhanced when every individual in the family becomes more aware of their inner feelings, including their desires and fears, and are further able

to effectively communicate their own feelings with other members. Personal growth and changes in family dynamics occur when a family is genuine and authentic (Nichols, 2010).

Functional families provide a secure and supportive environment for children to explore their lives. Children are encouraged to have a full range of emotional experience and are offered the freedom to express and communicate their feelings with family members (Nichols, 2010). On the other hand, dysfunctional families create a cold and distant atmosphere, denying individuals certain impulses and repressing their feelings. Family members become fearful of conflict and lack the flexibility to deal with unruly emotions. They tend to adhere to family routines and resist any change, particularly when anxiety and uncertainty emerge. Furthermore, such families tend to communicate in four dishonest ways: blaming, placating, offering irrelevant comments, and retreating to overly careful reason to avoid touching their true feelings (Nichols, 2010). Children in such families have learned that certain things, such as family secrets, cannot be openly discussed. As a result of dishonest communication, people distract themselves by spending too much time on work or other activities (Nichols, 2010).

Experiential therapists assert that every family member has the right to be themselves and should be able to freely express their individual feelings and thoughts (Nichols, 2010). The family's lifestyle often threatens the individual's (Napier & Whitaker, 1978). Hence, presenting complaints or symptomatic behaviors are usually not the main focus of therapy. Therapists must discover the deeper roots of these surface problems. They consider these symptomatic behaviors as signs of the family's core issues, which involve emotional suppression and the denial of desires (Napier & Whitaker, 1978; Nichols, 2010). Therefore, rather than focusing on problem-solving, treatment is designed to uncover and expand every family member's emotional experiences and help

them to find fulfilling roles (Nichols, 2010). The prerequisite to breaking patterns of unproductive interaction is to help individuals face their feelings and expand their range of experiences (Nichols, 2010).

In addition, every individual is influenced by his or her own family of origin and carries inherent conflicts with him- or herself. It is therefore important to include extended family members in therapy (Nichols, 2010). Experientialists believe that it is essential to have as many family members as possible in each therapy session. The family's ongoing interactions and immediate emotions offer the best way to understand family dynamics (Nichols, 2010). The most direct means to encourage the family to risk themselves exploring such frightening territory requires that the therapist be willing to expose some of his or her personal experiences to the therapy sessions, offering the family an opportunity to explore a mirror image. That is, the therapist him- or herself is the primary tool of therapy, and therapeutic techniques are secondary to therapeutic relationships (Nichols, 2010; Whitaker & Bumberry, 1988).

In the initial session, the therapist asks for everyone's perspective on presenting problems. This not only lessens the focus on the identified patient but also allows the therapist to observe the interaction within the family. Although families will not and do not have to tell the therapist everything about their interpersonal and intrapersonal relationships, the therapist can still gain some observational evidence of how they relate to one other (Napier & Whitaker, 1978). In order to achieve an effective intervention, therapists are encouraged to actively invest themselves in therapy and play a catalytic role for the family to change (Nichols, 2010; Whitaker & Bumberry, 1988). Since experiential therapists take a rather active and provocative role, it is important to create a nurturing, open, and spontaneous atmosphere for families (Nichols, 2010). Confusion may occur during therapy, but it is essential for change (Whitaker & Bumberry, 1988). Therapeutic breakthroughs take

place when family members are ready to take a risk and want to change. Moreover, increasing the levels of differentiation among family members will catalyze more honest and intimate interactions (Nichols, 2010).

Conceptualization of the problems

Buck's death intensifies the degree of stress within the Jarrett family. This unexpected accident requires the family to suddenly adjust to this new circumstance in order to function and reach homeostasis. In addition, the acute and stressful transition not only affects the family system but also raises intrapersonal conflict.

Rather than responding to this acute situational stress with a positive feedback mechanism, the Jarrett family attempts to return to usual patterns, which is also known as a negative feedback mechanism. They resume their family routine and resist changes. Therefore, the parents rejoin social activities, such as watching plays, going to parties, playing golf, visiting relatives, and taking vacation trips. Conrad, on the other hand, has difficulty adjusting and overcoming his grief, which his parents believe is reinforced by his attempted suicide. Conrad's parents have simplified his symptomatic behavior and might be ignoring some deeper issues within the family.

Growing up, Conrad internalized that he is less important than Buck in the family. He derives this impression from his mother's coldness and distance and his father's lack of attention. His mother, favoring Buck, shared her affection with her elder son, while his father often chastised Buck for his misbehavior. His parents pay less attention to Conrad, which leads to his low self-esteem. His survival of the accident increases his internal conflict. He feels guilty and blames himself for not saving Buck, and he might have questioned whether he should have died instead. His grief also affects his friendships with schoolmates, as they remind him of his brother, which easily irritates him. He even fights with one of his oldest friends over

a minor provocation.

Buck's death and Conrad's attempted suicide are two family secrets that are not allowable topics of family conversations. The family unconsciously avoids discussing Buck's death or their sadness in bereavement. Rather than sharing their grief and sorrow, they repress these feelings. The parents never talk about Conrad's attempted suicide, his hospitalization, or his therapy with Dr. Berger. Conrad, meanwhile, cannot talk with his family about his distress, the boating accident, or his suicidal ideation. Although the family does not openly discuss their emotions, those emotions do not just go away. As a consequence, every individual must cope with these stressful events alone.

The two family secrets keep family members from being honest about their inner feelings and damage family cohesion. Rather than expressing these underlying emotions to each other, they seek external support. For example, Beth discloses a small portion of her concerns to her mother, and Conrad turns to Karen and Dr. Berger. Calvin reveals the news that Conrad is seeing a psychiatrist to a friend at a party. However, upon overhearing this conversation, Beth becomes furious at what she perceives as a violation of the family's privacy.

Beth may project her jealousy and needs onto Conrad. After Conrad's attempted suicide, Calvin pays as much attention to him as he can and adjusts his manner of speaking to use a gentle, worried, and sometimes encouraging tone with Conrad. Although he never directly asks Conrad to express his internal feelings, he shows his care by asking him questions. He shows his appreciation of the effort Conrad has made and asks Beth to forgive Conrad. Beth, however, like everyone in the family, suffers from grief. While she needs her husband to share their bereavement, Calvin is preoccupied by Conrad's emotional disturbance. She therefore takes Calvin's request as pointing blame at her for being an inadequate mother. She is also angry at her husband for not seeing her pain at losing Buck and

her fear of losing Conrad. Therefore, fearing further loss, she keeps her distance from Conrad and grows increasingly cold. During Conrad's hospitalization, she never visited him and distracted herself by traveling.

The Jarrett family tends to avoid facing their true feelings by blaming, placating, making irrelevant comments, and retreating to overly careful reason: the four dishonest ways to communicate described above. Beth blames Calvin for being overly concerned about Conrad, which is a signal that she needs Calvin's concern and emotional support. Calvin always placates Conrad by comforting him, saying that everything will fine, in order to avoid expressing his underlying fear and helplessness. Beth asks irrelevant questions in response to certain topics in order to avoid her deeper sorrow. She also tends to keep herself under control. For example, when surprised by Conrad, she transferred her anger into a very reasonable, calm affect, politely asking why he was home. By doing so, she avoided the embarrassment of revealing her emotions: the sadness of missing Buck.

The symptomatic behaviors highlight that Conrad is the scapegoat of this family. His depressive mood, nightmares, flashbacks of the boating accident, and irritation persist not only because of the terrifying memories but also because he has been elected by his family to represent their sorrow. The family's lifestyle often forces an individual to compromise or suppress their desires and feelings. Corresponding to the negative feedback mechanism, the Jarrett family does not allow individuals to express their internal feelings nor to reminisce about Buck. Therefore, Conrad's emotional disturbance is just a product of responding to the family's mechanism.

Moreover, every family member seems to benefit from his presenting problems. The mother can maintain her roles as a loving wife and caring mother. The spousal relationship becomes closer and more intimate because the couple has to overcome Conrad's problems together. The relationship between father and son becomes closer, too. Because Conrad's behavior

has benefits, Beth's distant and cold attitude may play a role reinforcing this vicious cycle.

When Conrad's desire for autonomy emerges, it raises Beth's anxiety and fear. While Conrad has tried to have conversations with his mother about his life and his feelings, he has never succeeded. Moreover, as Conrad becomes more aware of his underlying emotions, his mother pulls away and inclines herself towards her husband. As Conrad gradually differentiates himself from this triangular relationship, his mother initiates a fight out of her deeper fear of Conrad's independence and separation. Furthermore, she cannot differentiate herself and tolerate the separation because her life is all about her children, husband, and role as mother and wife. For these reasons, she turns herself towards Calvin's support and closeness. However, when conflicts arise with Calvin, she eventually feels she has to escape

Tentative treatment plan

Conrad, who has a history of suicidal attempt and continues to experience depressive moods, disturbed sleep, and poor concentration and appetite, is obviously an identified patient. According to the experiential therapy approach, identified patients are usually not families' real problems; instead, they are surrounded by their dysfunctional families. Hence, therapists invest themselves, for example by becoming part of the family patterns, to work with families. Considering the intensive involvement, we plan to arrange two therapists for the Jarrett family. The interaction and communication among therapists and family members will become models for the Jarretts to learn from and imitate. Moreover, two therapists can provide alternative perspectives on their difficulties so that the family can develop more productive communication and effective interactions.

We also observe some strengths in this family that can be applied in therapy. While the father does not trust any psychotherapy and feels uncomfortable

showing his feelings, he holds a positive attitude about participating in therapy. Similarly, Conrad also possesses doubts about psychotherapy but is willing to venture into his internal world. We can therefore ally father and son to stimulate some motivation for the mother to change.

The weakness will be the mother's resistance and her tendency to leave if in an unbearable situation. It will be difficult for the therapists to intervene to a degree she can tolerate while still effecting change. Furthermore, the mother's resistance might decrease the family's willingness to invite the maternal extended family to therapy.

Short-term goals

The short-term treatment goals are to de-triangulate Conrad and improve his social functioning and quality of life. In order to achieve these goals, the therapists will encourage the family to talk openly about family secrets, particularly Conrad's attempted suicide. Then, we will gradually uncover their underlying feelings about this event. Once the family is able to communicate this, we may help them to reveal more feelings about Buck's death.

In the initial session, a battle about structure is inevitable regarding the mother's defensiveness and resistance to being in therapy. The therapists will explain to the whole family why it is important to have everyone in therapy and how it can help Conrad. Once the structure has been established and accepted by everyone, the therapists must solicit the parents' perspectives on the presenting problems. The therapists will furthermore invite each family member to verbalize or draw out the family and how it works. Their descriptions will offer the therapists a basic understanding of the family dynamics and the patterns of interaction among members (cf. role plays and drawings in Tuttle, 1998).

In addition, we will pay attention to their seating arrangement, which will illustrate their interactions

and the qualities of their relationships. Based on our impression from the film, we suppose that the father will be in the middle between Conrad and Beth or that Conrad will sit by himself while his parents sit together. This second arrangement highlights both the closeness of the spousal relationship and the distant and estranged relationship between Conrad and his parents. After gathering each member's description of the problems, we will try to identify their faulty logic and redefine the family's problems. Both the parents and Conrad himself have simplified the problems in this family, as Conrad believes he is problematic and troublesome. However, his symptomatic behaviors merely reveal the surface of the family's issues; thus, we can redefine and expand the presenting issues from Conrad's emotional disturbance to the family's needs to recover from grief.

We will attempt to have each member express some part of their feelings that might have been suppressed outside of therapy. At the beginning of sessions, we will begin with the father, asking him to describe what he thinks of Conrad's attempted suicide, including his feelings and emotions.

We might ask the father to portray the situation using the family sculpting technique, which involves acting out a family event. Calvin will choose one incident that has happened in the family. Then, he will give directorial instructions for Beth and Conrad to playact, including the locations and their actions. In this way, Calvin will be able to reveal his helplessness and concern at the moment that he felt something was wrong. The therapists will use this intervention with caution to create a secure environment for the Jarretts to explore their inner feelings. Conrad could be next, asked to express how he felt when he was lying on the floor. He might say that he felt scared that his mother would never forgive him for ruining the bathroom tiles. Beth might finally hear Conrad's inner fear and clarify what had really made her angry; perhaps her anger stems from her underlying fear of loss and sense of hopelessness.

Working as a pair, the therapists could let the family take an initial action to interact with each other. One therapist can then, in effect, join the family to facilitate more honest expressions of their feelings, while the other observes and provides an alternative perspective. Throughout this process, the therapists must be genuine and honest about their feelings. The two therapists can also model productive communication; their disagreement conveys the message that conflicts are normal and need not damage the closeness of relationships.

We will then move further and proceed to talk about the feelings surrounding Buck's death. If Beth still shows no emotion or avoids talking, we will challenge her, highlighting her avoidance of and resistance to Buck's death. We will request they roleplay a ritual for saying goodbye to Buck (cf. the empty chair technique for unfinished business in Perls, Hefferline, & Goodman, 1951). In particular, we will invite Conrad to represent the boating accident and roleplay as his brother, similar to his session with Dr. Berger but acted out in front of the family. Conrad can release his anger at Buck for giving up and his sadness at losing him. His parents will have a chance to see how the accident happened. Hopefully, they can release some of their sadness and grief and move to recovery.

Conrad should be able to have awareness of his inner feelings and emotions, as should his parents. He can gradually differentiate himself from his parents' relationship. He will gain the ability to respond to his own feelings and not automatically react to his mother's anxiety and his father's fear. His autonomy will be reinforced, and he will become more independent.

Long-term goals

Long-term goals include expanding the range of family members' experiences, improving the mother and son relationship, and recovering the mother's bereavement. In order to reach these goals, inviting

Beth's family of origin to participate in the therapy might have significant impacts on Beth and Conrad's relationship. In the ideal situation, the maternal family is willing to participate in the therapy. In this circumstance, we will have to explain the purpose to everyone in the therapy, which is that individuals are all influenced by their families of origin and that our parents are the first role models for how to be a parent. Thus, parents are important to have in the sessions.

In terms of seating arrangement, we will assume that Beth will sit between her parents, with some anxiety. In the film, the interaction between Beth and her mother was observed to be rigid and critical, which is similar to Beth and Conrad's relationship. The therapists will therefore highlight this similarity but also notice if any family member interprets this as blame. If blame is cast, we will clarify that every interaction is subconsciously affected by the whole family system and that everyone shares responsibility for the result.

We will emphasize more immediate, here-and-now experiences and emotions. Given Beth and her mother's interaction, the therapists can observe and interpret. That is, Beth's mother keeps a rigid boundary when she interacts with Beth, barely showing affection or personal emotions to her daughter. Moreover, she tends to use conditional sentences to comfort Beth when she has some distress, which seems to convey some amount of blame and critical messages. Beth, who has projected herself onto Conrad, unconsciously maintains a distant and apathetic relationship, just as her mother does to her.

The therapists will want to break this pattern by confronting Beth about her personal emotions and feelings when she interacts with her mother. Then, we may ask Conrad to express his reaction when he sees the pattern has been inherited into his generation. Such self-disclosures can uncover individuals' deeper feelings and lead to awareness of those emotions. Family members will become more authentic and genuine and able to express themselves freely. They

will also learn that an individual's autonomy does not negate cohesiveness within the family.

Experiential family therapy is a less-structured model of therapy that emphasizes the therapist him- or herself as a powerful therapeutic relationship during sessions. Therefore, therapists must be genuine to their inner feelings and have insight into their countertransference. They must also be able to confront families about their inconsistent behaviors or resistant participation. In terms of termination, therapists should let the family make this decision for themselves, which not only empowers their abilities but also reinforces their cohesion.

Potential ethical and legal issues

In terms of ethical and legal issues, several points need further discussion: informed consent in the counseling relationship, respecting client rights, and coping strategies for crises (ACA, 2005). Several potential ethical or legal violations must be considered when practicing with minor teenagers.

In this case, Dr. Berger did not inform Conrad of his rights in the counseling relationship or show his respect for his client. Conrad is not above the age of 18 and has a suicidal history. Although referred to Dr. Berger and although he had experience with psychotherapies, Dr. Berger still needs to explain Conrad's rights in this therapeutic relationship. He did not elaborate on his limitation when Conrad claimed that he wanted more control. In addition, he did not explain confidentiality and its exceptions to Conrad, nor did Dr. Berger explain his specialty and limitations. He asked Conrad an inappropriate question about the tools he used to commit suicide. Those are important topics for the first session. Especially when clients are minors, therapists are required for thorough considerations.

Dr. Berger was able to immediately react to Conrad's crisis and appropriately cope with this emergency. Since the nature of society has changed, therapists should pay more attention to safety. They

should identify where the client is and make a primary assessment of his or her surroundings.

Conclusion

This article exemplified a case in which a fictional story could feasibly formulate a clinical case study. As discussed, the conceptualization and possible treatment plan could deal with complex interpersonal relationships and a complex process of psychotherapy. As shown in the movie, the Jarrett family experiences conflict as a result of tragedy, and experiential family therapy provides a possible therapeutic framework for this family. Buck's death created an overwhelming stress to which the family must adjust. The family adopts an unproductive approach to cope with this sudden transition, which keeps them from being honest about their own emotions and leads Conrad to become the scapegoat of the family. Through experiential therapy interventions, therapists can uncover family members' underlying emotions and expand their experiences. Conrad and his parents would learn to be genuine to their personal emotions and achieve self-actualization. Ultimately, they would find new meaning and fulfilling roles in their lives. Future work can address further possibilities and challenges of using fictional characters and events for clinical case studies.

References

- American Counseling Association (2005). *Code of ethics*. Alexandria, VA: Author. Retrieved from <http://www.counseling.org/Counselors/>
- Corey, G. (2009). *Theory and practice of counseling and psychotherapy* (8th ed.). Belmont, CA: Thomson/Brooks/Cole.
- Corsini, R. J., & Wedding, D. (2010). *Current psychotherapies* (9th ed.). Belmont, CA: Brooks/Cole.
- Mackrill, T., & Iwakabe, S. (2013). Making a case for case studies in psychotherapy training: A small step towards establishing an empirical basis for psychotherapy training.

- Counselling Psychology Quarterly*, 26 (3-4), 250-266.
- Napier, A. Y., & Whitaker, C. A. (1978). *The family crucible*. New York: HarperCollins.
- Nichols, M. P. (2010). *Family therapy: Concepts and methods* (9th Ed.). Boston: Allyn & Bacon.
- Perls, F. S., Hefferline, R. F., & Goodman, P. (1951). *Gestalt therapy: Excitement and growth in the human personality*. New York: Gestalt Journal Press.
- Satir, V. M. (1972). *Peoplemaking*. Palo Alto, CA: Science and Behavior Books.
- Schwary, R. L. & Redord, R. (1980). *Ordinary people*. Hollywood, CA: Paramount Pictures.
- Tuttle, L. C. (1998). Experiential family therapy: An innovative approach to the resolution of family conflict in genetic counseling. *Journal of Genetic Counseling*, 7 (2), 167-186.
- Wedding, D., & Corsini, R. J. (Eds). (2008). *Case studies in psychotherapy* (5th ed.). Belmont, CA: Brooks/Cole.
- Whitaker, C. A., & Bumberry, W. M. (1988). *Dancing with the family: A symbolic experiential approach* (1st Ed.). New York: Brunner/Mazel.

well-being. For more information about his work, see: <https://sites.google.com/view/gennakao/home>.

The authors' biographies

Yu-Ting Tsai has a PhD in Clinical Psychology with a Health Psychology emphasis from Yeshiva University in New York. She obtained her BA in Social Psychology at Shih Hsin University in Taiwan and her MEd in Mental Health Counseling from Fordham University in New York. Her research interests center around mental health issues and their underlying neural substrates, emotion recognition and differentiation, social functioning, and visually evoked potentials.

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