

*Q: I often see fathers and their adolescent and young adult daughters alternate between screaming matches and silent stand-offs that leave them feeling angry, hurt, helpless, and distant. How can I help them to genuinely connect and communicate with each other through their respective developmental transitions?*

A: Bridging the gap between fathers and daughters is one of the great challenges for many family therapists. The most familiar dynamic we see is one of estrangement: fathers and daughters orbiting in separate worlds, invisible to the other. Even very “close” fathers and daughters-- in apparently enmeshed relationships--can feel this sense of estrangement rooted in a mutual fear that being authentic will result in feeling disapproved of and unloved. Our culture reinforces this estrangement by encouraging fathers to be all-knowing, strong, and in charge. This can make matters worse for fathers who are uncomfortable in the realm of emotions, and even more so when it comes their daughters transitioning into womanhood. Daughters grapple with a mixed message: Be strong, independent, and confident, but don’t lose your femininity. This can limit a daughter’s sense of freedom to assert herself with her father, especially in areas of conflict or disagreement. Even today, both fathers and daughters fall back on a familiar vision of daughters as, “Daddy’s Little Girl,” reinforcing a father’s need to protect and a daughter’s need to be protected by him.

This estrangement dynamic often intensifies when mothers, partners, siblings—and even therapists—intervene with suggestions, criticism, or prescriptions. While intended to help, these efforts can inadvertently drive fathers and daughters further apart, encouraging mutual mistrust and robbing them of opportunities to negotiate impasses.

For example, Casey, 18 years old and in her first year of college, is struggling with anorexia

and cutting. She and her father are caught in a vicious cycle of control: he attempts to manage her by reminding her to take her anti-depressant medication and criticizing her for bingeing. She responds by lashing out, either inwardly through becoming silent and closing herself off, or outwardly through screaming at him to leave her alone. Shaking his head disapprovingly, Bill makes sarcastic comments and storms off in frustration.

Elizabeth, Casey's mother, uncomfortable with their interaction and frequently asked to intervene by Casey ("Mom, you explain it to him.") criticizes Bill's awkward efforts to engage Casey: "You're not listening to her," while Bill snaps back: "You're always taking her side." This escalating battle ends with Casey and Bill estranged and Bill and Elizabeth more overtly at odds. Caught in the middle between her parents, Casey doesn't learn to express herself directly with her father or use her mother constructively as a resource in her relationship with him.

### **Core Principles for Transforming the Father-Daughter Estrangement Dynamic**

#### **Principle #1: Work with the family as a whole.**

A common pitfall for therapists is to work exclusively with the father-daughter dyad, leaving out mother/partner and siblings. Isolating them from the family risks narrowing the therapist's focus on their relationship as *the* problem, rather than seeing it as embedded in the family structure. To counter the pull toward such fragmentation, it is important for therapists to work with the family as a unit and in different configurations, as needed, to disrupt old patterns and collaboratively create new and healthy interactions.

#### **Principle #2: Set up direct father-daughter interactions.**

Creating in-session enactments between fathers and daughters provides therapists an opportunity to track patterns of thought and behavior that maintain their disengagement. In the vignette below, the therapist creates an enactment that illustrates the symptomatic triangle: Casey begins to talk with her father about a problem she has with him. He cuts her off abruptly. She gets exasperated and rolls her eyes in her mother's direction, thereby recruiting mother to come in and rescue her. Mother accepts Casey's invitation and jumps in to mediate, creating more conflict between her and her husband. Here, the therapist encourages the interaction to play out without intervening in order to get a clear picture of the family dynamic.

**Therapist:** How about you and your dad talk to each other about the argument you had last weekend?

**Casey:** I don't really know what to say. You just do the same thing over and over.  
*(Bill looks away. Casey then lowers her head.)*

**Therapist:** Bill, can you help Casey elaborate more concretely on what she had difficulty with?

**Bill:** Fine. What did I do wrong?

**Casey:** *(Looking to her mother)* He's making that face again!

**Bill:** *(Exasperated)* What face? Why can't you just talk to me?

**Casey:** *(Turning to therapist)* You see? I can't talk to him. This never happens with Mom.

**Bill:** *(Looking at Elizabeth and then at therapist)* So it's all me? It's all my fault?

**Casey:** Dad! No, that's not what I'm saying. You always turn my words around.

**Elizabeth:** *(Turning to therapist)* Can I say something?

**Therapist:** Sure, go ahead.

**Elizabeth:** *(To her husband)* You do the same thing to me. Let me just tell you what she's trying to say.

### **Principle #3: Open new pathways through the creation of boundaries.**

In order to encourage new communication patterns between fathers and daughters, therapists must establish clear boundaries between mothers and daughters—in Casey's family this means challenging Elizabeth to avoid taking sides in the struggle between Casey and Bill. To do this, the therapist first gains Elizabeth's trust by demonstrating that he understands why she feels driven to mediate conflict between them.

**Therapist:** *(Turning back to Elizabeth)* I imagine you would appreciate seeing your husband and daughter find a new way to get through their conflicts without you being their

translator. Am I right?

**Elizabeth:** *(Smiling)* Absolutely.

*(Therapist walks over to Elizabeth and with a mischievous smile, asks her to turn her chair away from her husband and daughter. Elizabeth laughs, joining into the playful spirit, and moves her chair.)*

**Therapist:** *(To Casey)* You think if you open up to your father and your mom turns around, you can still stay focused on your dad?

**Casey:** Yeah.

*(Therapist invites Casey and her father to talk. Their conversation is awkward, but they are able to talk to each other without Elizabeth interrupting.)*

During this exchange, Casey begins to describe her struggles. Bill listens, attempts a few times to resolve her issues, but stays in the conversation. The therapist observes that Casey has opened up to her father, and they've carried on a conversation without either one giving up on the other, withdrawing, or turning to the therapist or Elizabeth for help. Noting this change and curious about the strength of their new interaction, the therapist challenges them by inviting Elizabeth back. The therapist's aim is to give them practice reaching out to each other in Elizabeth's presence, while maintaining a boundary.

**Therapist:** Elizabeth, you want to come back? You're such a draw for Casey, so can you make yourself kind of invisible so she doesn't focus on you?

**Elizabeth:** I can leave the room if you want.

**Therapist:** No, I think it's important that you're here, but not as a magnet for her because it draws her away from her dad.

Temporarily blocking the mother-daughter relationship gives the atrophied father-daughter relationship a chance to develop. Here, Bill and Casey have room to look at each other literally and figuratively and begin a new type of conversation, just between the two of them. This also allows Elizabeth the opportunity to practice being present without being central.

#### **Principle #4: Develop and channel daughter's effective expression of her voice.**

Many adolescent and young adult women feel torn between trying to gain their father's approval while resenting him for being emotionally unavailable and/or trying to control

them. As a way of gaining access to their fathers, they often accommodate by hiding the parts of themselves they think he would disapprove of. This bind can manifest itself in a variety of overt and covert forms of violence, like suicide attempts or cutting, or through becoming invisible to themselves and others. The consequence of this bind is often paralysis.

Therapists can disrupt this sense of paralysis by working directly with daughters to generate alternative ways of expressing themselves. One way to do this is by cultivating a co-therapy relationship with daughters, seeking their help in restructuring the family and fostering a climate that inspires more open and respectful communication. Bolstered by a therapist's regard for their feelings and views, daughters will be more likely to risk speaking up in a more mature and purposeful voice.

**Therapist:** (*Turning to Casey*) You want to talk with your dad about what you've been dealing with at college?

**Casey:** I don't really want to talk about it. I will, but I don't want to.

**Therapist:** It's your choice. (*Turning to Bill*) Are you interested in knowing what Casey has been contending with?

**Bill:** Absolutely.

**Therapist:** Casey, it's your choice, but it's an opportunity to share yourself.

**Casey:** I know.

By clarifying that it is Casey's choice what she shares with her father, the therapist demonstrates his respect for her, while signaling to Bill that getting to know Casey is not something he is entitled to or can simply command, but rather something that needs to be thoughtfully cultivated between them.

**Principle #5: Encourage father's direct expression of vulnerability with daughter.**

In our culture, fathers are often trained to muffle their genuine feelings. Being a "good" father, it is commonly thought, means having to be directive, sure of oneself, managerial,

and protective; it doesn't allow for the freedom to be vulnerable or uncertain, or to express love directly.

Below, the therapist helps Bill experiment with new, more direct styles of relating to Casey. As Elizabeth watches the mutually respectful conversation opening between Bill and her daughter, she becomes less vigilant and more inclined to trust their capacity to reach each other without her intervention. Bill begins to loosen his grip on advising and rescuing his daughter, *admitting that he doesn't know how to help*. This is a significant step and the therapist encourages it by reinforcing the message: Be more interested in what your daughter is telling you than in imposing what *you think* would be helpful.

**Casey:** *(Crying)* I probably failed Science. I'm not taking my meds and I'm gaining weight. I just feel like shit.

**Bill:** Failing Science is not the end of the world. Do you understand how much pressure you put on yourself?

**Casey:** *(Sobbing)* That's not the point.

**Therapist:** Casey, could you stay in the conversation with your dad and help him understand more about what you need from him?

**Casey:** *(To father)* You're not listening to me. You listen but then dismiss it immediately.

**Therapist:** Okay, help him out. Keep talking to him. Don't sell him or yourself short. Help him understand what you want from him in this very moment.

**Casey:** *(Crying)* I want you to listen to me. Just listen.

**Bill:** What can I do to help? *(Turning to therapist)* I just want to hold her.

**Therapist:** Is this what *she* needs?

**Bill:** I don't know.

**Therapist:** Ask her.

**Bill:** Would you like a hug right now?

**Casey:** Okay.

Though Bill's hug appears to be more for his own benefit, to soothe his and her anxiety, this is the start of a significant shift in their interaction. Bill restrains his impulse to dictate and instead respects her expression of her feelings and needs. Though still tentative, Casey remains open and engaged with her father and begins to use her voice to express herself.

The conversations described above are conflict-ridden ones, filled with outpourings of pain

and discomfort for all family members. What's important is that the therapist not be deterred by the intensity of emotional expression, but rather encouraged by the family's ability to tolerate the growing complexity of their relationship. In these tense moments, the therapist's recognition of the potential for new possibilities is pivotal to encouraging trust between fathers and daughters. They are then able to stay engaged with each other through uncharted, stormy waters and to emerge freer, stronger, and more connected.