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Review Article

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Cognitive Distortions in the Application of Separation: When Help Turns into Harm

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ABSTRACT

This article analyzes a clinical case in which the template-driven application of psychological separation produced systemic iatrogenic harm and legitimized an already unstable marital configuration. Two independent specialists, working separately with a mother and her adult daughter, applied a conventional autonomy–separation framework without conducting structural analysis of power asymmetry within the marriage.

The husband entered the marriage with unresolved separation from his own maternal system. Rather than being addressed, this internal tension was externalized through the scapegoating of his mother-in-law and reinforced by econ\omic control, threats of expulsion, and interpretive monopoly within the couple. The marital instability and psychological deterioration that followed were not analyzed as products of structural imbalance. Instead, therapeutic attention was redirected toward separation from the mother.

When the mother sought help, distancing was recommended. When the daughter later entered therapy amid depressive episodes and emotional breakdowns, the focus again centered on separation from the maternal figure. The unhealthy marital environment that had preceded the deterioration of the daughter's mental state was not examined as a causal factor. Through professional validation, the husband's interpretive framework was institutionalized: the supportive maternal bond was reframed as toxic, and the daughter's crisis was retrospectively reclassified as childhood trauma.

Crucially, the initiating party did not seek therapy. Nevertheless, the therapeutic process indirectly resolved his internal conflict. By removing the maternal figure from the system, structural dominance within the marriage was stabilized. The harm was not merely an increase in vulnerability but a reorganization of roles in which a previously functional woman became positioned as a chronic trauma patient, and the origin of present systemic dysfunction was relocated into the past.

This case illustrates how psychotherapy, when guided by unverified assumptions rather than systemic analysis, can become a legitimizing instrument of existing power structures—resolving the conflict of the dominant party while pathologizing and destabilizing those who sought help.

Keywords: Psychology, Family Dynamics, Psychological Separation, Projective Identification, Systemic Family Therapy, Cognitive Distortions, Iatrogenic Harm, Triangulation

Introduction

"A surgeon who sees only the tumor but ignores the healthy organs risks killing the patient. In psychotherapy, 'separation' is often prescribed as the tumor to be removed, with therapists forgetting that the family system is a single, living organism."

In contemporary psychological practice, separation is frequently employed as a universal tool for resolving intergenerational conflicts. It is positioned as a pathway to autonomy, maturity, and the strengthening of boundaries.

Bowen emphasized that differentiation of self cannot be understood outside the emotional system in which it is embedded; attempts to promote autonomy without analyzing systemic interdependence risk misidentifying the locus of dysfunction [1]. Similarly, Minuchin noted that boundary interventions must account for hierarchical organization and power distribution within the family structure [2]. When hierarchy remains unexamined, structural asymmetries may be reinforced rather than corrected.

However, when separation is prescribed without a systemic analysis of the entire relational configuration—and through the lens of unexamined professional assumptions—it can shift from a means of fostering independence to a mechanism of harm.

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In this case, we encounter not malice or gross incompetence, but a dangerous professional cognitive distortion. The template-driven perception of separation as an unqualified good obscured the systemic reality in which this tool became a mechanism of destruction. An unresolved internal conflict of one system member generated the initial tension. Professional help was sought not by the initiator of the conflict, but by others—first the mother, and later the daughter—with the aim of stabilizing the situation and preventing further relational breakdown. As a result of the intervention, the internal conflict of the initiating party was psychologically relieved at the expense of the well-being of those who had sought support.

Both specialists focused their work on separation within the previously supportive mother–daughter dyad. This approach stabilized the internal tension of the first participant and enabled the realization of his implicit goal: the exclusion of the maternal figure from the family dynamic, thereby consolidating his interpretive advantage and control. Instead of achieving the declared aim of autonomy, the daughter lost a stabilizing source of support and was repositioned as a chronically traumatized victim of a "toxic" mother, which simultaneously deepened her dependence on her husband. The mother, in turn, was fixed in the role of a source of harm. Such role transformations inevitably affected the mental health of both women.

Thus, the professional intervention did not reduce suffering but intensified and institutionalized it. This case illustrates the risk that arises when clinicians interpret a client's request outside of its systemic reality and allow a theoretical framework to replace a thorough analysis of the actual relational dynamics. The present article proposes concrete approaches aimed at preventing such outcomes.

Case Description

Husband's Psychological Portrait

Intellectually strong, rational, and professionally accomplished (software engineer). Inclined toward logical analysis and structuring his environment. Emotionally reserved: does not openly display feelings, appears "thick-skinned," and prefers to carefully calculate and plan before acting. He was raised in a system of maternal hyper protection: lived with his mother until relocation, received frequent phone calls, ongoing monitoring, and anxiety-driven involvement in his daily life. Prior to marriage, he did not make major independent life decisions. He did not actively pursue psychological autonomy. The family atmosphere preserved a childlike position: routine reminders and control of everyday matters ("wear a hat," "button your coat") reflected a pattern of continued oversight and infantilization.

Wife 'S Psychological Portrait

Raised without a father, she grew up in a close dyadic relationship with her mother. Their relationship was characterized by emotional and intellectual closeness, an absence of rigid hierarchy, habitual sharing of personal experiences, and joint analysis of conflicts and difficult situations. The mother functioned as a moral reference point. She openly shared personal experiences and often made decisions with reference to her mother's opinion. Her temperament was gentle and non-confrontational; she tended to avoid direct conflict. Emotionally expressive, her feelings were visible and articulated. Intellectually capable and professionally functional (software engineer). A fully consolidated autonomous "core" outside the maternal dyad had not yet been completely formed prior to marriage.

Situation Within the Marriage

The husband entered the marriage with an unresolved separation from his own mother: formal autonomy had been achieved through employment and relocation, but the internal experience of independently establishing boundaries with the parental system was absent. Within the new marital context, he found himself for the first time in the position of de facto head of the household and sole financial provider. The relocation associated with his employment altered the structural balance. The wife became economically dependent, creating an asymmetry of power and reinforcing his sense of being "in control." In these new conditions, his interpretations and conditions carried greater weight, as they were supported by material authority. This structural power simultaneously intensified his internal tension: he now had to maintain control over the new system and prevent any perceived loss of influence.

Within this configuration, the wife's mother was fixed as the scapegoat. This move served several functions at once: marital tension was assigned an external source; the need for genuine separation from his own mother receded into the background; and interpretive control within the couple became concentrated in one set of hands. The formula "If your mother comes, I will throw you out" was not a reaction to a specific event but a governing principle of excluding a third figure from the system.

The wife's position in this structure became particularly vulnerable. After relocation she was economically dependent, temperamentally conflict-avoidant, emotionally open, and accustomed to dialogue. In the new hierarchy, her center of stability shifted toward her husband. Under the threat of sanction ("I will throw you out") and in the absence of clarification about what exactly had not been forgiven, she found herself in a state of undefined guilt and divided loyalty. She was required to minimize contact with her mother ostensibly in the name of strengthening her own independence, while no concrete violation was clearly articulated; instead, boycotts were applied as a form of "correction."

Thus, after the wedding, what occurred was not merely a limitation of contact but a structural reorganization of the system: the mother–daughter dyad was effectively placed outside the framework, the marital dyad acquired a monopoly over interpretation, and the husband's internal conflict found resolution at the expense of the other members of the system.

The Mother's Appeal to a Specialist

After a rigid framework had been established and the mother had been fixed in the role of the "interfering" party, the situation became unexpected for her. Her prior image of her son-in-law had been different—calm, rational, not inclined toward sanctions or moral labeling. The formula "If your mother comes, I will throw you out" and the refusal to discuss its grounds sharply contradicted that earlier impression.

The mother did not perceive herself as a party to the conflict. Her focus was on her daughter's position: economic dependence

after relocation, the threat of sanction, vague and undefined accusations, and the shift of power within the marriage. Her concern was the daughter's stability within the new system, not the defense of her own status.

Initially, she did not turn to a specialist. Having experienced an unsuccessful marriage, herself and not considering herself competent in marital dynamics, she first attempted to act independently: she searched for sources of knowledge and support for her daughter, suggested literature, discussions, and external reference points. This was an effort to strengthen her daughter, not to manage the marriage.

Recognizing the limits of her own experience and fearing that her involvement might intensify the tension, she eventually sought professional consultation. Her request was framed as an attempt to understand what was happening and to develop an appropriate behavioral strategy so that the situation would not continue to evolve in the direction set by her daughter's husband. She was seeking external reflection and clarity about the boundaries of her own involvement.

The specialist proposed a strategy of distancing: to reduce contact, refrain from offering advice even if the daughter initiated it, and allow the young couple space to build their relationship independently. This was presented as "healthy separation"—a reduction of maternal influence that was assumed to automatically decrease tension and promote the daughter's autonomy. At the same time, the specialist focused on autonomy from the mother, overlooking the fact that the daughter was under her husband's influence.

The specialist defined the cause of the conflict as a "maternal control problem," suggesting that the mother sought to remain the sole source of influence in her daughter's life. Her involvement was interpreted as an excessive need to manage the adult child's life, rather than as a response to the actual structural dynamics of the situation.

Temporary distancing was recommended, and the mother complied. As a result, the daughter experienced the loss of maternal support that had been her primary stabilizing resource prior to marriage, while the husband used the mother's withdrawal as an implicit message to his wife: "either me or your marriage." Although this did not reflect the mother's intent, it reinforced his narrative that the mother posed a threat to the marriage.

The Daughter's Appeal to a Specialist

The accusation did not remain at the level of words. Through sanctions ("If your mother comes, I will throw you out"), the threat of losing the marriage, boycotts, refusal to engage in discussion, and reinterpretation of facts, an emotional environment was formed in which the daughter was pressured to accept the proposed interpretation. She gradually became the carrier of this construction. The negative image of her mother was not merely expressed externally—it was internalized through the husband's projective identification.

As originally described by Klein, projective identification is not merely the attribution of unwanted qualities to another person, but a relational process in which the recipient is induced to experience and internalize those projected elements [3]. In this case, the maternal figure gradually became organized within the daughter's inner world according to the imposed negative frame, transforming external accusation into internal conviction.

To Illustrate the Daughter's Internal Conflict

"I was torn apart. My mother had always been my safe haven, but my husband said she was the reason for all our fights. My therapist confirmed it: I needed to 'separate.' So why, when I severed that bond, did I feel not freer, but more terrified than ever?"

A psychological split emerged within the daughter. The long-standing supportive and meaningful image of her mother, which had existed for more than two decades, collided with a new image—dangerous and destructive. These representations were incompatible. In order to preserve the marriage and maintain internal stability, she gradually integrated the negative frame, though she attempted to resist it. In this way, the husband's projection found confirmation within her own inner world.

The result was a loss of cohesion in the previously stable internal object and an increase in internal tension. The splitting and the pressure of interpretive monopoly affected her mental state, leading to emotional destabilization and reduced resilience.

The daughter began experiencing depressive episodes, nervous breakdowns, and escalating conflicts with her husband. At a certain point, the tension reached such a level that she temporarily moved back in with her mother. Her internal state was marked by pronounced anxiety, instability, and a dependent relational position.

Before resuming the marriage, she began working with a psychologist. The declared goal was the development of personal autonomy—the ability to maintain inner stability and avoid psychological dependence on either her husband or her mother. The aim was to strengthen an independent inner "self" capable of tolerating differing perspectives and preserving coherence amid conflict.

However, the therapeutic focus shifted. Instead of working on overall autonomation and the strengthening of personal boundaries, the psychologist concentrated on separation from the mother. Separation was selected as the central task, while the asymmetry within the marriage and the daughter's dependence on her husband were not placed under analytical scrutiny.

As a result of the therapeutic work on separation, the daughter developed a stable negative emotional stance toward her mother. Therapy reinforced the husband's interpretation that the maternal figure was the primary problem area. His initial position thus received professional validation: distancing from the mother came to be perceived as a necessary condition for the "health" of the marriage. Consequently, autonomy did not increase but was redistributed. The mother's influence decreased, dependence on the husband intensified, and the daughter's independent internal core was not strengthened.

As a result, the maternal figure shifted from being significant and supportive to being framed as toxic and abusive. The

daughter was repositioned as a victim of an abusive mother, and the deterioration of her mental state that had emerged at the beginning of the marriage was retrospectively rewritten as trauma originating from the mother.

The Mother's Perspective Tells a Different Story

"I was told to 'let go' and 'stop interfering.' So I did. And now her husband controls her completely, and I can't even call to ask if she's alive. I followed the psychologist's advice, and I lost my daughter."

Eventually, the husband imposed a complete ban on communication between mother and daughter. With the maternal relationship removed, nothing remained to counterbalance the continued internalization of a negative image of the mother. The daughter now seeks to improve her mental health through ongoing therapeutic work focused on processing the traumas attributed to her mother.

Conclusion

In this case, the internal conflict associated with the unresolved separation of one participant was not addressed directly. Instead of analyzing the deeper systemic dynamics, the specialists focused on surface "indicators" — the frequency of contact with the mother, emotional closeness, and the giving of advice. The work remained confined to the client's subjective experience within the consulting room, while the actual configuration of power and sanctions outside the session was not subjected to systemic analysis.

This case maps perfectly onto the Karpman Drama Triangle. The specialists, failing to see the systemic dynamics, effectively:

- Fixed the daughter in the role of the Victim (of an "abusive mother"),
- Cast the mother as the Persecutor, and
- Positioned themselves (therapy) as the Rescuer, helping to "save" the daughter from the "terrible" mother. The problem is that the real Persecutor—the husband—remained safely in the shadows, his control now legitimized.

As a result, separation was initiated not at the primary locus of dependency, but within the supportive mother–daughter dyad. This separation objectively altered the distribution of roles: the external object of tension was removed, thereby stabilizing the husband's internal conflict. His anxiety and need for control were indirectly resolved through the exclusion of a third figure.

To consolidate this new configuration, projective identification played a role: the negative frame toward the mother was not merely declared but gradually internalized by the daughter as part of her inner representation. The emotional tension and psychological splitting that emerged were later classified as "childhood trauma" caused by an abusive mother. In this way, a systemic crisis in the present was retrospectively reinterpreted as a problem rooted in the past. Therapeutic work became centered on processing these "traumas," reinforcing a new identity and diverting attention from the original relational dynamics.

The mother was left in a prolonged state of stress, deprived of contact and fixed in the role of a source of harm. Meanwhile, the declared goal — the development of the daughter's autonomy — was not achieved: dependency did not disappear but was redistributed within the marital dyad.

From a systemic perspective, this outcome reflects what Bowen described as emotional process displacement: anxiety is relocated rather than resolved [1]. Instead of addressing the unresolved differentiation of the dominant partner, therapeutic focus shifted toward the more accessible dyad, thereby reducing overt tension while preserving structural imbalance.

Thus, within the framework of a template-driven therapeutic approach, the deep conflict of one participant was resolved at the expense of the health and quality of life of the others.

Analysis And Proposed Improvements

To prevent such outcomes, practitioners must learn to recognize the following professional cognitive distortions in themselves:

Distortion: Confirmation Bias – Uncritically Designating Separation as the Central Problem

The situation deteriorated because separation was declared necessary without prior verification of its actual relevance. Specialists saw only the facts that confirmed the theory of the mother's "harmful" influence and ignored the facts of her supportive role and the real pressure from the husband. As a result, a positive and supportive maternal bond—previously serving a stabilizing function—was dismantled.

Improvement: Before recommending separation, the functional role of the relationship must be carefully assessed. If the bond provides emotional and intellectual support and is not accompanied by coercion, sanctions, or suppression of autonomy, it should not be dismantled. Such a relationship can be integrated into the individuation process rather than treated as inherently problematic. Separation is about achieving inner wholeness that allows one to tolerate differing opinions; it is not about a traumatic rupture of attachment.

In systemic conflicts, particularly when involving a married woman, it may be appropriate—if the client consents—to broaden the analytical framework by inviting written statements from all involved parties. This allows for documentation of facts rather than solely emotional interpretations, highlights discrepancies in perspectives, clarifies the actual basis of accusations (e.g., "interference," "control," "threat"), and reduces the risk of a one-sided narrative. Such a format preserves confidentiality while expanding the evidentiary basis before radical decisions are made.

Nichols and Davis caution that family interventions applied without attention to relational function may destabilize adaptive bonds [4]. A relationship that appears enmeshed on the surface may, in context, serve a stabilizing or protective role within a stressed system.

Distortion: Focusing Illusion – Lack of Transparency in Interpreting a Third Party. The situation was further aggravated by the specialists' focus on the mother-daughter dyad (which was present in the room or in the discussion) while completely missing the husband-wife dyad, where power and resources were actually being distributed. Interpretations about a third person were

formed without verification or transparency. When therapeutic decisions—such as distancing, rupture, or prohibition—are based on assumptions about another individual's motives or behavior, the absence of verification creates a risk of distortion and consolidation of a unilateral narrative.

Improvement: When therapy addresses relationships with a specific living person, factual clarification should be ensured. This may include written statements from involved parties (with the client's consent), structured dialogue in the presence of a specialist, or a clear distinction between "the client perceives" and "objectively documented events." Transparency reduces the risk of demonization and allows differentiation between actual boundary violations and subjective interpretations. An ethical question must be asked: If my intervention will significantly impact the life of a person not in my office, what responsibility do I bear for that outcome?

Distortion: Substituting Separation for Autonomy. The deterioration was reinforced by shifting the focus from developing autonomy to pursuing separation as an end in itself. Weakening one relational bond did not reduce dependency but merely redistributed it toward another figure.

Improvement: Separation should be conceptualized as the development of the capacity to make independent decisions, tolerate differing viewpoints, and maintain one's own position—not as a mechanical rupture with a particular person. Such work cannot remain confined to symbolic reinterpretation within the consulting room. It must be translated into real-life behavioral tasks: independent decision-making, articulation of boundaries, and the ability to withstand disagreement without terminating connection. Work limited to internal imagery without testing changes in actual interactions may reinforce negative interpretations but does not build autonomy. Genuine separation occurs within lived relational practice, not solely within theoretical or symbolic analysis.

A Self-Supervision Checklist for Practitioners:

- Am I trying to "separate" a client from the person who is currently their only source of real support?
- Do I fully understand the actual power balance in the couple: who controls resources, who makes decisions, who threatens sanctions?
- Do I have concrete evidence of a third party's "toxicity," or am I relying solely on the interpretations of another system member?
- What would happen to my client if the rupture I am recommending occurred right now? Would they become more autonomous, or more vulnerable?

Such outcomes illustrate a broader professional risk: when theoretical templates precede systemic verification, clinicians may unwittingly align with the structurally dominant position in the system (Minuchin), thereby institutionalizing an existing asymmetry [2].

Final Thought

As Nichols and Davis caution, family interventions that overlook power distribution risk reinforcing the very dynamics they aim to transform [4]. The present case illustrates not merely a clinical misjudgment, but a professional risk inherent in template-driven application of therapeutic models without systemic verification [5].

The central lesson of this case is simple: separation, carried out without an analysis of systemic power and the real distribution of resources, is not liberation. It is the amputation of a healthy limb, which leaves the patient even more dependent on crutches. Our task is not to sever connections according to a textbook, but to teach our patients to walk independently, even if they are holding someone's hand.

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