

Coping with divorce and relational family therapy¹

Radzenie sobie z rozwodem
a rodzinna terapia relacyjna

Abstract

Divorce or collapse of the partner relationship² is among the more stressful and psychologically challenging of experiences. No matter the circumstances, due to which we could understand divorce as a desired solution of irresolvable complications in relationships, it is a distressing experience that affects the life of an individual as well as that of the family as a system. Divorce does not have far-reaching consequences just for the partners, but also for the children and extended family, as well as society. After divorce, a new era begins, when it is necessary to re-adapt to life and during which hard feelings also emerge. Divorce represents loss: the loss of a partner, of social status, of identity as a married person, etc. During the process of facing divorce, successful emotional adaptation to the new situation, which may also be described facing loss, is of great significance. The process of mourning begins, during which it is necessary to face the reality of loss. When that does not happen, the individual cannot move on; this is the point at which dysfunctional and symptomatic behaviour emerges. This contribution will outline some of the aspects of divorce, focusing mainly on the emotional aspect of adapting to divorce, as well as some possibilities for successfully processing emotional complications during divorce through the process of relational family therapy.

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² In this article we use the expression “divorce” to denote both the separation of a marriage as well as separation of a couple, one that lived in a civil union (without formal marriage), despite these two being two different processes from a legal viewpoint.

Keywords:

divorce; mourning; emotional processing; relational family therapy; family, relationships.

Abstrakt

Rozwód lub rozpad związku partnerskiego znajduje się wśród bardziej stresujących i psychicznie trudnych doświadczeń. Nie ważne, jakie są okoliczności, w związku z którymi moglibyśmy rozumieć rozwód jako pożądane rozwiązanie nierozwiązywalnych konfliktów w związku, jest to ciężkie doświadczenie, które oddziałuje na życie jednostki i życie rodziny jako systemu. Rozwód nie posiada daleko sięgających konsekwencji tylko dla partnerów, ale też dla dzieci i dalszej rodziny oraz dla społeczeństwa. Po rozwodzie rozpoczyna się nowa era, kiedy konieczna jest ponowna adaptacja do życia, w czasie której pojawiają się trudne odczucia. Rozwód jest stratą: stratą partnera, statusu społecznego, tożsamości zamężnej/żonatej osoby. W czasie procesu zetknięcia się z rozwodem, dużą wagę kładzie się na pozytywną emocjonalną adaptację do nowej sytuacji, którą możemy również opisać jako zmierzenie się ze stratą. Rozpoczyna się proces żałoby, w trakcie której konieczne jest sprostanie realiom straty. Kiedy to nie zaistnieje, jednostka nie może ruszyć dalej, a my możemy zaobserwować pojawienie się dysfunkcyjnego, symptomatycznego zachowania. W artykule zarysujemy pewne aspekty rozwodu, skupiając się głównie na emocjonalnym aspekcie dostosowania się do sytuacji, jak również zaznaczymy możliwości pozytywnego postępowania z komplikacjami emocjonalnymi występującymi podczas rozwodu poprzez przejście modelu rodzinnej terapii relacyjnej.

Słowa kluczowe:

rozwód; żałoba; emocjonalne postępowanie; rodzinna terapia relacyjna; rodzina; związki.

Divorce is a frequent and common phenomenon in modern society. As such, it is represented in numerous life cycle theories as one of the developmental phases, especially because this is the event that has a strong impact on the future lives of partners, as well as children and family as a whole (Carr 2000, 28). The number of partners who wish to divorce is either on the rise or staying put, albeit at a high level. Recent demographical data on marriages and divorces in the European Union shows that the number of marriages per 1.000 residents was in decline in the few last decades, while the number of divorces was on the rise (Eu-

rostat 2014). The number of couples who separate is certainly higher, if we take into consideration that those who are not married or registered in civil union are not included in the official statistical analyses.

1. Complexity of divorce

Divorce influences numerous aspects of the narrower and wider family system, because it is a complex situation that throws individuals out of their stable ways of operation and can influence their functionality. It can be viewed upon as a process that leaves its impact on both the social and economic-financial levels, while at the same time it causes internal mental or psychological processes that can be detected in the experience of an individual, couple, child or whole family. Divorce takes place on different levels and covers different areas: emotional divorce, legal divorce, economical divorce, parental divorce, mental divorce, as well as divorce from the community (social network of friends, neighbours, school, etc.) (Margulies 2007, 3–5). All these areas are interconnected, and complications in one area usually cause hard to solve problems in the others.

The intertwining consequences of divorce, observable in the clinical treatment of divorcees, include the realms of emotional, behavioural, social, physical and spiritual:

1.1. Emotional consequences

A wide array of emotions that can sometimes be positive, but mostly negative, accompany divorce. They include anger, guilt, fear, sadness, depression (sometimes accompanied by suicidal thoughts), bitterness and feelings of frustration (Carr 2000, 30). Since divorce represents the loss of love and in a way, the death of a relationship, it is legitimate to view this process as one of mourning, with all the emotional phases that come with it (Simonič, Poljanec 2008, 251–254).

1.2. Behavioural consequences

Divorce impacts the emotions and actions of the individual. Routine activities of everyday life have to continue after divorce, but now everything has to be done without the assistance of a partner. If there are children involved, divorcees have to adapt to the fact that they are now single parents. Divorced parents also have to often face the behavioural and emotional consequences of the divorce upon their children. They become preoccupied, and then the quality of every-

day work at the workplace can suffer. Quality and quantity of business results can drop, as well as relationships at the workplace (Collins 2007, 617). Change in the current financial status can reflect in other forms of material loss, such as: moving into less expensive housing, sales of property, leaving the community affording a network of friends and social support, etc. All of this often leads to change in the behavioural patterns and activities of everyday life.

1.3. Social consequences

When the relationship between partners dissolves, the ramifications spread out to relationships with others: reaching family members, mostly children, parents and other relatives, whose reactions can vary from shock and rejection to rage and fear. While the goal may certainly be to offer support and encouragement, personal friendships, members of the religious community, co-workers, relatives, etc., all can sometimes even complicate the situation with their improper advice and opinions. Criticism often emerges, from the side of those who reject, condemn, blame and even occasionally mistreat a divorcee, and can range to married friends who may feel threatened. Many people do not know how to react in the presence of a newly divorced person – some are single people who do not understand divorce and are critical, and some even have the potential to become new partners (Newman and Newman 2003, 404). Divorcees often experience loneliness, insecurity and confusion about whether or not to enter into new relationships; they continually question their own identity or their own capacity to trust themselves. People that have been married for a long time can feel awkward when trying to establish new connections. In some cases, divorcees react to people much in the same way they used to in the past, they marry people with similar personality traits, and they repeat the same mistakes and then ultimately divorce once again. On the other hand, because they failed the first time, many fear trying to re-enter an intimate relationship again (Collins 2007, 617).

1.4. Physical consequences

Divorce can be detrimental to the health of individuals. Stress affects the immune system and lowers the individual's physical capacity to defend from infections and disease. Health problems begin to emerge, and the chances of suicidal behaviour and other psychological complications arising increase (Newman, Newman 2003, 405).

1.5. Spiritual consequences

Divorce can lead some into pursuing deeper relationships with a spiritual being, often because the divorcee seeks support in spirituality; conversely, others might project their anger towards spirituality. The community might condemn and blame the divorcees. Many also abandon their spiritual life and activities (Collins 2007, 618).

Divorce therefore induces numerous consequences for the partners, children and extended family. Furthermore, the consequences usually continue long after settlement of all the respective legal aspects of divorce. Divorce is an experience that will stay forever in the memory of individuals touched by it. The process of divorce reaches closure only once the affected individual manages to integrate the bitter experience into her or his life and lives on with it, fully functional. As such, divorce or separation is one of the more stressful and psychically exhausting challenges one can experience during life (Lee, Picard, Blain 1994, 3). It brutally reaches into the usual daily activities of a person and her or his daily lifestyle, shattering any and all expectations (McGoldrick 1995, 127). It is an event that causes true crisis, because the individual experiences it as a loss that threatens her or his integrity and feeling of security. One of the main psychical tasks for the family in the face of divorce is to overcome the way they have seen and developed themselves as a family up until then. This means that they have to change the beliefs they cultivate relating to family or family identity. Such a change can demand a reorganization of family attachment patterns, which have to be in a form that still ensures affiliation, despite being in different way (Robinson 1991, 68).

2. Process of divorce

In most cases, divorce is a process that takes time. It is not simply a one-time event or a decision (Ball, Hiebert 2006, 73). Numerous experts and researchers agree that the process of divorce has several phases and lasts approximately 36 months, although deviation is possible. In general, we separate the process of divorce into: the period prior to divorce, the period when the decision falls to divorce, then follows a period of the actual formal divorce and lastly, the period after divorce. Each of these phases also comprises more detailed processes during the respective phases of divorce. There are at least six: recognizing the collapse of the relationship or marriage, the decision to divorce or separate, preparation and planning of the break-up, the actual physical divorce, the legal

and formal process, and the phase of establishing a family after divorce. This is where different layers intertwine: the individual layer, the interpersonal layer of a couple, the relations with a subsystem of children, and the relations with the nuclear families. All six phases of the family transformation can be addressed separately, however they do frequently overlap in practice. While they do not necessarily take place in a certain order, there are often deviations and lulling periods during the process, sometimes there are even attempts at reviving the relationship. Transformation comes gradually and it is of a cyclical nature (Carr 2000, 28–34; Robinson 1991, 63–69). Specific challenges, with which family members must cope, mark every period.

3. Divorce is a loss that has to be mourned

Divorce is a tremendous challenge even for the most functional of individuals. They feel an overall loss; they have lost a partner, friends, their identity as a married person, family, and home. The loss endured during divorce can be compared with widowhood, just that the individuals do not mourn only after their partner, but also after lost dreams, expectations and the conviction upon which they had based their life (McGoldrick 1995, 127).

Every loss requires adaptation. Adaptation to loss involves going through the process of mourning, during which the individual faces the reality of their loss and experiences all the painful feelings that emerge thereof. Several phases, marked by specific emotions and reactions, are traceable in the process of mourning. It is important that all these feelings come to light and are evaluated; this is how loss becomes integrated into everyday life. When this process does not happen, the individual cannot move on, and then dysfunctional symptomatic behaviour often develops, such as addiction, depression, anxiety etc. (Simonič 2006, 178). Functional adaptation to loss means to find a way that enables placement and integration of the loss into life, and then being able to move on.

To mourn a failed relationship is a process that can take several years. At every anniversary, old emotions and memories can re-emerge. As such, mourning is a process that never fully ends, although the pain gradually dulls in sharpness and intensity (McGoldrick 1995, 128–129). Several phases are traceable in the process of mourning, and each is marked by specific emotions and reactions that dominate the respective phases.

3.1. Shock

Shock is the most common first reaction to loss. It can manifest itself in the form of physical pain, numbness, apathy or retreat. It seems that the individual becomes paralysed and incapable of clear thinking. All of this can be accompanied by denial, doubt or avoidance of the reality of the loss that is represented by divorce (Carr 2000, 22). The spouse who did not initiate the divorce is especially likely to experience a state of shock, because she or he was not psychologically ready and expecting (Margulies 2007, 84).

3.2. Denial

This sort of reaction often follows shock or emerges at the same time. The one that was faced with the divorce tries to live and act as if nothing happened and rejects the fact that the relationship is dying, as well as rejects the possibility of divorce (Carr 2000, 22).

3.3. Sadness

When the individual recognizes the reality of loss, she or he can feel a deep sadness, despair, hopelessness and depression. A depressive state of personal defeat and confusion emerges (McGoldrick 1995, 129).

3.4. Anger, rage and hatred

Anger, it may include a sense of betrayal and hatred, is directed towards the partner and possibly to all members of the opposite gender (Carr 2000, 25). During loss, feelings like this are justified, since the individual, by being abandoned, experiences a deep injustice. After all, this was definitely something she or he did not expect, no matter what happened later.

3.5. Guilt and fear

Guilt and self-accusation emerge in people when they feel that somehow they were incapable of preventing the disintegration and loss of a relationship. Individuals usually feel humiliated, misunderstood, devalued, discarded, and fearful of what the future will bring (Carr 2000, 26).

3.6. Despair

This emotion is present at the final confrontation with loss, with reality, and it designates the end of denial. The individual finally accepts that truly nothing can be changed, and that the loss is final (McGoldrick 1995, 132).

3.7. Integration

Integration refers to the transformation and adaptation of the system in which there is an absence of somebody. The empty space begins to fill with new possibilities, ideas, and relations. People transform their worldview in a way that includes their former partner as someone who is no longer present. The individual begins to see life from a realistic perspective, keeping an appropriate distance from their former partner (Margulies 2007, 23–24). The emotional pain is no longer so intense, since the former partner has left their emotional sphere. Integration of loss means that the individual focuses her or his emotional energy on current and future relationships and people instead of former ones (Halperin 2006, 248).

4. (Psycho)therapeutic help during divorce

Certain limitations occur with divorce, that individuals sometimes cannot handle on their own. During the process of facing divorce, many require help, both practical and emotional, as well as legal. This is how services that help people at developing new skills for coping with the stress of divorce and life transformation can be helpful to individuals facing divorce, whilst also providing them a chance for personal growth. Psychotherapy is among such options, which unlike counselling and mediation enables deeper exploration and can address psychological complications in greater depth (Livingston, Bowen 2006, 3–4).

The psychotherapeutic relationship enables a safe space where it is possible to address the loss that is accompanied by strong and sometimes inhibited emotions. Psychotherapy provides a place to express anger, sadness, defeat and also relief and joy. In particular, it allows the divorcee to accept two essentials: that she or he is divorced or getting divorced, and that she or he has to adapt to the consequences of the divorce (Margulies 2007, 83–84). In other words, psychotherapy enables the individual to fully and properly mourn their loss, which will be conducive to improving their functionality as life goes on. Many problems are otherwise noticeable, because the individual, too flooded with painful un-

resolved emotions, can hardly set new boundaries and set things right. This is precisely why we witness the emergence of countless complications: related to custody and support of children, mental and financial problems, problems getting included into everyday life and work, etc. Psychotherapy allows us to better prevent the dysfunctional elements that can arise during the divorce process, and to decrease symptoms of depression and anxiety. It also helps at keeping general stress under control (Carr 2000, 27).

On the other hand, psychotherapy allows the experience of divorce, and the emotional complications thereof, to be placed into the individual's wider perspective of living. By working with clients in therapy, we learn that the painful emotions arising during divorce are often a reflection of already known intense and painful emotions from the past; as such, they are connected with the individual's personal wounds originating from previous dysfunctional relationships. These wounds prevent the individual from confronting emotional complications effectively. So they repeat themselves, as if caught in a vicious cycle. The individual's psychic structure develops on the basis of previous relationships in the primary family, some of which can be, in the case of pathological relationships or traumatic experience, marked with dysfunctionality (e.g. low self-esteem, feeling incompetent, learned helplessness and numerous other defensive mechanisms). This is how the individual may continually find herself or himself repeating dysfunctional behaviour; finding a way out of this vicious cycle is very difficult because it is often much easier to simply keep on reinforcing the patterns of belief that nothing can be done or changed. Psychotherapy therefore helps people to reconstruct the past and place their loss into it, all in a more functional way. That is how we can change our relationship to our past, and by doing so, also to our future (Simonič, Poljanec 2008, 255).

Several models of psychotherapy include working with divorced couples. Some of them focus on working with the individual partner or children, others on working with the whole family. Various therapy groups for divorcees are also very helpful (Lee, Picard, Blain 1994, 4). The integrative model of Relational Family Therapy (RFT) also treats problems that arise with divorce. This model is directed towards recognizing pathological relationships into which we become entangled, and which are difficult to transform. These relationships are usually based on strong affect, which forms the base for all relationships, dictating the atmosphere to which all relationships are attuned. The basic affect has to come into awareness so that the individual understands what is going on (Gostečnik et al. 2009, 499).

In continuation, we will present the basic premises of the RFT model and illustrate it through a case of psychotherapy treatment a female client who wanted,

after divorcing and withdrawing from her previous lifestyle, to find a way back. We will present the life situation of a client, who during the divorce process, and in light of previous experiences and complex emotional history endured a hard struggle with the mental distress she experienced, excluded herself from society. The psychotherapy process enables the individual to recognize these unsuccessful patterns of dealing with difficulties. It helps the individual mourn the loss of relationships, empowers and helps them to develop a position from which she or he can take a more active role in forming their own life.

5. The basic premises of the Relational Family Therapy model

5.1. Humans in a relational matrix

The RFT model sees the individual as a part of the whole family system she or he belongs to. Within the family system, the individual is bound into the intricate system of relationships and respective dynamics that define her or his psychic structure. The individual is always a part of the family system she or he belongs to and grew up in. This is the reasoning behind the search for identifying causes with the client. This would be the family member who reflects the symptomatology of the whole family system. There are continuous transactions and mutual relationships taking place in the family system, all of which contains different internal content, either positive or pathological. The individual, as a member of the family system, and based on the relational mechanism of projective identification, adopts that internal content subconsciously and identifies with it. There is another fundamental mechanism, a mechanism of repetition compulsion, that creates dynamics through which the individual repeats elemental patterns of relationships in a compulsive, forceful way; and by doing that, it encourages basic affects to emerge, ones that are known to the individual and form a part of her or his mental structure, ones that are promising relationship no matter how painful it is (Gostečnik 1997, 220–223).

5.2. Primary affects and the affective psychic construct

Affects are a form of basic energy that powers the dynamics and process of the system and directs its development. They are subconscious emotional dynamics that leave the strongest mark on the system and the relations within it (Kompan Erzar 2006, 26). Relationships and the atmosphere in which a child is born into give ground to the basic affect then carried on by an individual all

her or his life. Adult individuals hence look for others with a similar affect to their own, because then they can feel understood by such a person; and also, that person can truly understand them. They enter into deep or intimate relationships through the affect that binds them together with its mutuality. This is how the patterns and atmosphere of primary relationships preserve themselves, in the form that the individuals experienced during childhood. Primary affects are therefore the basic dynamics of family relations. The individual tends to renew the same relations relentlessly, not knowing exactly why. Primary affects are stored deep within the subconscious layer of psychic experience; they are hard to detect and disclose from within the complexity of an individual's relationships. These affects are discernible in interpersonal relationships, where they play out in a more plastic way, regulating the way of thinking and acting, and creating typical affective dynamics, constantly reviving. This is what makes it imperative to establish a therapeutic relationship; such a relationship will enable the reawakening of the primary affect. The therapeutic relationship will provide the space to process it in a more functional and constructive way, and thus allow new pathways for resolution of complex and often very painful relationship patterns (Gostečnik 2005, 21–23).

The internal psychological construct, also termed as the affective psychological construct, is formed on the basis of the primary mutual affect or several affects, which were generated either by the individual's experience of early relationships with significant others or are a consequence of later traumatic experience. It is a cognitive, behavioural and emotional configuration, which contains a physical aspect as well. One's commitment to this construct is very strong; because of the presence of the subconscious affective dynamic, it promises a connection, although such relationships are pathological. The affective psychological construct is also a defence mechanism that serves to protect the individual from real and distressing emotions. Becoming aware of and facing the primary affect presents a specific challenge; after all, a previously reliable space might then be flooded by painful feelings of loneliness, fear, insecurity, and rejection. For example, it is easier to self-blame for something (affective psychological construct) than to admit that there were feelings of rejection and sadness in a relationship (primary affect). This is why relationships based on affective psychological constructs are fake, all until we reach the primary affect; although this can also mean having to deal with painful emotions, those bespeaking the truth about a certain relationship (Gostečnik 2004, 17). Primary affects and affective psychological constructs, which are built on those affects, represent the deepest link with primary relations. As such, they promise connection with familiar emotions, even though they are painful.

5.3. Relational mechanisms: projective identification and repetition compulsion

Relational processes of projective identification and repetition compulsion can fully explain and determine the dynamics of family relations, the basis of which are primary affects. Through understanding these mechanisms, we can explain why there are healthy, functional and sometimes also pathological dynamics of family relationships (Gostečnik 1997, 19–20). These two mechanisms allow the deepest intellectual content, feelings and affects to preserve themselves and transfer to the intrapsychic, interpersonal and systemic layers of human activity and living.

Projective identification is a mechanism that transpires in mutual relationships at several levels. It is a subconscious process in which the sender projects subconscious content into receiver. The receiver takes in the projected feelings, internalizes and transforms them her or his way. Then the receiver sends the transferred feelings back to the sender, who re-identifies with those feelings. The goal is to render bearable the unbearable projected feelings from the sender; so it is very important how the receiver will process the content received, and how she or he will be able to return it in a form that is easier to manage (Gostečnik 2001, 235–236).

Hoping to transfer difficult emotions, the process of projective identification continuously repeats itself as long as the difficult emotions remain unresolved. This process is termed repetition compulsion. Both functional and dysfunctional relationships can be repeated, and this repetition occurs in the search for emotional connection (Gostečnik 1997, 9–19). Fundamental elements of repetition compulsion are processes through which the individual tries to establish a link between previous and current experiencing. The individual, even in real time, senses the positions and experience in a way that they coincide with previous experiencing or intrapsychic images and affects. Surprisingly, the individual subconsciously actively tries to recreate a mental state that would be similar to past mental states; then they could – in a new environment, one with the full force of affect – re-enact the previous pattern (Gostečnik 2004, 182–187).

5.4. The Relational Family Therapy model: meeting in mutual affect and establishing altered affect regulation

Relational Family Therapy (RFT) is a theoretical and clinical bio-psycho-social model of treatment that integrates aspects of general systems theories with relational models, combining object relational theories, self-psychology, and in-

terpersonal analysis. The basic premise of this model of therapy is that the three levels of human life – systemic, interpersonal, and intrapsychic – mutually and reciprocally influence each other, establishing the mode of affect regulation, and producing the affective psychic construct.

Applying the RFT model, we try to recognize and shed light upon pathological relationships, to see where they come from and why it is so hard to change them. RFT works by taking into account relational mechanisms and dynamics (projective identification and repetition compulsion), which power certain relationships. It will always try to find the affective psychic construct in the background of pathological relationships, and beneath them also the primary affects, which are fundamental to all subsequent relationships. They colour the atmosphere, which all relationships are attuned to. The basic premise of this integrative model is that each relationship is always based on mutual affect, which dictates the formation of specific patterns of relationships through interpersonal dynamics. In the context of therapy, it means that real transformation happens on the level of awareness and processing of mutual affect, this happens when the therapist and client emotionally connect. The core of the dysfunctional and pathological connections that have created the psychic construct with which family members protect themselves from the pain of the primary affect can only be revealed on the level of the mutual affect that powers the whole system of relationships, experience and making connections with new people, in this case the therapist (Gostečnik 2004, 14). The primary affect is subconscious and has to become conscious in order for the individual to understand what is transpiring.

RFT approaches the discovery of this affect that guides the dynamics of relationships on three levels of activity: the systemic, the interpersonal and the intrapsychic levels. The primary affect pervades all relationships on all levels. Hence affect has several levels in the system (Kompan Erzar 2006, 43–47). The structure of the relationships is often established at a very early age, or is forced through traumatic relationships and then repeats itself through adulthood, always promising similar forms of relating with others. At the same time, these relationships carry the underlying hope that it will be possible to resolve the problem in a new relationship. RFT thus first brings to life those relationships and clarifies them. It strives to develop a new form of relating between the therapist and client (or couple or family), the goal is to change the former interpersonal patterns of relationships. It means that first they have to find the primary affect and then transform the fundamental system of affect regulation, as well as find a way to render the regulation of emotions more functional. In summary, RFT tries to use interventions in a systemic, interpersonal and intrapsychic sphere of experience in order to regulate primary affect (Gostečnik 2004, 7). Therapy

presents the individual a chance to process discordant affects, as well as an opportunity to relate on all levels in a novel way.

When a client realizes that she or he no longer has to play the role they had in the family of origin system, they get a chance to gradually increase their power and agency (Gostečnik et al. 2011, 270). The therapeutic relationship enables the client to recognize and evaluate her or his pain. And then the client can begin to experience relationships and the people in their environment in a different way, because the therapeutic relationship is the means for the transformation of psychic structures and consequently also for relationships in general. Early images and relationships change through the validation and interpretation process of the therapeutic relationship. New perception also enables the deconstruction of the affective psychic construct.

Therapy also helps to shed light on the painful relationships that repeat compulsively. It helps the client take a risk, accept a new challenge, seek a new way out of the old repetitive models. At the same time, it is necessary to help the client discover that nothing bad is going to happen to her or him, and despite undergoing transformation she or he will not lose their sense of self-awareness. The therapist is the one who has to sense what the client carries within and using mutual affect continues to repeat; it is the therapist who has to understand the old and find a new (Gostečnik 2004, 7).

Of course, preserving safe and respectful interpersonal therapeutic boundaries and space while addressing painful emotions is of the utmost importance. The therapist must empathically follow the client, who will set the pace and speak what she or he wants, opening up only as much as it feels safe to do so. Otherwise, the client might feel too much pressure, and this would only serve to confuse them and deepen their distress (Simonič 2010, 208–210).

6. Relational family therapy with a divorced client: a case study

6.1. Description of the state of the client

Therapy began with a 33-year-old client. She opted to look for help due to the distress she was suffering following a difficult period after her divorce. At the onset of therapy, the client was living at her parents', where she found refuge after divorce. She was in psychiatric care and being treated with anti-depressants; prior to that she had also been hospitalized, because she occasionally experienced periods of psychosis during deep depression. In the beginning, she mostly rotated in a cycle of despair and sadness, excluding herself from the world outside;

she was without a job and she was not active in looking for one. Occasionally, she also consumed alcohol. She expressed feelings of redundancy, rejection, abandonment, inadequacy and despair. She described herself as “trash that is tossed away”. Although she did not express suicidal tendencies, she spoke about “going to sleep, never to wake up again”. Her life was not like vibrant and breathing, rather more like an extant vegetative state. For her, returning to a healthy life and environment seemed extremely demanding. Endlessly, she felt trapped in a vicious cycle of helplessness and despair.

The reasons for this state she was in lay in past trauma and abuse, which she experienced in her primary family as well as in her marriage. Her marriage fell apart after 5 years, during which she also gave birth to a child, a 3-year-old son, who remains abroad, together with his father. The mother was only able stay connected with him via telephone, three times per week, while personal contact was even more limited. There was a lot of emotional and physical violence between the couple during the marriage, permeated also by manipulation, humiliation, subordination, fear and threats. It all escalated to the point that the client, unable to build any foundation or grounding to find the motivation and strength to stop the abuse, fell into depression.

6.2. Therapeutic work based on the Relational Family Therapy model

After the divorce, the client found herself deeply wounded and marked; she found herself in a vicious cycle, from which any return to a healthy social life (with social contacts, a job, and life without trauma) seemed unattainable. Due to the mental illness and abuse in the marriage, and the collapse of the latter, she felt labelled (incompetent, even to be a good enough mother), which led her into isolation. Even though she was living outside of the abusive relationship at the time that therapy began, and she was also mentally stable at the time, deep inside she carried profound fears and intense guilt. This all prevented her from taking on more responsibilities and initiative, which would have manifested themselves in a higher level of readiness and functionality towards facing everyday challenges and obstacles. The barriers hence were mostly of an internal nature, their origins reaching back to early relationships and an emotional atmosphere in her primary family, where she had developed a pattern of “learned helplessness”. To use the RFT term, we were dealing with her affective psychical construct. Hers represents a defence mechanism that protects her from taking too large risks; subconsciously, it actually provides and maintains her a sense of belonging to the family system. If the client maintains this early pattern, which feels familiar and

healthy, it subconsciously preserves what looks and feels like a sense of belonging to her family, no matter how pathological that sounds.

The interpersonal (partnership) level also witnessed a repetitive pattern; the client reinforced it in her primary family system, it is also where her intrapsychic structure developed, and it provides the basis upon which the individual sees the world, others, relationships and herself. A general sense of unworthiness and inadequacy permeated the atmosphere in this client's family, and these are the precise emotions this client experienced subsequently with her husband. Growing up, her family had always been so very different from other families. Due to her father's job, they had to move frequently, which meant that wherever they made connections, they had to ultimately abandon them and move into new environment again. Not living in their homeland, they were also marked by their difference in nationality. They repeatedly had to search for their place in society, and all the while the family members had to face this pervading fear, a feeling of inadequacy and redundancy; underlying all of it, there was a deep-rooted sadness to feel (primary affect).

Interpersonal family relationships were also lacking any proper and sincere connection. The client described her father as passive and absent, he often turned to alcohol; she also described her mother as being emotionally absent, in some way holding out in her own world where she fought for the survival of the family next to an absent husband. There was a lack of genuine warmth and responsiveness; true feelings were not to be expressed (e.g. anger). It was easier to live in alienation with a sense that "the world is bad, and we are its victims". In some way, that was how the atmosphere of "learned helplessness" formed, where nothing could be changed, things are just the way they are (systemic affective construct).

The client adopted a lot of these feelings from her family system, especially the fear and guilt; she felt that there was something fundamentally wrong with her and it was this conviction of her inadequacy that caused everything that later happened to her. The combination of guilt and fear represented her most formidable barrier, and it prevented a functional face-off with all the abuse she experienced, and at the same time it led to the increased devaluation, humiliation, redundancy and rejection that emerged after her divorce. All these intense and distressing emotions had their origins in past relationships of the client's family, and in their resurgence they reinforced the client's sense of helplessness.

The basic goal in this therapeutic treatment was to help revive the client or to have her feel fully engaged in her life again. The elemental psychotherapeutic interventions were the following: we tried to decrease the fear and

remove the guilt; set boundaries (who is the victim and who is the aggressor); establish an understanding of the client's relationship dynamics of and shed some light on how she reacts with respect to the dynamics originating from her primary family; find the core that would empower her to face hardships. Therapy lasted for three months, the client attended therapy regularly once per week for one hour at a time. There were twelve sessions altogether during the course of her therapy.

The client, by addressing the complications and emotional dynamics, managed to slowly transform her way of understanding her situation. The therapist had to provide a lot of compassion; and compassion was authentic when considering how the client could possibly cope with all her losses. First, it was necessary to face fundamental affect of sadness. At the same time though, the therapist often felt anger when the client would repeatedly withdraw into her emotions of guilt and self-blaming, even after sensing the injustice of her situation. Keeping in mind the emotional dynamics, it was the client's lack of recognizing a healthy amount of anger that prevented enough energy for a fundamental push forward. This was the missing link for a breakthrough. A healthy amount of anger would her way forward, since the client already paid the price of abuse, and it was enough. But the client continuously stated that she is stupid and that she made big mistakes. With the help of the therapist, she slowly acknowledged that it would be an even bigger mistake if she continued to do nothing but wait. The client was indeed a victim, and other people were responsible for the abuse. A similar pattern of dealing with injustice – without activating a healthy dose of anger – was present in her primary family.

The strongest connection the client felt with her own anger was while she was discussing the subject of motherhood with the therapist. She missed her son terribly. She felt that something tremendous had been taken away from her. This predicament yielded a strong enough position to arouse her at least a little, and to be able to set healthy boundaries regarding all that had happened. Recognizing the injustice of what did happen, and what should not, triggered her healthy anger; and this is what was conducive to her finding the energy for transformation (mutual affect in which the therapist and client emotionally connect).

The reawakening of the client's sense of motherhood and her will to fight for her son triggered enough energy for her to then settle other problems as well. Regarded from the perspective of affective dynamics, the client managed through sadness and despair during the therapeutic process, to find anger; feeling connected to her own sense of anger was often lacking in her life, or it was somehow not allowed to be felt and expressed in a healthy way. This means that she lacked the proper emotional foundation to help her protect herself from the

abuse she experienced. This process of reawakening the anger may also be referred to as a process of affect regulation (from fear, guilt and despair, towards a healthy amount of anger) that activates the individual's potential to face and cope with situations successfully. For the client, connecting with her anger in light of the injustice she had experienced was something novel to her; and it allowed her to find a will to live with a new sense of self-confidence, rather than just submitting to fate and repeating her compulsory helplessness as she had learned to do in her primary family.

6.3. Condition at the end of therapy

As therapy came to an end, certain changes were noticeable in the client. It was evident that she had begun to open up to life again. There was less despair, although she knew that it was going to be hard. She decided that she would demand partial custody for her son and that she would fight for him. Generally, she showed more energy and determination; she felt confident that she had a solid enough sense of herself to return to her previous, full life.

That she was doing well was clear after a year and a half, when she stopped by again for a follow-up session; after all, therapy meant an emotionally safe place for her to talk openly and without threats. Her demeanour had changed: while she seemed worn out and neglected before, she was now very neat and well kept. She had a job, although only temporary, and she lived in a rented apartment; she still maintained contact with her family. She was no longer taking antidepressants. Her thoughts were mostly focused on motherhood – her son was still living with his father, but she had more frequent contacts with him, and this meant a lot to her. She managed to preserve a genuine connection with her son. Her struggle with her ex-husband for equal rights to parenting continued, but she had also acquired some legal assistance. There was a definite sense that, despite all the problems, she had managed to get her dignity back.

7. Conclusion

The case study evidences how divorce can truly be a complex process, at least one that produced an enormous change for the client. She had to face not only a new economical and social status, but also the emotions that were emerging during that period and were painful. And in light of past experience, they were also difficult to handle, and so they reflected negatively in the everyday functionality of the client. Participation in psychotherapy allowed the client to

self-reflect and explore deeper, and to address the emotional dimensions of her divorce. Therapy allowed her to resolve the emotional complications and face the dynamics of how she would recreate old models of behaviour, feeling and thinking. She finally was able to feel empowered to do something different. Therapy opens up possibilities for the individual to reach a conclusion that she or he is responsible and can impact the relationships she or he lives in.

Therapy becomes a place for accepting even greater responsibility, for the realignment of relationships and also the functionality that was demolished. In the case of our client, it meant a return to a fuller life; this was based on her processing the fear and guilt that had previously blocked her capacity to functionally deal with hardships, and it was also necessary for her to face the fundamental sense of sadness. Through the client's anger, and through recognizing the injustice suffered (and for which she was not responsible, albeit she would be, were she not to do anything about it), she managed to set limits, regain her dignity and consequently also achieve a higher level of functionality.

The therapeutic relationship enables the recognition, validation and evaluation of pain that is innate to failed relationships. Therapy helps individuals experience their relationships and the people around them in a different way, because therapy transforms psychical structures and relationships. Old images and relationships are readjusted through the new interpretations during therapy. Therapy helps to shed light on and articulate painful relational experiences, which then get repeated compulsively. It helps the individual dare to risk a new challenge so as to find their way out of their current, less suitable lifestyle.

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