

# RESTORATION OF EMOTIONAL BONDS IN FAMILY SYSTEM

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The relevance of working with families, which members have addictive behavior, rises in crisis situations. As a result of changes in the economic and political spheres in Ukraine, the level of alcoholization of population grows up. The problem of new psychotherapeutic methods adaptation is aggravating. Analyzing the psychotherapeutic work with a family focused on restoration of emotional, positive and warm relationships, it is possible to identify the most important ones.

**The article objective** is to analyze influence of the methods of systemic family psychotherapy, gestalt therapy and art therapy in the dialogue-phenomenological approach to the restoration of emotional relationships in families.

**Analysis of resent studies of the problem.** Studies of emotional bonds in family systems in the gestalt approach comprehensively consider the obstacles to their recovery. Such obstacles reside in the inability to regulate manifestations of own feelings, emotions and their ambivalence. It can be feelings of love and hostility. Their occurrence may be related with the parents' non-acceptance of their motives, which they experienced in adolescence. Awareness of these difficulties by parents helps to correct the ambivalence of their feelings in relations with their children [1].

The psychological support for families in such crisis situations is aimed at changing the attitude of an individual to own behavioral strategy and emotional response. As a result, a space is formed for relevant social interactions, relationships, new solutions in complicated life situations of unpredictability and

uncertainty. This helps to move from destructive to a positive model of individual behavior, see one's own life in a different perspective, master new social norms [2]. The individual begins to answer personally the question: "Why did this happen to me?" This helps to restore emotional relationships in the family.

**Methods of study.** Psychological support of an individual in crisis situations is considered in various psychotherapeutic approaches: art therapy, psychoanalytic interview, focus-reconstruction of life history, case analysis of relationships with own family members, analysis of psychological defenses, interaction with others, support for positive personality resource, approval of positive changes in relation to crisis situations.

**Statement of basic materials.** Let us analyze the case study of psychological support of the family with disturbances of emotional connections.

The client who applied for therapy was 51 years old, a lawyer by education, has not been working for the last ten years. She has two sons: one is 26 years old, temporarily unemployed, higher education, abused of narcotic drugs, suffered acute psychosis, three years in remission; another son is 21 years old, a student. Her husband is 52 years old, an engineer, temporarily works as a taxi driver, 4 years in alcohol remission. The client's request: lack of warm emotional bonds with her husband and sons; the desire to restore this relationship.

The brief family history: the family problems worsened about 10 years ago, since this period includes the drug addiction of the eldest son and alcohol abuse by the husband. In order to strengthen the family stability, the client quit her job. From this point, the family tries singly to combat the addictions of husband and son, without seeking a psychologist's support.

This struggle led to a change in the family structure. Spouses and the eldest son are merged into a single subsystem without internal borders, where problems of one member of the subsystem are solved by other members. E. g, the son uses drugs, and his mother quits the job in order to control him; she

directs all her efforts to save her son. As a result of this behavior, she pulls away from her spouse, whose lack of warmth and intimacy leads to increased alcohol abuse. The wife draws attention to the fact that her husband abuses alcohol and rushes to save him (they visit doctors, psychic mediums are trying to restore his health), but with her behavior she deprives her older son of habitual closeness, and he resumes using drugs.

The younger son remains unaddressed, alone (in the role of "abandoned"); he moves away, isolates, and has not much contact with all family members. After another treatment 4 years ago, the husband is in remission, trying to restore his social status, working as a private taxi driver, thereby, moving away from the habitual family triad. This makes it possible to slightly change the behavior of the mother and son, who also stopped using hard drugs.

Having solved the problem with chemical addiction, the family expected relief and harmony, but this did not happen since family relations remained unchanged, not realizing the dysfunctions that occurred earlier. At the time of applying for psychological support, the family was in a state of crisis (the younger son does not have emotional proximity, the eldest son cannot find work, does not want and cannot live on his own, the husband is not satisfied with his social status, he is looking for a job by his profession, his wife is at a loss and fear of changes in family relationships).

Using the systematic approach in family psychotherapy, we will analyze changes in the functions of given family.

**Education function.** It consists in satisfaction of a human need for maternity, paternity, in maintaining contacts with children and self-realization in children. In this family, the education function in the case of the eldest son has been prolonged up to the present, although he is already 26 years old (the education function ends at the moment of the child's majority). In the case of the younger son, this function ceased at the time of the crisis beginning in the family, 10 years ago.

**Household function.** It consists in the restoration of vital forces of a person, as well as in gaining experience in managing own economy and habitation arranging. In this family, this function is disturbed. The adult sons do not have this function formed; they have no experience or desire to be separated from the parent family.

**Emotional function.** It consists in the satisfaction by family members of the need for sympathy, respect, recognition, emotional support and psychological protection. Due to this function, the family becomes emotionally stable and this function is aimed at emotional exchange not only within the family, but also with other people as interpersonal communication outside the family.

This function in the family is subject to significant distortion. The due attention and importance were not paid to emotional reactions in the family. In view of the boundaries blurring between family members, the family members appropriate the emotional responses of other family members. If one is angry and silent, then everyone is angry and silent; if one is scared and disturbed, then it is transmitted to everyone. On the other hand, the younger son falls out of emotional contact. What he feels nobody knows.

**Communication function.** Family members need to spend time together, thereby, spiritually enriching themselves and the family as a whole. This function in the family is twofold: on the one side it is hypertrophied in the triad (the wife, husband and eldest son), on the other side: the younger son is deprived of attention and spiritual closeness.

**Function of primary social control.** Each family member fulfills certain social norms, or must fulfill them. The family, therefore, assumes the function of primary social control. This function is completely distorted; all family members control each other (how to behave, where to study, where to work), this is especially expressed by the mother.

Over time, changes in the relevance of functions occur, some are lost, and others are changed in accordance with changes in social conditions. Now the

family is at the stage of cognition and rethinking of all family functions, since many of them are disturbed and interfere in the family life. The family is dysfunctional. Dysfunctions are promoted by personality characteristics and by transfer of behavioral patterns from parent families of clients, and crises in the family. Depending on the method of interrupting contact with the environment, dysfunctional family systems are divided into confluent, retroflex and disorganized.

Manifestation of confluence (fusion) and retroflexion (inability to express own feelings and contain or suppress them) is evidenced in this family. This family is differentiated by rigid external boundaries and weak subsystem boundaries. The family doesn't communicate enough (up to now, the closest relatives do not know problems of the family, and the family is trying to keep an image of well-being). This also applies to limitations in communicating with other people.

However, the individual boundaries within the family are weak, there is no individual territory belonging to each of them; adults constantly intervene in the affairs of children (even those who have grown up), control their time, affairs and plans. The family members are characterized by lack of differentiation of their own feelings, desires, needs; they easily fall into an emotional fusion with each other. It is difficult for them to separate their emotions from the emotions of others; they become infected with the emotional atmosphere of the family without being aware of their own state. The emotional involvement is so great that family members are always sure that they "know" each other's thoughts and opinions. Members of this family do not know how to express their feelings.

Such family is characterized by violation of psychological boundaries; the family members are trying to invade the inner life of their relatives. In such family, there is no place for a sense of independence and autonomy, and its life is a continuous alternation of periods of alliance and rupture (this is confirmed by the descriptions of the client's relations with her husband and eldest son). The family is also characterized by excessive control over each other's life. It

concentrates the energy within itself and transfers a little of it outwards. Rigid boundaries do not allow the family to interact with the outside world; and in this case, the therapeutic interventions are needed, aimed at weakening the boundaries in order to make deeper contact and creative adaptation. Herein, we see positive changes in improving the family functions, since the family approached to therapists for support.

Summarizing the analysis results of features of this family system dysfunctionality, we identified violations of emotional bonds between family members:

- denial of problems and maintenance of illusions of a normal family. Before seeking for support of a therapist, the family maintained the illusion that she would be able to solve its own problems and now the sons support this illusion, since they reject the support of psychologists;
- the intimacy sphere is infringed; in the case of the client, her husband and the eldest son it is excessive (confluence); in relations with the younger son it is noted distant and cold emotional attitude.
- frozen rules and roles of the family. The family approved negative rules (do not listen, do not hear the other; do not trust; avoid exhibiting feelings; solve problems through conflict, scandal, as the family members do not hear each other and cannot accept the other's point of view);
- conflict in relationships; it is mediated by the negative rules that this family follows;
- lack of differentiation of own I of each family member is determined by merging three family members, where the feelings of one are transmitted to others. If the mother is angry, then everyone is angry; if the mother is bad, then everyone is scared;
- personal boundaries are either displaced or tightly separated by an invisible wall. Between three members of this family (the boundaries are mixed between the spouses and eldest son), and with the younger son they are separated and distanced;

- all family members hide the family's secret and back up the facade of pseudo-prosperity;
- tendency to polarity of feelings and judgments. The client manifested it the most clearly. The mother, due to her confluence with her eldest son and husband, experiences a feeling of love and hate simultaneously; her desire to change something in the family relations is faced with the desire to preserve the old rules of family functioning. Opposite poles are manifested in her judgments in relation to the family ("our family is friendly and good; on the other side, the life in such family leads me to a nervous breakdown");
- closeness of the family system (they are not friends with their neighbors, do not invite relatives and work colleagues);
- absolutization of will and control. The client is a controller in the family; she dictates the rules of behavior in the family and monitors their implementation.

**Therapy tasks** in the individual work with the client:

- relieve herself of hyper-responsibility for others;
- restore the sensitivity;
- focus on herself (her desires and needs);
- realize own responsibility to herself for own life and allow others to do the same;
- learn how to deal with anger, without falling into accusations and into the state of uncontrollability;
- develop the ability to experience positive emotions in relationships, keep balance between giving and taking.

**Tasks** for the individual therapy with the eldest son (drug abuser):

- a) learn to ask for what he needs and accept assistance;
- b) accept defeat;
- c) lift control, relax and let everything run its course;
- d) focus on himself and stop deciding and thinking for others; realize his needs, be honest with himself.

He can rely on his ability to work. In addition, he must use all the recommendations in working on his addiction.

**Tasks** for the individual therapy with the younger son:

- a) learn to cope with the feeling of isolation (state of loneliness);
- b) recognize that he suffers pain;
- c) build relationships with others, create new close relationships. Strong points, such as patience, independence and creativity can be the backbone of this process.

**Therapy tasks** with the whole family:

**1. Acknowledge and accept family problems.** For many years all members of this family did not acknowledge their emotions, did not think about the source of internal tension. As a result, they were not able to understand themselves and each other. Therefore, they need the support of therapists, whom they could trust, and who would help them to recognize problems and teach them to cope with difficulties in the way of healthy personal development.

**2. Get rid of unrealistic expectations** associated with the recovery of an alcoholic. False hopes and disappointments are the most dangerous trap that lies in wait for the family in the first years of recovery. The family members should keep temper and not rush from extreme optimism to extreme pessimism. A recovering addict may become even more vulnerable and irritable than before. Months pass before he learns of an adequate mature behavior of an adult. To avoid an emotional stress or joy caused by the addict's sobriety, it is important to temper the consciousness that frustration and defeat are a natural part of the recovery process, and that the addict himself and his family should combine their efforts for two or more years.

Family members, as well as the recovering person himself, must learn to live in a daily life, setting realistic goals and avoiding sudden changes. Hardship should be treated as reality without thinking that someone can offer remedies for all family problems that will work on their own. The family members themselves have to tackle the complicated problem of using these tools in their



own lives and in specific circumstances. None of outsiders can make the family happy; in particular, therapists cannot take on responsibilities of the family.

3. **Learn new communication modes.** After long years of living in such a state, the family became dysfunctional, wherein all family members have a poor understanding of principles of communication of adults. For too long, they used words only for attack and defense. Now they must learn or again master the art of talking about their feelings.

4. **Expand the circle of old interests or acquire new hobbies.** The husband and eldest son in the family which are addicted, for a long time have been the focus of attention of the whole family, which led to the confluence of the client with them; and the lack of attention to the younger son led to his distancing.

Now, irrespective of whether all family members approached to therapists for support or are not undergoing therapy, it is important that all family members would be able to move aside thinking of significant on the periphery of consciousness and fill the resulting vacuum with new interests and activities (new job, hobbies, friends etc.).

**The art therapy** is used to build a relationship of trust between parents and children. The joint drawing “My territory” allows us to consider their attitude towards each other’s personal boundaries. The choice of communication strategies, interactions, and context of relationships is analyzed in the drawing process. The discussion of what is drawn reveals the possibilities for changing these strategies.

The client, expressing fears about his future, cried, condemned his son's friends, showed aggression in her statements (“I will kill him, he broke the life of my son and me”).

Analyzing the drawing, it was difficult to identify the boundaries of the client and her son (they were absent). Gradually, both the son and mother traced them, denoting the possibilities of trespassing (to visit each other). The rules were determined for visiting a foreign territory; the requirements for compliance

with these rules (forms of punishment, liability for confidentiality) were specified. The therapy strategy was aimed at realizing the rights to own personal space, responsibility for compliance with the agreements assumed.

The dialogue-phenomenological approach is productive method of therapy in the adoption by parents of their personal boundaries and boundaries of their children. It is aimed at the awareness by an individual of own feelings, experiences, desires, their acceptance, ability to talk about them with others.

Correction of behavioral stereotypes in relationships is possible, subject to the awareness and acceptance by an individual of possibilities and limitations in own manifestations, ability to defend personal boundaries. The principle of consistency of this approach helps to consider the client's problem in combination of the analysis of feelings, actions and context of problems of life situations.

The gestalt therapy activates the experience of life events, helping to construct reality. The person masters a new life experience in the framework of therapy (client – therapist) and transfers it into real living relations with others. The transfer of this experience in real relationships activates the search for more productive strategies (compromises, alternatives in behavior, communication) in achieving the goals set. Awareness of own dissimilarity, opposition in certain life circumstances helps a person to set new goals.

The feeling of uncertainty in decision-making brings activity into the person's analysis of own and of someone else's feelings, experiences and possibilities of changing life history. The method of describing own life history offered to a client allows its reviewing from different perspectives. The narrative method activates changes in the awareness of context of life problems. Allocation of problems (figures) in the dialogue with the client can change the context (background) of dialogue. The client, talking about her feelings related to the future, was surprised by changes in her understanding of what was happening in her family. While she was telling the story, her attitude to the

problem of her son's adaptation at the new job changed ("Maybe I should not worry so?" "He was so happy to meet new requirements for his job").

The work with brothers was aimed at valuing each other, own acknowledgement in this relationship. The younger brother manifested a strong fear of being like the eldest brother (with addiction). A lot of time had to be given to the feeling of shame, since at a conscious level each partner recognized himself to be central and right in the relationship, but unconsciously the father's figure (object) was shaming both of them. Since there are a lot of feelings and experiences in this pair, the protective psychological mechanisms are primary, for example, as projective identification. So the younger brother was so much supplanting and projecting his own shame that the elder brother was embarrassed for himself and for their pair. In the session, it was often possible to observe how split off and unsuspected parts of selfhood were expressed in fear and disgust towards oneself in the form of jokes related to drug addicts and alcoholics [3]. This also is manifested in such phrases, where own strangeness was accepted, while someone else's was not.

**Findings:** Methods of psychological support in crisis situations are aimed at actualization by an individual of own experiences, emotions, understanding the states of others, context of a life situation. This turns the individual towards reality and expands the vision of what is happening and its consequences.

Awareness and understanding of the role of external situational factors of own behavior occurs; the level decreases of emotional tension, anxiety; while the self-esteem and self-confidence increase. A person is striving for self-analysis of causes of own intrapersonal conflicts, tolerance in conflict situations to other people, search for a compromise in relationship with them.

Methods of psychological support form personality changes in the process of restructuring psychological defenses, life meanings and goals. This affects changes at three levels: cognitive, emotional and behavioral, restoring emotional connections between family members. They begin searching new forms of interaction; more realistic expectations appear, as well as more adaptive,

dynamic image of the world view, one's self and life goals; in addition, life strategies, sense of satisfaction and pleasure are formed.

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