



New Trends
in Psychology

The Role of Psychotherapeutic Intervention in the Disorganised Family

Valentina-Beatrice Moisă¹

Abstract: The role of psychotherapeutic intervention of the family in impasse at a given moment, leads to a new understanding of the impediments encountered by its members, also, on the meaning of suffering during the family life story, accessing personal history.

Keywords: child's personality; psychotherapeutic; disorganised family

1. The Negative Impact of the Disorganised Family on the Child's Personality Development

Adults' close relationships with children, their focus on development and education, have a major impact on adolescents' lives, not only to encourage healthy and productive interests, but also to intervene and prevent certain types of risky behaviour. Teens need guidance in finding and pursuing the activities and interests that are most appropriate and compatible designed to help them form strong and healthy brain connections. Behavioral studies indicate that teens are highly motivated by the consideration of peers and adults. Activities that involve young people with peers, parents, teachers, and other supportive, significant adults help develop these healthy behaviors and brain connections. The more closely adolescents are connected through positive relationships with role models and peers in their communities, the stronger their positive neurological connections will become and the more likely they are to

¹ Clinical psychologist, Psychotherapist, of Faculty of Communication and International Relations, Specialization Psychology, Danubius University of Galați, Romania, Address: 3 Galați Blvd., Galați 800654, Romania, Tel.: +40372361102, Fax: +40372361290, Corresponding author: munteanmoisa_vb@yahoo.com.

avoid potentially harmful behaviors and addictive substances.

As the brain matures during adolescence, it forms new neurological connections, strengthening useful ones and discarding unused ones. The quality of time spent in adolescence influences the brain.

Teenagers tend to be drawn to new experiences. This attraction is healthy, but experiences do not necessarily lead to healthy brain development. Young people may be motivated to cultivate talents, pursue interests and form strong friendships or experiment with substance abuse, engage in risky sexual behaviour and participate in dangerous activities. A teenager who spends a lot of time pursuing positive and constructive interests is likely to develop a brain that is primed to value and seek out similar positive experiences. However, an adolescent whose time is devoted to negative and destructive activities will tend to develop neurological pathways that reinforce those behaviors into lifelong negative habits.

According to the research on the influence of the family on the psychoindividual development of adolescents and preadolescents, conducted in 2009 by Vamanu D., Fecioru- Cantemir D., Podariu F., Hrițcu D., on a group of 440 subjects, it was concluded that the type of family influences the perception of the importance of the family in the sense that subjects from disorganized families will have a worse perception of the family than those from nuclear or single-parent families.

In the study: *Effects on Differentiation Levels of Young Adults*, Johnson P., Thorngren Jill M., Smith A. J., 2001, examined the effect of parental divorce and different dimensions of functioning in the family of origin on young adult development. The group consisted of 813 participants, students at a university in Rocky, and the results indicate that divorce, significantly impacts young adults, levels of differentiation of self, exhibit emotional reactivity, emotional lability or hypersensitivity, excessive vulnerability in relationships with others; this vulnerability leads to fears, activates defense mechanisms, behaviors such as distancing and denial.

The continued presence of involved adults in a teenager's life greatly increases the chances of cultivating constructive interests and avoiding potentially harmful activities.

2. The Process of Psychotherapeutic Intervention

The process of psychotherapeutic intervention consists of: engagement and motivation, behavioural change, generalisation.

The aims of family therapy with children and adolescents:

It is a necessity that therapeutic goals are meaningful to the adolescent and age-appropriate.

Getting the adolescent to commit to actively participate in therapy is an important step. Adolescents need to be convinced that the treatment program can meet some of their needs and that they can gain something by coming to psychotherapy.

Another step in the process of psychotherapeutic intervention is to develop an interdependent relationship between family members, rather than working to emotionally separate themselves from their parents.

Therapy sessions should be a place where adolescents can express themselves and be heard, where everyone can express their views.

Psychotherapeutic intervention generates hope: it shows that the therapist and the parents are attentive to the needs and characteristics of the adolescent, they recognise him/her as an individuality (Example: "Some aspects of you can remain hidden/unknown to you, if you prefer that, but it is important for your parents to know what interests you").

The therapist and parents recognise the child's right to independence and trust what the teenager is doing (they know best what is going on with them).

Parents are stimulated to stop looking back and with the help of therapy show confidence in the possibilities of change.

Psychotherapy is a collaborative process: ... "Let me know who you are!" It consists of a renegotiation of the adolescent's relationship with his or her parents, by establishing modes of interdependence that differ from childhood dependency; it is a stage of preparation of the adolescent for the moment when, as an adult, he or she will leave the parental home (next stage);

Motivation to participate in therapy

- Adolescents need to be convinced that the treatment programme can meet some of their needs, that they can gain something by coming to treatment.

- *The objectives are formulated in terms of benefits for both adolescents and parents,*
- *The therapist emphasises the authority of the teenager - asks for his/her consent/ actively involves him/her in therapy (asks the child if it is a problem to discuss what the parent defines as "problems"). Teenagers are pleasantly impressed when the therapist shows interest, respect and support.*
- *The therapist shows curiosity about the adolescent's experience, to know the social and interpersonal context that contributed to that experience. In communicating with the adolescent, it is emphasized that through the experience accumulated over the years, the child has formed a certain perception and therefore can best speak from their experience (Freedman, Jill, Combs Gene, 2002).*
- *It discusses and creates the conditions in which treatment can progress. The treatment program must be targeted and carefully constructed to overcome the message of control, power and authority.*
- *The therapist is attentive to the teenager's boundaries, to their sensitivities, recognises when the child wants certain information to remain unspoken. Children need to know in a more explicit and concrete way than adults that therapists are on their side, through specific behaviours: keeping their confidentiality, even when it is known that parents would be disapproving and perhaps shocked; thus, the child is helped to fully experience his/her anger towards parents and teachers, even when parents and teachers would disapprove of these discoveries. As a therapist, it also means being willing to be direct and not being overly polite, rigid, traditional.*
- *Unlike younger children, but just like adults, teenagers need to understand that they can gain some advantages by participating in therapy that will improve their lives. Like adults, the best candidates for therapy are teenagers who seek help from a psychologist themselves.*

The focus of systemic intervention is:

- *tracking family reward/punishment patterns that maintain the problem,*
- *Family members are taught to listen to each other:*
 - *be aware of the specifics of their interactions with each other (how they communicate, how they listen).*
 - *a context will be created in the office for family members to talk to each other and thus experience active listening to each other.*

Individual sessions are conducted to help the teenager clarify their thoughts, feelings and experiences.

Premature attempts to solve problems can lead to a rapid rise in negative emotions

among family members, with damaging effects on the desired outcomes. Common emotional themes encountered in therapy: hopelessness and despair.

Gradually, individual sessions allow the teenager to use a new “language”, i.e. to discuss sensitive issues with their parents in a constructive way.

3. Therapeutic Intervention Techniques in the Disorganised Family

The techniques aim to help parents who have gone through a divorce to remain aware of what they can do for the good of their child, to reduce their frustration built up during the divorce and to encourage a supportive and responsible parenting style. Therefore, by refocusing parents on their love for their children, making them aware of the difference between wishes and goals, and developing effective mutual problem-solving strategies, they can greatly improve their parenting which is extremely important in overcoming this extremely stressful stage.

Anna Freud (2002) differentiates child psychoanalysis from other therapies, as it is concerned with the interpretation of resistance, transference and attempts to avoid constraints, use of authority, suggestion, abreaction, manipulation. It has the following characteristics: children are brought by adults to therapy, relative absence to free associations, the child prefers to act, refuses to talk, possesses an innate resistance to regression, play serves for analytic observation, interpretation, mainly of resistances, transferences, remains as a mechanism of therapy, in the foreground, and, verbalization is the fundamental premise of the secondary thought process, it promotes real analysis and ego control over id impulses.

Play is central to psychotherapy. It is a natural method of communication that fulfils several functions: motor development, communication, imagination, development of autonomy, integration of emotions. Approaches can be directive or non-directive, both at the conscious and unconscious level. Sequential questions can become more animated, if they are acted out by the child in a role play. In these situations, the therapist acts as a stimulus in telling and acting out the story.

Movement and dance techniques are used when children are disconnected from the physical body and do not access emotions and physical sensations fully.

Free-form or thematic drawing illustrating interrelationships, resilience, memories of or exposure to trauma. Example: Painting the feelings of the moment; The game “Drawing a story”; The doodle technique, described by Florence Cane (1951).

Gestalt therapy includes the empty chair technique, a technique based on dialogue

and which has a wide spectrum of applicability.

Short-term psychotherapy is an intervention guided by a set of principles, including a distinct theoretical model, using specific core techniques. This includes: dynamic, behavioural, cognitive, cognitive-behavioural psychotherapy techniques. Depending on the model selected, it is limited to 12 to a maximum of 30 sessions. These include: Systematic desensitisation, Joseph Wolpe (1958); Relaxation techniques, such as: Schultz's autogenic training method (1930), and in the USA, the progressive relaxation technique proposed by Jacobson (1938); Exposure strategies: "in vivo" desensitisation and the inversion method; Assertive training, a skill training technique; "self-management" and self-directed behaviour programmes.

Developing social skills contributes to reducing risk factors associated with poor school performance as well as risk-taking behaviours, ensuring emotional health. Fundamental social skills are: initiating and maintaining a relationship and integrating into a social group. Principles that foster the development of children's social skills throughout the pre-adolescence and adolescence process: support in learning social skills, verbal guidance of the child's behaviour with the aim of acquiring the skill, guiding the child to initiate a conversation, guiding the child to formulate a request, to respect the rules of functioning in society, constant reinforcement of the child's desirable behaviours, providing a model of behaviour that the child can observe and then imitate. Maintaining eye contact with the child, ignoring children's problem behaviours that have the function of attracting attention, encouraging positive behaviours, spending time with the child for the child's cognitive and social development.

The technique of transforming wishes into goals (reformulation) is based on the observation that, usually, the custodial parent tends to automatically propose a series of goals that do not depend exclusively on him (the demand that the former partner or the child does, expresses or does not do something), which creates disappointment. A constructive systemic option would be for the psychotherapist to reframe these statements as desires, which they then turn into goals that are within their control. The psychotherapist reminds them that what the other spouse does or does not do is totally out of the client's control. The existence of the desire brings hope, but the existence of the goal helps to make things happen. It then moves on to formulating goals, by identifying the aspects that are literally dependent on the client and the operational subtasks, in terms of action and in positive form.

The technique of reframing love that is applied when one of the partners/parents

expresses displeasure at being in the therapeutic office. The psychotherapist uses this disclosure to reframe the love that the person who comes into an environment they consider pointless or silly has to show.

The technique of mutual involvement in problem solving for parents and children. This technique is particularly useful when parents tend to take extreme positions in problem-solving involving the child (taking full responsibility or leaving the child to solve the problem on their own). Identifying the problem and expressing it without hurting anyone in the practice. If this discussion takes place at home, the parent is guided to choose a suitable time for the discussion, usually when the child is in a suitable mood.

Identify solutions to solve the problem. The child is given the chance to intervene and there is a possibility that he may annoy his parent or not know how to express his own opinions, the psychotherapist in such situations stops the parent's critical intervention by introducing the rules of brainstorming, where any idea is welcome and criticism is not allowed.

Evaluate solutions and rank them according to efficiency. The implementation of the chosen solution is given as a theme (2-3 weeks).

Evaluation of the effectiveness of the applied solution. If the solution has not proved effective, go back and repeat the steps.

Other techniques used in disorganised families: direct, digital negotiation of new rules, encouraging the expression of unresolved emotional conflicts, building a new family structure through specific themes for children (from both families), parents and other involved members. Since there are no rituals for ending relationships through divorce, which encourages victimisation and blaming, the psychotherapist could initiate such a ritual ending.

Assistive behaviour - appropriate eye contact, communication tracking, nonverbal language and voice qualities.

Client observation skills, active listening, closed and open-ended questions, encouragement, paraphrasing and summarizing, reflecting feelings, reflecting meaning, client focus, confrontation-discrepancies, incongruities, influencing-directing skills, rephrasing/interpreting, debriefing/disclosing/informing/explaining/instructing, feedback, sequencing skills and structuring the interview, integrating skills, interpreting dreams.

The **intervention plan** will seek to involve all systems to which a young person is connected (e.g. school, peer group, work - if appropriate, other mentors, juvenile justice appointees

- if appropriate) for collaboration.

Initially, four dimensions are tracked in the family assessment (Combrinck-Graham, 2006): family demographic information; family functioning in general (What disciplinary techniques are used? Do parents share the same views on discipline? Is domestic violence present?); family subsystem functioning (How does the child view family organisation? Who is the person with most responsibility? Who has a peripheral role?); family resources and stressors (Parent/sibling psychiatric and medical history, possible substance use by the child (drugs, alcohol, food, laxatives, over-the-counter medications), information about the child's medical conditions, and a history of the child's offending) (Friedberg, McClure, Hillwig G., 2009).

4. The Role of Psychotherapeutic Intervention in the Disorganised Family

The role of the therapist is analogous to that of the mother who provides the child with a secure base from which to explore the world (Bowlby J).

The role of psychotherapeutic intervention on the personality and behaviour of disorganised family members is extremely important and leads to the client's evolution, opening him/her to an experience that becomes less defensive.

The client perceives the outside world realistically and accurately, the client's problem-solving ability increases, and the client's perceptions as a result of psychotherapeutic intervention are objective, differential and realistic. At the same time, improvement and optimal psychological functioning of the patient is observed.

Modification of dysfunctional behaviours by expanding the variety of experiences compatible with self-esteem, decreasing aggressive behaviours, or behaviours that were previously not compatible with self-image. Regaining control over one's life.

By observing and evaluating his or her behaviour by peers in a favourable way, the client is perceived as more mature and socially adapted.

They spontaneously show their creativity, adapt to the environment and approach problems differently, evaluate them differently. Becomes more tolerant and has a level of acceptance of their experiences in dealing with others. Increases resistance to aggression and decreases vulnerability.

It becomes autonomous and allows each family member to be a separate entity.

Psychotherapeutic intervention is the process of releasing existing resources necessary for the individual's development and growth to cope with their own frustrations, to accept therapeutic change, to be in tune with who they really are.

The moment of a parent's departure from home, at the stage of actual physical separation, is especially dramatic for children. Often, the decision is made in the wake of a conflict, impulsively, without foreseeing the implications. The act of separation thus becomes unexpectedly painful and traumatic because it leads to emotional and financial chaos. The children are confronted for the first time with the physical reality of their parents' divorce. Even if the divorce has been discussed beforehand, they often choose to deny this reality. They may develop different reactions, but they often seem to be in a state of shock, still denying what is happening.

Through psychotherapeutic intervention, the therapist must allow children to express their accumulated anger and frustration. He or she also stays by the side of the two partners to continue planning for the separation and to manage its implications as best as possible. A particularly important aspect relates to observing possible manipulative or coercive patterns with the children. There comes a time when, after experiencing loss and the feeling of chaos, some partners conclude that they are not ready for permanent separation. There may be fear of staying and coping alone after years together, or guilt over the break-up of the family or the critical reaction of the children. Or of how they will be regarded by others. At this stage, children experiment with a variety of strategies for reuniting with their family. Pseudo-reconciliation with a view to return thus appears to be a better state of relative stability, which makes the children hope that their parents do not in fact have such serious problems and that, through their strategies, they will become a united family again (which will make the final divorce stage much more painful for them, with the appearance of depressive symptoms).

During the therapeutic intervention, the therapist will assess whether the partners can really make a change in this crisis situation and will meta-communicate very clearly about the dysfunctional patterns applied by parents and children, to be depotentialized, will also discuss emotions such as fear of separation, fear of responsibility or loneliness, anger, etc. It will also consider other functional solutions that can be applied in situations of crisis and existential tension. When the family continues to move towards dissolution, because the reconciliation period usually

lasts no more than a year and conflicts recur, the partners experience a deep sense of betrayal and/or disappointment, disillusionment, futility and powerlessness. This is the stage when partners begin to seriously discuss divorce with friends or family members of origin. At this stage, a great deal of anger, resentment and reactivity builds up in the whole family system. This leads to brutal reactions of anger from the children towards both parents. There may also be an acute need for the children to divert the parents' attention from the divorce decision by activating school problems, phobias, psychosomatic problems, regressive dependency (infantilisation) or a great deal of sibling rivalry.

Therapeutic goals: identifying reactivities and working with high intensity emotions, managing major imbalance in the family and preparing the family for the final decision of divorce. Particular attention should be paid to signs of depression (suicidal ideation) or anger (self- or heteroaggression) in both parents and children.

The decision to divorce is a difficult stage, with many resentments. Unlike the previous stage, the judicial system is now involved, turning people into enemies who use all weapons, including children, for their own gain. The custody battle becomes a primary goal for them, which could lead to long-lasting emotional turmoil. Quite often parents are so entangled and caught up in the fight that they are oblivious to the plight of their children. Children can have play therapy to help them express their feelings clearly and learn new emotional coping methods.

Often, ambivalent parenting behaviours occur that give false hope to children.

As a result of psychotherapeutic intervention, parents become aware of and reflect on the ambivalences that have arisen and can explain to their children what will happen after the divorce, with the emphasis on both parents remaining their parents. From a psychotherapeutic perspective, there are two ways of resolving the divorce issue: the amicable process (which involves low reactivity, understanding and forgiveness and can take place in front of a mediator or notary), or the witness process (extremely painful, especially for children involving exacerbated reactivity, hatred and revenge). People learn to remain parents without being partners. Children learn to adapt to the reality of two micro-families, mother and father. Activating post-divorce parenting depends a great deal on the parents' power to let go of hostility and hatred in order to meet the emotional needs of their children. Psychotherapeutic intervention helps partners achieve emotional separation (emotional divorce). Parents learn not to use their children for their own emotional needs, they do not feel neglected or abused.

No matter when and under what conditions remarriage occurs, it can cause a major crisis because it shatters the children/partner's fantasy that one day the parents will be together. Grandparents may resist for fear of losing access to grandchildren. This leads to coalitions of children with the non-remarrying parent and outright refusal to cooperate. There is a tendency for the other parent to sue for custody and to discredit the soon-to-be-married couple. Children may experience fear of having a stepparent (possibility of incest), anger towards the biological parent who chooses to remarry.

Whatever stage the couple is in, they are not fixed, and there is always the possibility of reorganisation and decision making. For example, after separation the partners may realise they want to stay together and the couple is rebuilt, or emotional swings may occur, where a person who is moving towards acceptance reverts to anger or anger and despair. Usually, these people who tend to emotionally rebound will remain in the position of single people who complain about the situation without taking on the role. They are dependent on the painful past and cannot assume a meaningful future.

5. Conclusions

Psychotherapeutic intervention helps to raise awareness of logical but ineffective solutions during periods of major stress, to disengage from the partner, to find new and more effective solutions to end the emotional labour by managing the stage and to support the person until the acceptance stage is reached.

The role of the intervention enhances the recovery of cognitive resources and the development of the ability to choose, initiates the construction of a set of goals for the future, assumed by the client. As a result, it results in clarifying the difference between the role of single adult and that of parent and reframing children as a goal for the future, not as a sign of the past.

References

*** Karner-Huțuleac, Adina, *Training Course in Systemic Family and Couple Therapy - Divorce Module*.

Freedman Jill & Combs, Gene (2002). *Narrative Therapy with Couples... and more! a collection of papers, essays and exercises*.

Jacob G., Arntz G. (2020). *Schema Therapy Practical Guide*. Bucharest: Ed. Three.

Mitrofan, I. & Mitrofan, N. (1994). *Elements of Couple Psychology*. Bucharest: Ed. Șansa.

Norman, Goodman (1992). *Introduction to Sociology*. Bucharest, Ed. Lider.

Verzea, E. (1993). *Psychology of Ages*. Bucharest: Ed. Hyperion.

<https://www.didactic.ro/revista-electronica/revista-electronica-didactic-ro-issn-1844->

4679-noiembrie-2009/253_influenta-familiei-asupra-dezvoltarii-psihoindividuale-a- adolescentului-si- preadolescentului-cercetare.