Potential Curative Space in Relational Family Therapy

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A human being is in essence a being of relationships, a being of dialogue, which is why everyone, consciously or unconsciously, unstoppably longs for a relationship with others. Every relationship in this sense contains a potential psychic space between I and you, where the most important psychic elements are created and are conducive to new curative experiences. In this article we demonstrate this creative dimension of the human experience in a psychotherapeutic setting, namely in relational family therapy, where the relationship with others and the therapist is considered as the most significant therapeutic phenomena on the basis of which change and transformation are possible.

KEYWORDS relational family paradigm, potential space, basic affect, psychic restructuring, repetition of old experiences, affect regulation

INTRODUCTION

The premise of the I–you relationship is that this relationship forms a potential creative, and also curative, space. It gets established between “I” and “you,” that is, between two persons, and encompasses also the space among the members of a particular family, as well as that between a therapist and members of the family (Gostecnik, 2006). This space is the most important dimension in human experience, for it carries the basic affects from which the human psyche is formed and organized. This means that even in the subtlest fibers of our being, we are marked by a relationship with an other. This is why the relationships one builds with others are also manifestations

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of the deepest communication among humans. The dialogue and the relationship between human and fellow human are thus also constituent and fundamental elements of the human psyche. The establishment of a functional relationship among the family members and the therapist therefore represents a basic need and a curative dimension in relational family theory.

THE BASICS OF THE RELATIONAL FAMILY PARADIGM

Relational family therapy (Gostecnik, 2004) draws on three contemporary relational psychoanalytical theories (Mitchell, 1988, 2000, 2002), which in the relational family model represent the foundation on which the intrapsychic and interpersonal world of an individual's experience is organized; at their very core, they presuppose a system level of the I–you relationship.

Affective Relational Space Between I and You

This space, mainly addressed in interpersonal psychoanalysis, is where art and culture are created and every civilization is conceived (Mitchell, 1988, 2002). It is also a space of the deepest intimacy, a space where spouses, for example, share their most vulnerable feelings of intimacy, happiness, and contentedness. But it is also a space of the greatest unrest and real nightmares (Sullivan, 1972). It is precisely in this space, or relationship, that partners mutually create the most profound psychical matter, which longs for resolution. This is why the interpersonal psychical space where every relationship is created constitutes the most important healing space of historical memory. Partners not only share these deep experiences, but above all, they have the capacity to cocreate the possibility of becoming aware of their grave pains and wounds; they can decide to start solving this deepest psychical matter with compassion and understanding.

Furthermore, from the viewpoint of the relational family therapy model, the affective space between the I and you or the you and other, or between mother and father, or between mother, father, and child represents one of the subsystems (or psychical structures within the whole system); it is part of a broader system and is represented by the whole family atmosphere or the affect guiding and directing the whole family dynamics. We thus speak of the affects of anger, fear, sadness, shame, and so forth, all of which greatly mark the family whole and that influence particular relationships in it (Repic, 2006). It is at this level that the therapist of relational family therapy will first endeavor to become part of the family system and will try to experience the atmosphere of the family. This experience will provide the therapist with insight into the most essential characteristics of the family system and into the basic affects that once pervaded and regulated the primary relationships between a child and his or her significant others and that were later...
suppressed and split off. In other words, the therapist will focus on the system’s interpersonal area of the patient’s experience with others, the here and now. If no suitable communication can be established at this level, the therapist will venture deeper into the patient’s history in the attempt to find those basic affects, such as fear, shame, and sadness, which then get repeated and replayed in other actual relations of the individual with an other or others. These affects, including most significant somatic memories, unconsciously govern the entire system and represent intrinsic elements of therapeutic relationships (Gostecnik, 2004).

Intrapsychic Relational Space with Others

The next psychoanalytic theory constitutive to relational family therapy is the object-relational theory. This theory claims that an individual seeks a relationship with an other on the basis of intentionality; this is why individuals explore the dynamics of the intrapsychic system of images and somatic memories of the most significant others who took care of them and influenced them during early childhood (Schore, 2003). In the unconscious psychical world, there are different kinds of identifications and inner connections with other people and somatic memories, all serving as a network that forms an individual’s personal inner psychical world (Fairbairn, 1958). Projective-introjective identification provides the basis for explanation (Scharff & Scharff, 2006): in this respect, it is an incredible transferring mechanism of the deepest unrequited longings of the human psyche for relationships with an other. At the same time, it can also generate room for new experiences and resolutions to the old psychic pains.

The fundamental experiences from early childhood, mainly stored in the somatic memory bank of the family of origin, form the basis for the earliest representations of attachment. They outline and determine the model of future relationships and they also significantly determine the therapeutic relationships. As the theory of object relationships presupposes, what is external, for example, the child–parent interaction, is internalized and inscribed into a strong inner structure, model, or construct; this is then projected onto later experience, one in which a therapeutic process also takes place. When an individual projects this model onto new relationships, new disappointments and frustrations or new desires for attachment resurface. Such experiences of attachment, which are again internalized and consolidated, confirm the previously created prejudices about experiences with others, thus creating a basis for future repetitive relational styles (Clulow, 2005).

From the relational family perspective the therapist will in this sense inevitably become a transferential part of a client’s family system, an important object from the client’s early experience. This dynamic will enable both the therapist and the client to re-create and re-form an old experience and establish something fresh and new.
Intrapsychic Relational Space of the Self

The third psychoanalytical theory representing the basis of relational family therapy is the theory of relations according to the implication disclosed by self psychology (Winnicott, 1988). This theory understands and investigates the system of intrapsychic images of the self in a patient’s relational configuration. Self psychology focuses on the inner fragmentation and split in the experiences of the self and on the presence and absence of authenticity and reality. Kohut (1984) emphasizes the exceedingly important need of the self for the preservation of continuity and cohesion. Others are always at least implicitly included in this system, which also represents the affective regulatory mechanism around which the feeling for one’s self or the I is organized and orchestrated. At the same time, this system can constitute the affective psychical construct, which hinders a healthy development and functionality. The affective psychic construct is manifested in a false self, which is the product of a mother’s absence, of a mother who fails to understand the child, rejects her or him, leaves her or him in danger, or even abandons her or him. Or it can be the result of a mother’s inappropriate care when she needs the child for her own confirmation, or when in the absence of her partner, she uses the child to confirm her womanhood, thus leaving very deep psychical, and sometimes also physical, organic wounds on the child.

We can thus say that the family, with all its relationships, sets the foundations for functional development; it allows for the child to recognize herself or himself as an independent self and at the same time as part of a broader family system. If the family does not facilitate functional development, the child will then try to pave her or his own way in the world of relationships and toward himself or herself. During this journey, this child will create new affective psychical constructs that will also direct her or his affect regulatory systems (Schore, 2003) and invariably produce new complications. It will therefore be essential for these individuals to discover what happened to them when they wanted to express their needs. Were they rejected because of something? Or shamed? Did significant others “turn their backs” on them because of their wishes, or humiliate them, or “proclaim” them inadequate and too demanding? Or was it made known to them that their wishes are not in accord with their real needs, thus making them feel unworthy, ugly, and improper?

These individuals will discover that even now, in their adult life, they experience similar feelings to those experienced in their youth, and these experiences from their youth will become a very important part of the therapeutic process. In other words, on the basis of their distorted self-image, similar affects will be awakened in the therapeutic process; for instance, that they are not worthy enough to express their own wishes and needs and that they will again expose themselves, and that in rejecting their needs they will experience a new source of shame. Nevertheless, those feelings, which will
carry the seeds of longing for change configuration and transformation, will be the essential part of therapeutic relationships.

From the perspective of relational family therapy, we can conclude that all three psychoanalytical theories, interpersonal psychoanalysis, object-relational theory, and self psychology, take their proper place only within the configuration of the family system. In this respect, the relational family model represents not only the integration of relational models but above all the integration and synthesis where each of the psychoanalytic theories has its place. At the same time, all three together create a fuller integrated entity on the basis of the projective-introjective identification mechanism and repetition compulsion. In this respect, the system does not represent only a collection and integration of relational models but rather points to a new, higher, and more integrated level, which in itself transcends the merely relational configurations of different interacting parts. The system creates new and very specific dynamics, for it is precisely the family system that embraces all relational configurations or interpersonal dynamics. In connection with this, it gives them a broader and deeper form; it gives them a new meaning, especially in the deeper dynamics of interpersonal relationships. In short, we could say that the system facilitates the confirmation and recognition of all relational configurations. At the same time, it provides them with a new framework in which all these relational configurations, together with all their affects, complications, and conflicts, fully take their place, meaning, and power (Gostecnik, 2006).

RELATIONAL THEORY WITHIN THE RELATIONAL FAMILY PARADIGM

The theory behind relational family therapy incorporates all three psychoanalytical models, each of which uniquely focuses on a completely predetermined subsystem. On the basis of interpersonal psychoanalysis, relational family therapy investigates the basic affects within the system, as well as the affect regulating system and the way the affect is transferred to individuals and their interactions. It tries to uncover the projective-introjective defense mechanism which so aptly sustains the affective psychological construct of impenetrable blockades. These blockades give rise to dysfunctional bearing and sustain the pathology of an individual, couple, or even the entire system of relationships (Johnson & Whiffen, 2003). Similarly, with respect to the object-relational theory, relational family therapy discloses the influence of early relationships and images, or parental and other significant persons, the so-called intrapsychic images that shaped the relationships in an individual’s youth. These images and relationships now appear in a wide variety of affective attachments to others who are reminiscent of these early intrapsychic images. It follows that the basic affect regulation system, on which the
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affective psychic construct of past “atrophied relationships” is based, endures. These relationships and these images can be stimulated and awakened anew through the projective-introjective identification mechanism; this is a mechanism that relational family therapy tries to comprehend and evaluate through the lens of it acting as a defense against the painful feelings of rejection and redundancy, the goal being to build a new system of relationships (Schore, 2003). With the help of self psychology, relational family therapy focuses on the development of an individual’s self and her or his intrapsychic images, all of which were created on the basis of primary relationships in her or his original family. Furthermore, a certain self-image of the individual was formed on the basis of these affective relationships. This self-image indeed can be quite distorted in its effort to guide, preserve, and sustain the relationship toward oneself and others. It is also a matter of the affect regulation system (Schore, 2003), which so presently directs an individual’s perception of herself or himself, as well as of others, and which through the projective-introjective identification mechanism sustains certain primary affective tones of self-perception, ones that may perceivably be completely destructive and might need to be created anew.

Together, the three psychoanalytical theories describe the intrapsychic subsystem; mutually connected, they describe the interpersonal system from the perspective of integral systemic dynamics. These dynamics shape an individual’s experience in the framework of the family system. This dynamics direct and guide individuals, couples, and also whole families to re-create old models of feeling, knowing, and thinking. These can sometimes be very destructive, and consequently even more binding. The basic affect is hidden in them, or somatic memory, which invariably seeks attachment to others because it promises the fundamental sense of belonging (Rothschild, 2000). The more painful and destructive this affect is, the deeper it is imprinted in the intrapsychic structure of an individual, for it is only the strongest affect that will repeatedly promise a belonging and a relationship (Clulow, 2005), and these are those that are so very binding and that recurrently call for a resolution. Because they are known, these relationships are, at the same time, paradoxically extraordinarily safe (Cvetek, 2004).

From the standpoint of the relational family model, it is clear that only the family system can ultimately recreate the full repetition of old affective models and, at the same time, keep these old models and their psychic contents alive, also in the present, even after the significant people of the past have gone. Namely, the affective attachment to them always remains, still directing the basic affect regulation system of relationships all until resolved. This basic affect in relational family therapy is studied at the intrapsychic, interpersonal, or system level. The intrapsychic and interpersonal subsystems are essentially only two components of a bigger and more holistic family system where they ultimately take their rightful place and, above all, their full meaning. It is a matter of transferring these intrapsychic and interpersonal


basic affects to the system level, where they can finally be recognized. However, they can only be resolved if we find their roots in interpersonal relationships and especially at the intrapsychic level of an individual’s psychic life.

At the same time, the three psychoanalytic theories represent a very special intrapsychic system reigned by systemic law. The subsystems of the I and you, which are linked by basic affect, represent an intrapsychic system entirety. Boundaries and hierarchy are very important here, for they make possible the very basis for all ensuing intimacy of relationships. In this intrapsychic world, the deepest unconscious relationships between the I and you, and their affective connection, are created on the basis of relationships in the interpersonal world and on the basis of family relationships that the individual is involved in and that have a reverse influence on both levels of experience and feeling (Fonagy, 2001). Thus, the I and you must also be in an intrapsychic system equilibrium. If one or the other dominates or if both are taken over by affect, we speak of an intrapsychic system imbalance. Similarly, we can talk of an intrapsychic system diffusion if the boundaries are no longer precisely delineated. It then leads to the distorted perception of oneself and others and, on the basis of this, also to a keen yearning to be saved from all these brutal entanglements that are causing this distortion.

**DISCUSSION**

A therapeutic relationship between an individual and therapist is, viewed from the relational family model, a potential space in which the therapist is an active participant and cocreator of a relationship that really heals (Gostecnik, 2006). It is a matter of organizing the I in a therapeutic situation a different way, and it is precisely this relationship that enables individuals to fully discover, reestablish, and experience those aspects of themselves, which were discarded, hidden, and dispossessed in their original family. Despite this, they still have an essential influence on the systemic relational configuration. The relationship with the therapist must be structured along old parameters and must aim at discovering these archaic psychic contents that now influence the whole family or marital system, as well as the relationship with the therapist. Anxiety and disappointment are also faithful companions in this case, because now the situation provides for repetition of the previously experienced affects that are now only reiterated. The therapist touches areas of an individual’s, couple’s, or family’s life, where the unsaved relationships are so full of anxiety. And the therapist’s contribution to change is by way of building a new relationship with this individual, couple, or family. The therapist enables the patient to name and evaluate these archaic aspects of his or her experiences, which were unknown so far, but which have unknowst to him or her, guided and regulated his or her interactions and transactions.
The relational family therapist therefore tries to establish a therapeutic relationship in which a reshaping of inner images and their connections (Fairbairn, 1952; Racker, 1968) can be facilitated. The therapist from the relational family view predisposes that the I develops in complementariness to the character structure of significant others. The areas of deprivation, limitation, and intrusion cause the child's unconscious attachment to those emotional contents in their parents, that is, to those intrapsychic images on the basis of which the contact between child and parent is possible. Early developmental experiences, such as affects, somatic memories, created in the relationships with the primary family members are preserved as the ground of intrapsychic experience; current relations, including the therapeutic relationship, are experienced in view of these inner images, affects, and somatic memories. And they are finally constructed on the basis of a constant reintegration of these old experiences into new ones, which are always formed according to unchanging old configurations (Repic, 2006). The therapist becomes a part of these dynamics, and the therapeutic change at this level contains a change in these internal structures and relations through intrapsychic images, on the basis of a new relationship created in the therapeutic setting. The others, for example, the spouse, the child, and in therapy also the therapist, are inevitably experienced as people from the past. They are transformed into the characteristic bad image from the past. The process of interpretation in therapy allows these old images to become different. The internalization of these new experiences enables individuals, as well as the whole system, to abandon their compulsive connection to old relationship patterns. During this process, the intrapsychic area of their system relational matrix is reshaped.

In this view the interpersonal analysis in the relational family model focuses, above all, on the way the therapeutic process can cause a change in an individual's transactional models and, at the same time, in the transactional process of the whole system. It is a matter of ritual actions, which are compulsively repeated and which determine the specific experience of the I in connection to others. On the basis of the articulation and illumination of these models, the therapeutic process helps an individual to risk a new response, something else, something new; it puts them in different interpersonal situations, ones in which richer experiences of the self and others are possible if one changes the system structure. These changes must then be visible in transactional models of system interactions; they happen with the help of the therapeutic situation in which the therapist, by entering into a relationship with the individual, constantly calls attention to stereotypical models and their compulsive playing out. In therapy, the therapist and the members of the family together search for ways of being with each other outside these settled models. This sets the basis for contradistinctive interactions with others.

The fundamental task or aim of all three psychoanalytical theories, summed up in the relational family model, is to answer the question of
why, in their relations to others, people so persistently continue and compulsively repeat the same conflicts and traumas! In repeating old patterns, we talk about a fundamental loyalty or, as object-relational theory claims in the relational family model, we talk about the relational patterns being repeated because they preserve an individual’s primary connection with significant persons from their earlier, youth period (Mitchell, 1988, 2002).

Whereas the object-relational theory speaks of the loyalty to intrapsychic images and affects, self psychology claims that the basic unconscious human experience and action tend primarily toward the preservation of self-cohesione. Then in her or his relationship to the therapist, the individual tends to repeat the old models of behavior on the basis of an unconscious hope that, at least here, her or his wishes and needs will be understood and reflected on the basis of an empathic response. To deviate from the settled pattern is a dangerous endeavor. After all, that which is new is dangerous, because it is outside the perceptions and experiences in which individuals recognize themselves as cohesive and whole beings. A spouse will therefore impetuously repeat old relationship patterns, trying hard to avoid the fear of her or his own marital as well as system disintegration. If the therapist’s reaction to these old patterns is different, if it yields new insight and a deeper understanding of the purpose of these relationships, if through the affect the therapist is able to discover the deepest levels of the affective psychic construct, then the spouse will be able to bring into the relationship, and through it, something new. This innovation will be able to permeate into the intrapsychic structure and consequently also the family; it will be a new type of connection, no longer based on painful and difficult affects.

The dynamics of the compulsive repetition of old models can also be explained, as understood by interpersonal psychoanalysis, on the basis of similarity. Therapists adhering to the interpersonal theory explain the dynamics of compulsive repetition of old models from the viewpoint of the patient’s unconscious search for familiarity; his or her need for interpersonal control and mastery of the world is based on the repeating of similar relational models learned in the early development period and that produce a similar affect common to experience in youth (Mitchell, 1988, 2000, 2002). In the relational family model, this means acting in accordance with a deeply anchored affective psychic construct that is completely binding. The individuals in the family system are unconsciously afraid to face new forms of relationships because they feel threatened, they are afraid of loneliness, isolation, and ultimately feeling unprotected. This is why they resort to old familiar models that are passed on by their parents already; after all, they represent an interpersonal connection regardless of whether or not these ways of interpersonal relationships prove painful, traumatic, and problematic, which, of course, only further strengthens the affect regulation system.
Fourteen-year-old Anita and her parents came to therapy because Anita was sexually abused when she was five. Her parents however knew nothing about it until they came to therapy with her. Anita repeatedly found herself in situations where the possibility of abuse was reiterated; this threatened her parents to the point that they sought therapy. The therapist, after listening closely to his own body reactions, soon unearthed the affect of disgust, and on the basis of these body reactions, the therapist addressed the issue of abuse. It soon became clear that Anita was “speaking” of her pain, of the abuse that she has been suffering from the age five, through her improper behavior. She denied, split off, or suppressed those painful memories; however, the somatic memories, with their horrible affect, were sustained. And that affected the entire family system. Memories of sexual abuse were deeply imprinted in the deepest levels of her psychical structure, and it repeatedly pressed to get out; we might even say it became a constitutive part of her psychical life and her psychical organization. It therefore became a very influential vector of the family’s dysfunctional bearing. Anita felt ashamed, disgusting, and unworthy; she developed a low self-image. In the relational family model, this is named the affective psychical construct. These are the basic affects, in this case instigated by abuse, but they are denied, split off, or in Anita’s case dissociated from, and so it is that they get repeated in the present time.

This case is really a harsh and criminal case, which must be reported to the police immediately. It was established that the repetition, painful as it is, has its purpose in the transformational process and in that it facilitated the entire family to feel the shame of the abuse; the father became extremely angry at the abuser and the mother deeply ashamed and disappointed. The therapist first tried to regulate their affects by accepting them and by working through them and returning them in more tolerable form. He explained to the parents that in the nature of these repetitions lies a fundamental hope that someday even the most horrific scenes will stop. The therapist after he emphatically addressed the issue of abuse tried to discover what effects it had on the entire family. At the same time, he tried very hard to get enough emphatic emotional responses from the family members, on the basis of which he would be able to build the elements of resolution and change. Of course, during this transformational process there were times of great crises; for instance, Anita found herself in what she perceived as another abusive environment, one with older men, and it seemed she had no escape. And again her parents felt deep traumatic entanglements. These circumstances made this time the most critical; it was a time of great vulnerability and the therapist encouraged the parents to set stronger limits and boundaries so that Anita could start to resolve her painful affects in a new relationship, one that the therapist established among them.
And then the therapy really started. Anita started to experience in the therapist gestures and affects similar to those originated in the most traumatic incidence of sexual abuse. She started to perceive the therapist as someone from the past, namely her abuser, who had marked her deeply in her psychical structure. In the therapy session she again experienced fear; anger; distress; and a deep unrest, disgust, shame, and anxiety. She could not exactly explain it to herself, nor did she know why the therapist provoked all these emotions in her. It also provoked deep feelings in her father and mother, angering them; they started to lose trust in the therapist, giving him a sense of not being capable of running the therapeutic process. The therapist accepted this and started to draw parallels between the old relationships with their own parents’ incapabilities and current perceptions of him. It soon became clear that those feelings are a repetition of early insufficient parenting, which they received from their own parents; they had felt unloved and avoided. This triggered a deep fear and terror of rejection in them; they once already experienced this at the time of abuse, a time when they had no one to talk to.

In other words, the therapist accepted these brutal affects, trying to metabolize them and remain firmly behind all the anxieties and experiences they raised. He repeated again and again that these are the very emotions that needed to be worked on. This allowed them to mutually disclose most painful experiences. The therapist, by regulating their painful feelings, slowly regained their trust. In this process Anita’s parents also discovered that they had recreated the relationships among themselves, just as they had learned from their primary families, where they had not only been neglected but also physically and emotionally abused.

They addressed the issues of how the parental abusive experience can also be extremely influential in terms of not being able to efficiently support their daughter; furthermore, it also affected their own functioning as a couple, as well as individuals. So the initial step was for them, together, to start learning how to give their daughter enough support that she may begin a new life with them. They increasingly became aware of how whatever was new was also unconsciously perceived as threatening and presented as frightening, for it all demanded a new way of interaction and reaction. With the help of the therapist, who became a container for the unacceptable affects, and who created a safe place where they could be expressed, the therapeutic process became a curative place for the family’s painful experiences. Through the course of this process they were also able to accept that by rejecting old relational models, in which the family felt safe, connected, and protected, regardless of their traumatic nature, they were faced with a loss of connectedness. On the basis of these old affects, which the parents had completely denied, and the therapist accepted them as such, they slowly accepted the fact that they had been unconsciously repeating them. They slowly began to recognize that this was the only type of relationship they knew and that
they did not develop a more functional experience of how to deal with abusive relationships. This is why they were so overwhelmed with their daughter’s own tragedy.

As the therapy progressed the parents started to work separately on their own relational issues, as well as on the issues stemming from their own experiences as created in their families of origin. In doing so they also became more cognizant of their parental and also couples themes and issues, all of which hindered them from more functional responses to their daughter and to each other. They also continued the family therapy, so they would be able to give their daughter the sufficient support and effective understanding, set limits, and teach her responsibility.

CONCLUSION

We can thus conclude that from the relational family viewpoint, the family comes to therapy with the purpose of finding something new and hoping to finally understand why their old dreads and anguishes still influence them so painfully. Their lives are dysfunctional, and in therapy they are brought to define what is so painful and to find a solution providing them with new hope. The therapist, who creates a safe and curative environment, helps them create something new, thus allowing for change in their former more restricting and often very painful system. In therapy, they will therefore inevitably search for something new in an old way; they will encounter basic affects that created the blockade or the affective psychic construct in their psychical life. The therapist will step in and become a part of their experience, in the sense that he or she will feel their pains either emotionally or organically and create a safe place where those painful affects can be expressed and worked through. The therapist will structure the therapy along old relational lines by trying to feel the entire family and each individual in it, in each aching and yearning, and all their basic affects. The therapist will constantly draw attention to old models of behavior, thinking, and feeling, all of which are sustained by the force of the system and the individuals within it and which prevent the system from changing. In view of all this, the therapist must always keep in mind that an individual, couple, or family will have great difficulty in giving up the old and settled ways of responding and reacting; this is because these emotions, as destructive as they may prove to be, always represented a relationship and, at the same time, a promise that it would be better some day. Moreover, the more destructive these feelings are, the more these primary affects implanted in them are traumatic and binding, because it is precisely the most deeply anchored affects in the human psyche that most emphatically promise a relationship. This is why individuals search for them again and again, no matter how chillingly painful they can be. To give up these affects, for example, the affects of anger
and shame, where the mother was perhaps the most present or it was precisely in this affect that she was creating the strongest relationship with the child, would for a child as well as an adult mean the loss of a relationship with the most important person in her or his life. This is why this individual will need the greatest support from the therapist precisely in this area.

The case study presented demonstrated how the worst tragedy, for example, sexual abuse, was drastically repeated and ultimately affected the whole system. First, the daughter became a container of parental abuse and, second, a container of abusive experience by the other. Abused persons unconsciously feel that they must stay loyal to the affects of abusive experience, for every infidelity in this sense incites a feeling of deep emptiness, an inconsolable longing that often even physically, organically hurts. And there is no rest until this feeling is struck again in their world. It is quite similar to a case of hormonal and chemical addiction, whereby the abused person must experience a “new abuse” to be psychophysically appeased. Of course, also hidden in this is the inconsolable yearning for something different, new, and safe. At the same time, abuse, as demonstrated previously, promises a relationship. And being unfaithful to it would mean to lose all; this is why individuals in such a predicament chose rather to persist in ever so painful relationships, as opposed to experiencing unbearable emptiness. This is why, without extraordinary intervention, it is almost impossible to resist further abuse.

We could by all means say that the relational family model is, in this respect, very deeply rooted in the hope of change and transformation. In other words, when a person actively partakes in the transformational process, when she or he fully accepts responsibility for her/his psychic state then, with the help of a therapist, change is possible even in the case of ever so deep a trauma. Every trauma, every pain carries with it also a longing and hope that some day it will be different, that is, a longing for transformation, one that can be created in a potential psychic space between the therapist and the member or members of the family.

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