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REWRITING RELATIONSHIP NARRATIVES: AN EXPERIENTIAL APPROACH TO OVERCOMING DYSFUNCTIONAL PATTERNS IN ROMANTIC RELATIONSHIP

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Abstract

In social work practice, understanding how the family system works is critical to assessing family dynamics, identifying risks, and developing targeted interventions to help family members heal and grow (Pistor, 2019; Hill, Ford, Meadows, 1990). The goal is to provide support and resources that address these dysfunctional patterns, promote healthier communication, set appropriate limits, and build a more nurturing and supportive family environment. The social worker is challenged to have more and more knowledge about the family system and its dysfunctions. Moreover, it is necessary to diversify the training through the knowledge of some therapies, work techniques from various fields that will allow workers address the increasingly difficult problems of the family, the couple (Brinkborg et al., 2011). Training in basic facilitation conditions allows the reconceptualization of the approach the client's empathic response in social work (Greenberg, Goldman, 1988). The subject that we propose highlights the usefulness of experiential therapy through specific techniques in assisting the family and couple.

Key words: ***romantic relationship, dysfunctional pattern, narrative therapy, experiential techniques.***

Introduction

Social workers frequently meet dysfunctional families, or families in the process of dissolution, contexts which allows them, to use theories about the family in a therapeutic setting (Vangelisti, 1994). In the context of social work, a dysfunctional family is characterized by patterns of behaviour, communication, and relationships that negatively impact the emotional, psychological, and social well-being of its members. Dysfunctional families often struggle with maintaining healthy boundaries, fulfilling roles, and providing a supportive and nurturing environment. These dynamics can lead to various adverse outcomes for both children and adults within the family system.

Some key characteristics of a dysfunctional family from a social worker" perspective are:

- poor communication patterns;
- lack of healthy boundaries;
- chronic conflict and unresolved issues;
- abuse and neglect;
- parental dysfunction;
- role confusion and role reversal;
- lack of emotional support and nurturance;
- controlling or manipulative behaviour;
- codependency etc.

Deficient communication produces stress, low level of satisfaction of partners (Nguyen, Karney, Bradbury, 2020). Dyer, (2006) believes that one of the causes could be the fear of being authentic in the dialogue with the other, (fear and uncertainty cannot coexist) and the same goes for unrealistic and uncommunicated expectations. Boundaries are essential in any healthy relationship—whether it's with family, friends, colleagues, or romantic partners. They define the limits and expectations for behaviour, communication, and emotional engagement, creating a sense of security, respect, and trust among individuals. In social work, therapy, or everyday life, understanding and maintaining healthy boundaries is key to fostering meaningful and sustainable relationships (Whitfield, 1993; Wills-Brandon, 2011; Henderson, 2004). Boundaries help define what is acceptable and unacceptable in communication. They encourage open, honest dialogue where individuals can express their thoughts, feelings, and needs without fear of being judged or dismissed. This clarity helps prevent misunderstandings and conflicts. Healthy boundaries protect individuals from emotional harm, stress, and burnout. They help people recognize when their needs are not being met or when they are being taken

advantage of. Establishing boundaries allows individuals say "no" when necessary and prioritize their mental and emotional health (Tawwab, 2021; Chernata, 2024).

Family myths play an important role in building the mental map of how relationships work. These are shared beliefs or narratives that families create to make sense of their experiences, behaviours, and dynamics. These narratives can frequently distort reality, mask underlying issues, and perpetuate unhealthy patterns. (Kuo, Volling, Gonzalez, 2018; Delvecchio, Di Riso, Salcuni, 2016). family myths can serve as a defence mechanism to hide or deny problems within the family. Myths can also create a false sense of normality or stability, causing members to rationalize or minimize toxic behaviours like addiction, abuse, or neglect. Phrases like "that's just the way we are" or "we don't talk about such things" can reinforce the denial.

Some benchmarks of experiential therapy that can be used in social work practice

Experiential therapy is a therapeutic approach that focuses on helping individuals experience and process emotions and internal experiences in the present moment. Iolanda Mitrofan's book *Experiential Therapy: An Introduction*, published in 2015 summarizes several premises of Experiential Therapy:

- Emphasis on Emotions and Experience
- Present-Moment Focus
- Holistic Approach to human needs
- the capacity of self-awareness
- Authentic Expression

This type of therapy uses some techniques that can and are used by social workers who have followed a training in psychotherapy. The purpose of experiential therapy consists in: emotional healing, enhanced self-awareness, improved emotional regulation, strengthening personal connections, facilitating personal growth and change, building coping skills. Here are some techniques used in experiential therapy: *role-playing*, *empty chair technique,* expressive arts, body awareness.

Description of research design

The case study used in this research, provides a comprehensive framework for the application of specific experiential therapy techniques in the practice of the social worker. In the social sciences, the case study is regarded as an effective and revealing qualitative method through the perspective it sheds light on (Yin, 2011, Starman, 2013).

Purpose

We propose to describe the implementation of an intervention plan (therapeutic approach) that uses techniques specific to experiential therapy in order to understand and correct maladaptive behaviours in couple relationships.

Sampling and Method

The case study used is representative of the purpose proposed in this paper. The subject gave her consent to the publication of the intervention. The described intervention took place between November 2023 and March 2024.

Short description of the case

A.O., aged 47 requests psychological support during a very difficult time for her, a situation that constantly reoccurs, which causes her suffering and doubts about her ability to build and maintain a relationship. More precisely, the client asks for help to understand why her romantic relationships fail and to learn strategies to improve her relationship with herself and her partners.

Initial evaluation

Emotional

The client experiences deep and intense sadness caused by the breakup of her last relationship with her partner. She experiences a state of anger and helplessness, arguing that there is no good in her life. She is effervescent, agitated, overwhelmed and outraged at her own destiny.

Cognitive

Although the emotional state is visibly altered, the client manages to describe the situation she is going through with sufficient clarity and coherence. Cognitively, she brings arguments that support the hypothesis of a solid and healthy relationship, although she can list the behaviours of her partners that indicate a lack of interest, therefore a fragile relationship. Despite these arguments, the client tends to cling to these relationships.

Somatic

- Physical pain, exhaustion
- Disinterest in any other subject, impatience in relationships with others, and especially with her daughter who is always causing trouble.
- Lack of interest at work, low ability to concentrate.

Dysfunctional Behaviours

She is constantly looking for ways to be around him, to rekindle the relationship, fervently searching for explanations for his behaviour.

Client`s resources

The client has very well defined religious beliefs. She has networks of trusted friends, is determined and resilient. In general, she expresses optimism, is flexible, asks for help when she needs it. She is very mindful of herself, she is aware that there might be mistakes on her part, since all her relationships end in being abandoned (although she is aware that something is wrong, the client is not sufficiently receptive to the observations made to her).

Objectives and expectations

Client's expectations

1. Venting and relaxation
2. Guidance in deciphering the dysfunctional mechanisms behind her failed relationships;
3. Acquiring information/behavioural strategies in order to optimize the couple's relationship.

Therapeutic objectives

1. Providing support for emotional regulation
2. Deciphering the mechanisms and blockages behind maladaptive behaviours in couple relationships
3. Exploring and analysing the influences she currently feels due to life in the family of origin

Social History

The client forms a single-parent family with her 19-year-old daughter. She comes from a traditional family, her father was a priest, her mother was an economist. She died when the client was 20 years old, and the father remarried shortly after. The client used to see her mother willing to always understand her husband's deviations (addictions, mental instability, belonging to marginal groups, emotional immaturity, reduced commitment to his daughter). The client describes the common points of her relationships as follows:

The common elements of the three relationships were as follows.

- unavailable men
- manipulation, feelings of guilt
- relationships that took place at a distance, or did not live together
- insecurity, mistrust, anxiety, - unique experiences.

Work Hypothesis

a). The client's childhood and life history left a mark on the internalized way of functioning (hypothesis supported by John Bowlby's Theory)

b). The client's beliefs about the role of a woman were introjected in the family, through imitation or learning (Hypothesis supported by Albert Bandura's learning theory).

c). The client introjected the conviction that a woman has the main role of supporting and understanding her partner, that a man who is in difficulty is not to be abandoned.

Intervention plan

The first session was dedicated to identifying the problem presented by the client and gathering useful information about it. The second session aims to integrate the information while starting to build the therapeutic relationship, through active listening and empathetic reflection. In the next session, the client is guided into giving a deeper meaning to her problems and the possible reasons for them. She was helped to explore the version and portrayal of a woman that she grew up with. She discovers that, like her mother, she engages in relationships where her needs are not met, and she continues to stay in relationships that do not satisfy her. She identified a series of dysfunctional patterns by training some beliefs taken from her mother.

The following three sessions - the client discovers fear and shame, two feelings behind her dysfunctional behaviours and identifies some implications that living with guilt have had on her behaviour.

Within the 7th session, she discovers she is living a very strong inner conflict. She is angry and blames her father, while continuing to defend and protect him when she feels necessary. The purpose of the session is the unification of the conflicting parts of the Self (experiencing the dialogue with the client's father) through the technique: The empty chair, the letter.

Session 8 captures her in a tense state, affected by the foray into the emotional universe, which leads us to propose body awareness exercises and guided imagery with the aim of body relaxation

Fot the sessions 9-10 we aim to achieve contact with her true self, restructuring and validation of resources using modelling from natural elements.

Techniques used: Therapeutic dialogue, externalization (narrative therapy), The empty chair, the letter, Body awareness exercises and guided imagery**.**

Results

Through this exploration process, the client managed to make the following steps in her progress

Self-acceptance as a result of self-exploration:

- She has accepted the dysfunctional pattern she perpetuates in her romantic relationships;
- She understood and accepted that she was living a strong inner conflict, the ambivalence in the relationship with her father (anger/loyalty);
- She accepted that she was an aggressive mother, that she did not adequately respond to the child's needs, and above all, that this fact had consequences on her relationship with her daughter;
- She accepted that on a conscious level she felt a great injustice in having to become her father's carer, unable to behave responsibly.

The client has changed her perspective on life issues

She says that she was able to look at herself carefully, to objectify her subjectivity; to look at oneself from the outside, but to descend within it. She managed to identify the knots (the reason for her anger at Elena, the weak limits she set in relationships with her partners, the fatigue and the lack of meaning associated with her beliefs about the role of women, etc.) and untie them. She put together the clues and managed to complete a puzzle. Now she experiences her relationships much more clearly.

The client manages to realistically modify her self-image and make it positive.

During therapy, the client had the opportunity to look at herself realistically, discovering both her limits and her resources.

Conclusions

The use of therapeutic techniques by social workers in counselling families and couples is crucial for several reasons. Therapeutic techniques, such as active listening, reflective questioning, and emotion-focused strategies, help family members and couples express their feelings and concerns more openly. This enhances communication, fosters mutual understanding, and helps in resolving conflicts. Techniques such as solution-focused therapy and mediation are valuable in helping families and couples identify the root causes of conflicts, develop constructive ways to resolve disputes, and establish healthier dynamics. This can lead to long-term positive changes in relationships. Social workers often employ strength-based and empowerment techniques to help families and couples recognize their inherent strengths and resources. This approach builds confidence, fosters resilience, and encourages clients to take

an active role in their own growth and healing. Families and romantic couples may be dealing with trauma or unresolved emotional issues. we conclude that, these techniques such as trauma-informed care and narrative therapy help clients process their experiences, reframe negative narratives, and work towards emotional healing. By incorporating culturally competent approaches, social workers can respect and integrate the cultural, spiritual, and familial contexts of their clients, leading to more effective and meaningful interventions. Therapeutic techniques help families and couples not only address immediate issues but also build long-term skills for sustained emotional well-being. Techniques such as psychoeducation, role-playing, and communication training equip clients with the tools they need to navigate future challenges.

Social workers often work with families and couples facing complex issues such as mental health disorders, substance abuse, domestic violence, or parenting challenges. Using specialized therapeutic approaches allows them to address these issues more effectively and provide holistic care. As it can be seen in the present case, the use of therapeutic techniques by social workers is often grounded in evidence-based practices, ensuring that the interventions are effective and aligned with the latest research. This enhances the credibility and effectiveness of counselling interventions.

References

Brinkborg, H., Michanek, J., Hesser, H., & Berglund, G. (2011). Acceptance and commitment therapy for the treatment of stress among social workers: A randomized controlled trial. *Behaviour research and therapy*, *49*(6-7), 389-398.

Chernata, T. (2024). Personal boundaries: definition, role, and impact on mental health. *Personality and environmental issues*, *3*(1), 24-30.

Delvecchio, E., Di Riso, D., & Salcuni, S. (2016). Self-perception of parental role, family functioning, and familistic beliefs in Italian parents: Early evidence. *Frontiers in psychology*, *6*, 1983.

Dyer, S. (2006). The root causes of poor communication. *Cost Engineering*, *48*(6), 8.

Greenberg, L. S., & Goldman, R. L. (1988). Training in experiential therapy. *Journal of Consulting and Clinical Psychology*, *56*(5), 696.

Henderson, J. (2004). The challenge of relationship boundaries in mental health. *Nursing Management (through 2013)*, *11*(6), 28.

Hill, M., Ford, J., & Meadows, F. (1990). The place of counselling in social work. *Practice*, *4*(3), 156-172.

Kuo, P. X., Volling, B. L., & Gonzalez, R. (2018). Gender role beliefs, work–family conflict, and father involvement after the birth of a second child. *Psychology of men & masculinity*, *19*(2), 243.

Nguyen, T. P., Karney, B. R., & Bradbury, T. N. (2020). When poor communication does and does not matter: The moderating role of stress. *Journal of Family Psychology*, *34*(6), 676.

Pistor, M. (2019). *The utilisation of family counselling by social workers in child and family welfare organisations* (Doctoral dissertation, Stellenbosch: Stellenbosch University).

Starman, A. B. (2013). The case study as a type of qualitative research. *Journal of Contemporary Educational Studies/Sodobna Pedagogika*, *64*(1).

Tawwab, N. G. (2021). *Set boundaries, find peace: A guide to reclaiming yourself*. Penguin.

Vangelisti, A. L. (1994). Couples' communication problems: The counselor's perspective.

Whitfield, C. L. (1993). *Boundaries and relationships: Knowing, protecting and enjoying the self*. Health Communications, Inc..

Wills-Brandon, C. (2011). *Learning to say no: Establishing healthy boundaries*. Tantor eBooks.