Demand for family therapy and contemporary parenting

Demanda de psicoterapia de família e parentalidade contemporânea

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Terezinha Féres-Carneiro*
Rebeca Nonato Machado**
Renata Mello***
Andrea Seixas Magalhães****

Abstract

Social transformations stimulate reflection on parenting practices and their relation to seeking family therapy. This study aimed to investigate how the demand for family therapy arises and what its relation to parenting is. A qualitative clinical study was conducted based on preliminary interviews of 16 families undergoing therapy at the Applied Psychology Services of a private university. Data was collected from the department's clinical reports, on which clinical analysis was performed based on family-therapy postulations. Analyzing the reports, the following main focuses of clinical analysis emerged: initial complaint and latent issues, with the latter being subdivided into separation and individualization processes, the experience of conjugality, establishment of roles and hierarchical ranks, and parenting practices. It was found that families which seek therapy present parenting difficulties. We conclude that there is a close relationship between seeking family therapy and performing parenting functions in contemporary families.

Keywords: family therapy; preliminary interviews; parenting.

* Professora Titular do Departamento de Psicologia da Pontifícia Universidade Católica do Rio de Janeiro (PUC-Rio), Rio de Janeiro, Brasil. teferca@puc-rio.br
** Professora Assistente da Pontifícia Universidade Católica do Rio de Janeiro (PUC-Rio), Rio de Janeiro, Brasil. recanm@gmail.com
*** Pós-Doutoranda em Psicologia Clínica pela Pontifícia Universidade Católica do Rio de Janeiro (PUC-Rio), Rio de Janeiro, Brasil. renatamello@gmail.com
**** Professora Associada do Departamento de Psicologia da Pontifícia Universidade Católica do Rio de Janeiro (PUC-Rio), Rio de Janeiro, Brasil. andreasm@puc-rio.br

Resumo

As transformações sociais suscitam uma reflexão sobre as práticas parentais e sua relação com a busca por psicoterapia. O objetivo deste estudo foi investigar como se constitui a demanda por psicoterapia de família e sua relação com o exercício da parentalidade. Desenvolvemos uma pesquisa clínica qualitativa com 16 famílias atendidas no Serviço de Psicologia Aplicada de uma universidade privada. Utilizamos os relatórios das entrevistas preliminares para obter os dados, cuja análise clínica foi realizada a partir das postulações da psicoterapia de família. Dos relatórios emergiram os seguintes eixos clínicos de análise: queixa inicial e questões latentes, desdobradas em processos de separação e individualização, vivência da conjugalidade, estabelecimento de papéis e posições hierárquicas, e exercício da parentalidade. Constatamos que as famílias que buscam psicoterapia apresentam uma fragilidade no exercício da parentalidade. Concluímos que existe uma estreita relação entre a demanda por psicoterapia familiar e o exercício das funções parentais nas famílias contemporâneas.

Palavras-chave: psicoterapia de família; entrevistas preliminares; parentalidade.

Resumen

Los cambios sociales plantean una reflexión sobre las prácticas parentales y su relación con la búsqueda de la psicoterapia. El objetivo de este estudio es investigar la demanda en psicoterapia de familia y su relación con el ejercicio de la parentalidad. Desarrollamos una encuesta clínica cualitativa con 16 familias atendidas en el Servicio de Psicología Aplicada de una universidad privada. Utilizamos los informes de las entrevistas preliminares, cuya análisis clínica se realizó a partir de los postulados de psicoterapia familiar. Emergieron los siguientes ejes clínicos de análisis: queja inicial y cuestiones latentes, desmembradas en procesos de separación e individualización, experiencia de la conyugalidad, establecimiento de roles y posiciones jerárquicas, y el ejercicio de la parentalidad. Las familias que buscan psicoterapia presentan una debilidad en el ejercicio de la parentalidad. Concluimos que existe una relación cercana entre la demanda de psicoterapia familiar y el ejercicio de la parentalidad en las familias contemporáneas.

Palabras clave: psicoterapia de familia; entrevistas preliminares; parentalidad.

Introduction

Nowadays, there are various approaches to parenting that are marked both by a strong historical tradition and by modern developments. Transformations currently underway in society and previously unprecedented family structures are questioning parenting practices, thus calling for discussion, especially in the clinical field. There is a growing amount of scientific studies concerning parenting, particularly in relation to the deterioration of hierarchical functions in family dynamics and the lack of a collective profile and clear-cut, secure social models (Borges, Magalhães & Féres-Carneiro, 2014; Carvalho-Barreto, 2013; Lewis & Dessen, 2012).

Indeed, the spectrum of new families has been increasingly organizing itself based on equal rights and responsibilities between spouses and on the coexistence of hybrid family models. Accordingly, the new family structures require constant renegotiation of roles between family members, promoting the continuous reformulation of values. From this perspective, one perceives the emergence of a new paradigm in the formation of family relationships, involving greater emphasis on the affective dimension, to the detriment of the biological dimension and patriarchal values. Seen in this light, parenting presents itself as a process that requires countless shifts and alterations in affective investments, transforming a couple's psychic economy and relational dynamics, as of the birth of a child. One thus observes an increasing number of fathers and mothers that are confused and ambivalent in the face of parenting functions.

From a clinical standpoint, one can perceive the parenting difficulties faced by families seeking therapy nowadays. Since such difficulties derive from distinct family structures, families have made highly diversified complaints. They often seek therapy with a complaint centered on a single aspect, such as a symptom or family member. Such a complaint corresponds to initially manifested content that can become a distortion of latent thoughts and issues that are largely inaccessible to the conscious mind. Accordingly, family therapists begin with the content verbalized by the family as a starting point, seeking to arrive at the latent problem, so as to assess, in a deeper dimension, the shared familial suffering (Kaës, 2005, 2013; Machado, Féres-Carneiro & Magalhães, 2011; Rocha, 2011).

In the light of the complexity of performing parenting functions and the increasing number of families seeking therapy, our research problem was formulated along the lines of seeking to correlate these two important contemporary

issues. Accordingly, the objective of this study was to investigate the manner in which the demand for family therapy arises and analyze its relationship to present-day parenting practices.

Method

Participants

We conducted a qualitative clinical study (Turato, 2003) of families receiving therapy at the Applied Psychology Services of a private university located in a metropolis in Southeastern Brazil. The study involved the participation of 16 families with at least one child and a maximum of six children of various ages. The descriptions of the families' structures and the data concerning their respective members can be found, together with the main results, in Table 1.

Instruments

We employed the clinical reports of preliminary interviews with the 16 families participating in the study, approximately six interviews in all. In clinical practice with families, the period of preliminary interviews involves delving deeply into the functioning of the family system, requiring the family therapist to have the ability to investigate the latent issues that cause collective suffering. The purpose of such interviews is to assess the family dynamics, grasp the chief latent issues, going beyond what is explicitly expressed, and discover an adequate form of treatment (Bleger, 2007; Arzeno, 2003).

Procedure

Data Collection

The preliminary interviews were conducted by trainees from the teams of both the Undergraduate Course in Psychology and the Specialization Course in Couple and Family Therapy of the university where the study

was conducted. The teams' therapy sessions were supervised by professors of the abovementioned courses, the interviews being registered according to the clinical report model.

Data Analysis

The data were analyzed via the clinical method considering the postulations of family therapy, combining its psychoanalytical and systemic approaches (Bland, 2009). We assessed the predominant themes and meanings mentioned by the families during the period of the preliminary interviews, focusing on content related to seeking family therapy, which consists of the initial complaint and latent issues, aiming at analyzing its relationship with parenting.

Ethical Considerations

The project that originated this study was approved by the Research Ethics Committee of the institution in which the study was conducted, under file number 2011-08. The school-clinic nature of the Applied Psychology Services was initially explained to the patients, and they were also informed that their identities would be kept confidential. All of the participants signed an informed consent form, authorizing the use of their data for teaching, research and publication.

Results

Considering the framework proposed for data analysis, the following main focuses of clinical analysis emerged: *initial complaint* and *latent issues*, with the latter being subdivided into *separation and individualization processes*, *the experience of conjugality*, *definition of roles and hierarchical positions*, and *parenting practices*, which at times emerged as an initial complaint and at others as a latent issue. The main results obtained are presented in Table 1, together with the structures of the participating families, which are numbered from 1 to 16. Most of the families in the study spontaneously sought psychotherapeutic help.

Table 1. Family structure, initial complaint and latent issues of each one of the 16 families participating in the study

	Families		
	Family Structure	Initial Complaint	Latent Issues
1	Mother separated and two daughters (ages 21 and 25)	Family communication problems	Separation anxiety; difficulty re autonomy; aggressiveness
2	Mother remarried, one daughter (age 11) and stepfather	Daughter's antisocial behavior	Problems re communication and the triadic relationship; aggressiveness
3	Father and mother remarried and one daughter (age 6)	Marital parenting conflicts	Differentiation difficulties between family members; marital conflicts
4	Father remarried, mother and one son (age 17)	Family communication problems	Difficulty re son's autonomy; marital conflicts; aggressiveness
5	Father, mother and one daughter (age 12)	Daughter's suspected ADHD	Mother's emotional detachment; parenting and marital difficulties
6	Widowed mother and one daughter (age 9)	Mourning for husband/father	Parenting difficulties; parentification of daughter
7	Father, mother and one son (age 16)	Marital parenting conflicts	Marital conflicts; difficulties with son's autonomy; aggressiveness
8	Father, mother, one son (age 18) and one daughter (age 15)	Daughter's suspected dyslexia	Difficulty in daughter's autonomy process
9	Father and mother separated, three children by the couple (ages 5, 12 and 17)	Negligent parenting	Parenting difficulties; aggressiveness
10	Socio-affective father, mother remarried, and one daughter belonging to the couple (age 3)	Parental alienation	Family communication problems; differentiation difficulties
11	Father and mother remarried, one son by the couple (age 7)	Marital parenting conflicts	Family communication problems; marital conflicts
12	Father, mother, one daughter (age 13) and one son (age 11)	Son's antisocial behavior	Secrets; marital conflicts; intense aggressiveness
13	Father and mother remarried, one son (age 24) from mother's first marriage, one daughter (age 8) and one son (age 12)	Son's antisocial behavior and daughter's anxiety	Parenting difficulties; differentiation difficulties
14	Father, mother, five sons (ages 6, 11, 19, 22 and 25) and one daughter (age 3)	Son's anxiety	Family communication problems; differentiation difficulties
15	Mother, two daughters (ages 11 and 7) and one son (age 6)	Negligent parenting	Family communication problems; lack of differentiation

Discussion

We believe it is important to state that the fact that most of the families spontaneously sought psychotherapeutic assistance represents a change in the context of family therapy, from the time of its very beginnings to the present day. Such a change could indicate the consolidation of the field of family therapies. Dissemination of the notion that the family plays an essential role in organizing the individual's place in the social world, as emphasized by various authors (Carvalho-Barreto, 2013; Lewis & Dessen, 2012; Mello, Féres-Carneiro & Magalhães, 2015; Ponciano & Féres-Carneiro, 2014), conceivably has also been contributing to this transformation in the demand for family therapy.

With respect to the initial complaint, ten of the sixteen families in the study mentioned that their decision to seek treatment was motivated by their own desire, whereas only six began family therapy due to an external recommendation. Such a procedure amounts to seeking therapy "via mandate", as proposed by Rocha (2011). The sources of such recommendations were highly varied, ranging from the school of one of the children, to the court system, to a family member's therapy sessions.

One of the characteristics we observed in the interviews of the families that sought therapy "via mandate", particularly through court orders, was such families' difficulty in recognizing that they were actually living lives involving conflicts that were prejudicial to their interpersonal relationships. Within this context, the predominance of silent moments and confusion in the interviewees' statements during the interviews indicated the families' defensive attitude toward psychotherapy. Such a situation occurred with Family 15 (consisting of a mother and three children), which was referred to family therapy by the Guardianship Council (Brazilian child protective services) subsequent to an accusation made by the children's stepmother. The mother, who was suspected of abuse and negligence and who had remained passive in the face of alleged sexual abuse of her daughters by her boyfriend, presented herself as a victim and alleged that the repercussions of the accusation were causing fear in her daughters.

In general, the initial complaint of most of the families under study centered on difficulties in the family relationship, described as communication problems, symptomatic behavior of the children, and conflicts in relation to parenting practices. In Family 6, for example, the mother complained about her confrontational relationship with her nine-year-old daughter, who, in turn, alleged that she was neither understood nor supported by her mother.

The parents' difficulties in recognizing the singular needs of their children stood out as an issue in a large part of the families, regardless of family structure. At the latent level, such difficulties came to be one of the most precarious issues tied to parenting, insofar as the parents failed to recognize their own emotional unapproachability, characterized by their relative inflexibility in relation to encouraging their children's autonomy and by their lack of alignment with their children's respective rates of development, despite the fact that, in the interviews, the parents often stated that their children needed to grow up. In this sense, their discourses about parenthood and about parenting appeared to contradict each other, as was pointed out by Portugal and Isabel (2005) and Solis-Ponton (2004).

In Family 5, the parents sought advice as to how to deal with their 12-year-old daughter, who suffered from nocturnal enuresis (bedwetting); in turn, the daughter complained about her mother's lack of affection and attention. The difficulties in the mother-daughter relationship seemed to be related to a repetition of the family history of the mother, who felt rejected by her own mother, projecting such an experience onto her relationship with her daughter. In Family 4, the mother complained about her 17-year-old son and her husband, feeling lonely and abandoned by both. She reported that the former refused to participate in household activities and failed to establish proper communication with her and the father, and that the latter spent more time drinking with his friends than he spent at home. Meanwhile, the father believed the mother was contributing to their son's behavior since she always let him have his way, leaving the disciplinary function of imposing limits to the father. During the interviews, the mother realized that she was inflexible and a controller.

We thus observe that the processes of differentiation and of personal development (Noone, 2014) were highly compromised in the families under study, often producing manifestations of low self-esteem in the children. The parents' desire for their children to grow up appeared to be more closely associated with a latent desire to find relief in the termination of the natural vicissitudes in the development of the next generation. In Family 4, for example, the teenage son slept in his parents' bedroom even though there was another bedroom for him in the house. According to Meyer (2014), it is essential to discover the intense emotional patterns in a family's multigenerational history in order to develop maturity and reduce symptoms. Interdependence exists in all families; nonetheless, when it is intense, it leads to rigid patterns of interaction that do little to foster the development of family members.

The results we obtained in relation to parenting difficulties, especially those related to latent marital conflicts, corroborated postulations that parenting

is intrinsically associated with conjugality (Hintz & Baginski, 2012; Menezes & Lopes, 2007; Zannetti & Gomes, 2011; Ziviani, Féres-Carneiro & Magalhães, 2012). In this sense, the nature and quality of a prior marital relationship interfere with parenting, as well as with relationships with current spouses, in the case of stepfamilies.

The fathers and mothers in the present study, who had little trust in each other and showed minimal satisfaction with marriage, required their children to satisfy their own needs, making them an extension of themselves and assigning them the important function of easing family tensions. Hence, our data agree with Satir's affirmation (1976) that the marital dimension has an enormous influence on the nature of family homeostasis, regardless of family structure. Nonetheless, we observed that in married families such an influence appears in a latent manner, thus not being consciously perceived by the spouses. In this light, it is possible to observe the great extent to which the author's constructions regarding this parental mechanism are still current.

The data related to the parents' difficulties in putting themselves in their children's shoes and identifying with and being emotionally connected to them could be related to the fact that the parents had not assimilated, in an integrated and satisfactory manner, the transition from a childlike state to an adult state. In order to become a father or mother, an individual needs to accept the arrival of a third party (the child), altering the prior organization and breaking the couple's symbiosis (Corso & Corso, 2011; Korff-Sausse, 2016). We were able to observe the great extent to which most of the parents were unable to deal with such an arrival, one that corresponds not only to the child's birth, but also to the collapse of a previously established relationship pattern. An example of this was the difficulty the parents exhibited in dealing with their children's growth, the autonomy of the children being a threat to the bonded relationships.

Despite living within the social context of an egalitarian family paradigm, which supposedly promotes the ideal of friendship between parents and children, the families studied were unable to avoid detachment, violence or even lack of dialogue. This substantiates results obtained by various authors (Coelho & Morais, 2014; De Antoni, Martin-Teodoro & Koller, 2009; Minuchin & Fishman, 1984; Silva, 2014; Sulzer, 2014; Valença & Silva, 2011), who stress the great extent to which family boundaries and family hierarchies are indistinct in egalitarian families. Such phenomena can further both the lack of a sense of family cohesion and the confusion of family roles.

We observed that issues related to parenting practices emerged spontaneously in the discourses of several married families. In numerous cases, parent-

ing difficulties evidenced latent marital conflicts. In Family 7, the couple initially sought family therapy due to disagreements as to how to conduct their 16-year-old son's upbringing. The situation became tenser after their son began dating a 14-year-old girl. The girl was the mother of a baby daughter, and the son was bringing both of them to sleep at his home every day. The father was opposed to this, alleging a lack of privacy, for he and his wife had begun sleeping in the living room, giving their bedroom to their son. After several interviews, we perceived that the girlfriend's arrival in the household had exposed the increasing emptiness of the parents' married life, establishing an ill-defined boundary between the marital subsystem and the parent-child subsystem.

In three of the sixteen families interviewed, two of which were remarried and one was separated, the parenting difficulties were directly related to conflicts between the spouses of the previous marriage, conflicts that were also interfering with the current married couple's dynamics. The initial complaint of these families centered on one parent's demands for more time with the children and on the spouses' mutual accusations of parental negligence. What stood out in these three families was the ambivalence of the relationships between the parents and children; at times, the children's complaints in relation to one of the parents seemed to refer to the parent-child relationship; at others, they appeared to be a repetition of the marital quarrel.

In Family 12, on the recommendation of the school, the mother sought treatment due to the aggressive behavior of one of her children. She mentioned the father's intolerance and aggressiveness toward the children, who, in turn, were manifesting intense anger at the parents, expressing the desire to kill them. Subsequent to the parents' separation, the mother began drinking heavily and beating the children with broomsticks. During the interviews, the family was able to reveal, in an incipient manner, the existence of secrets and betrayals in extremely serious circumstances, such as incestuous and abusive relationships. In such contexts, it is common for children to reproduce situations similar to those to which they have been subjected, manifesting the aggressive behaviors they experienced in the household (Almeida-Prado, 2000; Benghozi, 2010).

In the above context, the parental roles were ill defined, thus interfering with the roles of the other family members. Several times, the stepmother and stepfather felt threatened in relation to their standing and functions, undergoing confusing experiences in terms of the roles they should hold in the family group. In Family 13, the initial complaint centered on the children's nervous state and their improper conduct at school. However, they were being subjected to a traumatic situation involving maternal negligence, whereby they had been exposed

to situations of abandonment and abuse. Accordingly, the father was attempting to transfer the maternal function to the stepmother, encouraging shared responsibilities in relation to the upbringing of his biological children; that is, he was seeking to include the stepmother in the maternal role.

In stepfamilies, new members can be incorporated into the family context, whereby it is possible to observe an increase in the complexity of family relations (McGoldrick & Carter, 2001). Remarriage thus implies a redefinition of the family's functions (Wagner, Falcke & Mosmann, 2015; Warpechowski & Mosmann, 2012; Costa & Dias, 2012; Silva, Trindade & Silva Jr., 2012). Along these lines, Bernstein (2002) affirms that establishing the stepfamily's identity requires time for the new couple to be able to reconcile two different parenting styles, given that rules and routines were established previously. In this sense, disagreements can arise as to the children's rearing in terms of how one should refer to the new spouse, the organization of the household, and the limits and boundaries that need to be established between the members of the new family (Valentim de Sousa & Dias, 2014).

In the same-sex stepfamily, the issues were centered on difficulties that are typical of any stepfamily under construction, such as the concomitance of the creation of a marital identity and the experience of parenthood. Although the male parent who had no children felt he was not prepared enough to be a socio-affective father, his male partner required him to fulfill certain parental functions. One aspect alone presented itself as unique to this type of family structure: manifestation of fear of undergoing situations involving prejudice, even within the families themselves (Pontes, Féres-Carneiro & Magalhães, 2015). As the family restructures itself, the construction of new boundaries, ideals and patterns of interaction becomes imperative. Otherwise, the family is susceptible to going through embarrassing experiences and having to keep secrets (Tisseron, 2014).

Based on the results we obtained, and as a result of the ambiguity of boundaries and hierarchical positions in the families, we also perceived the impossibility of experiencing the familial and extrafamilial support systems as protective networks. According to Sluzki (2006), a family's support system is very important for the equilibrium of the family system, establishing itself by way of the family's interactions with relatives outside the family's inner circle and with friends, through work and school relationships, and through the family's participation in the community, via social practices. Nonetheless, it was possible to observe that the support systems of the families we studied occasionally are not seen as a protective resource but as an invasion.

Considering Sarti's conception (2010) of assessing the promotion of well-being in the family system based on the quality of interpersonal ties, it was possible to outline the manner in which families with frayed social ties become more closed and rigid. We recognize that in order to establish a dynamic of equality and reciprocity in a family, based on the recognition of the rights and responsibilities of all of its members, there must be a legitimation of the differences in each family member's way of life. If such a legitimation cannot be reached, the boundaries that delineate the family become excessively porous and instable, so much so that the family's support system comes to be perceived as a threat to the family's way of life.

In general, in the families we studied, one of the aspects that appeared to be most prejudicial to family functioning was the predominance of violent behavior and a constant lack of control of aggressive impulses in family-member interactions. Thus, when the children were unable to recognize their parents as protective, receptive individuals, they experienced difficulties in symbolizing and sharing their suffering, becoming more prone to impulsiveness, which, in turn, contributed to perpetuating the aggressive pattern of family interaction. On the other hand, we also observed that, in the families with frequent situations of violence, one factor that proved to be favorable to the family's emotional health was the "active" conduct of family members to protect themselves and report the violence. Accordingly, we were able to perceive an attempt to recover family stability and necessary intergenerational limits in search of new ways of interacting (Winnicott, 2005; Granjon, 2016).

Conclusions

The present study's results reveal a close relationship between seeking family therapy and performing parenting functions in contemporary families. We were able to observe the great extent to which families that seek therapy exhibit weaknesses in the areas of parenting and marriage, bringing to light the precariousness of the parents' internal processes of caring for themselves and recognizing their own latent needs. It became evident that, in order to have favorable conditions for carrying out parenting, it is above all necessary to foster the development of emotional maturity to be an individual, spouse and parent.

The most significant aspect promoting emotional health identified in the majority of the 16 families studied was the family group's recognition of its suffer-

ing and of intersubjective difficulties related to the desire to modify family inter-action patterns. This reinforces the importance of analyzing health resources dur-ing the preliminary interviews and identifying problem-solving factors, so that the family believes in its capacity for both transformation and reparation, which are part of the integration process.

Unclear family boundaries and hierarchical positions led to flaws in the formation of the family group's sense of identity, values and potentials. Under such conditions, the ability to seek help aimed at exposing the family's vulnerable state must be recognized as a component of family health.

By way of the results we obtained, it was possible to identify factors that are essential to promoting the cohesion and emotional health of the family, such as the parents' potential to be emotionally receptive to their children's needs, clarity in relation to each family member's functions, and the maintenance of boundaries between family subsystems. In future studies, we intend to investigate the repercussions of the deterioration of hierarchi-cal functions and the weakening of familial and social support systems on sibling relationships.

We believe one of the present study's contributions is that it reveals how seeking family therapy proved to be strongly related to the difficulties faced by parents when performing parenting functions, thus highlighting the importance of mature parenting to promoting the healthy emotional development of family members. We also believe that the study's results make important contributions to the practice of couple and family therapy, in which issues related to disturbances in family relationships have become increasingly evident.

One of the limitations of this study relates to the fact that only the period of family interviews was considered for analysis of the demand for family therapy. Consequently, we were unable to assess the therapeutic ef-fects and how they developed during the treatment. Another limitation relates to the instrument we employed: The clinical reports, from which we obtained the data for this study, were prepared by psychotherapists from the various family-therapy teams of the Applied Psychology Services of the institution in which the research was conducted, and not by the research-ers themselves. This could have limited the analyses to a certain extent. We believe that new studies concerning parenting practices and their relation to seeking family therapy should be conducted by family therapists, aiming at encompassing the entire therapeutic process and including an assessment of its effectiveness.

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