

Early Family Life Contributing to Emotional Discomfort in Adulthood: Conversational Psychotherapy Can Help

Running Title: Psychotherapy and mental health: a clinical account

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Abstract

While psychotherapy generally is proven to be effective in alleviating anxiety and depression, a psychodynamic approach to psychotherapy can help patients understand and address the emotional origins of relationship patterns, which can often contribute to difficulties. There is a need however, to commit to a therapeutic relationship and this is sometime met with discomfort and resistance. In such circumstances, moments of insight are possible, allowing a deeper rapport with the therapist, resulting in benefits to all concerned.

Keywords: violence; aggression; couple; networks; knowledge; synapse

Introduction

There are typically antecedents to mental ill-health and sometimes family groups can play a part in establishing and maintaining emotional discomfort.

We generally internalise family dynamics along with patterns of communication and they can be played out in different work, social and romantic settings. Often, they are unspoken, revealing themselves in attitudes, assumptions and behaviours, which sometimes result in emotional discomfort in relationships.

This is typically referred to as the recapitulation of a family group (Yalom, 1983).

Occasionally, stepping back from an uncomfortable social or family dynamic (even temporarily) can help. However, psychotherapy can allow a deeper understanding of feelings and behaviours perplexing to ourselves and others.

Conversational psychotherapy allows us to identify potential triggers to anxiety or low-mood and recognise repetitive, but unhelpful, patterns of relating to others established in early, and sometimes continued throughout, family life. Difficulties in early childhood development can cause disruptions in emotional attachments – necessary to satisfactory adult relationships (Bowlby, 2008)

To illustrate;

Clinical account

Helen (not her real name), following surgery for weight management, developed a compulsion for meeting men for sexual purposes. Her marriage was deteriorating and she sought psychotherapy. During assessment it became apparent that she had experienced a disorganised childhood, spending long periods in hospital with irregular family visits.

Subsequently, she had developed an insecure attachment style, in which caretakers could not be trusted or viewed as constant. For Helen, becoming close to others would lead to disappointment, vulnerability and hurt.



Helen had learned throughout her family life that people were unreliable and subsequently she replaced the comfort and love of others with food and later sexual relationships that did not demand emotional attachments.

This unspoken communication became a dynamic in our consultations – becoming close (her desire) and moving away (her fears and anxieties aroused). This dynamic, established early on in our meetings, meant that meaningful discussions concerning Helen's life were difficult to maintain.

Helen would raise a topic of concern to her, only to become flippant and dismissive of my responses. This style of conversation gave the impression of being pulled in and then instantly pushed away.

Back then, out there, in here

In psychological terms, attitudes and expectations established in childhood, recurred in Helen's current relationships and showed themselves in psychotherapy. It was as if each consultation was our first time of meeting.

Helen would joust and banter with me, avoiding examining her situation in any depth and not allowing therapy to progress. She would reject my comments regarding the impact this way of communicating may have on herself and others.

Inviting contact with others, Helen would later feel angry and anxious - scorning social intimacy and closeness. When others inevitably withdrew, she would experience feelings of abandonment, hurt and rejection. This was a pattern repeated throughout all her relationships.

During one consultation, early on in therapy, Helen became emotional while recounting an event in life concerning her sense of feeling abandoned by her family. She asked, seductively, if I would go and get her a cup of hot chocolate. I agreed and while drinking the chocolate, she immediately settled.

I suggested, tentatively, that although I was available, to sit with her during this period of discomfort, I was replaced with the drinking chocolate (oral) and that this was much like her relationships - unable to trust the comfort provided by another and replacing a person with the comfort of food.

Following my remark, Helen became softer, warmer and more engaged. She commented that 'a light had just switched on in her mind.' We were, from that point, able to become closer to her need for emotional connection and explore the anxiety this invoked - causing her to become stormy and withdraw from close relationships.

She was also better able to understand ways her behavioural changes and unspoken communications would mystify others, in turn, bringing about their withdrawal - causing Helen to feel unwanted.

Helen began to recognise the patterns established early in her life and lasting into adulthood – a blueprint, unconsciously, repeated and the cause of much emotional pain – including confusion in her marriage.

From this critical point in our relationship, Helen was able to use our time together to address her difficulties effectively.

Fundamentals of psychotherapy

Psychotherapy concerns regular weekly consultations arranged at the same time, same consulting room and same duration. – fifty minutes. This is intended to provide a safe psychological space and a sense of constancy for patients, while allowing the therapist time afterwards to think over the process of consultation. This is typically referred to as the therapeutic hour.

Much like Helen, with regards to disturbances in early development showing in adult life, the regularity of arrangements bestows a sense of safety and security from which to develop rapport and begin to, appropriately, trust another person - closely linked to attachment theory.

Conclusion

There are possibilities to recognise attachment styles and patterns of communicating, established in early childhood yet influencing adult relationships in unhelpful ways. Psychotherapy can permit a greater awareness of the causes of emotional distress and encourage the necessary changes for more comfortable and productive relationships with oneself and others.

References

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