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# Relational Family Therapy in Theory and Practice

## 1. Human in relational matrix

A human being is, in his essence, a being of relationships, a being of dialogue, which is why everyone, consciously or subconsciously, unceasingly longs for a relationship

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with others. We, therefore, claim that every relationship contains a potential space between You and I, where the most significant dimensions of human experiences are created. 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 subtle fibres of our being, we are marked by a relationship with the other. The dialogue and the relationship between the person and fellow person are, thus, also the fundamental bricks of human psyche since, this dialogue and this relationship are the essential material from which the human psyche is created. The establishment of a functional relationship among the family members is therefore a basic need of every human being and that is exactly what the Relational Family Therapy theory and practice advocates<sup>1</sup>. 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<sup>2</sup>.

Our primary relationships, the ones we experience in our families of origin, mark us profoundly; especially those laced with affects such as fear, anger, happiness,

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<sup>1</sup> R. Cvetek, K. Kompan Erzar, T. Erzar, C. Gostečnik, *Relational family therapy*, in: J. Savege Scharff, D. E. Scharff (eds.), *New paradigms for treating relationships*, Lanham 2006, Jason Aronson, Rowman & Littlefield, p. 51–61.

<sup>2</sup> C. Gostečnik, *Neustavljivo hrepenenje*, Ljubljana 2006, Brat Frančišek in Frančiškanski družinski inštitut.

sadness, shame and disgust, all of which are biologically based emotions<sup>3</sup>. These affects and emotions form the particular flavor of the family atmosphere; not only do they connect us, but they also become the fundamental motivational force for relating in all human relationships, especially intimate ones. It could even hold that people then proceed to spend their lives searching for this same emotional ambience; that is, we search for these very affects or strive recreate them. It also follows, that, the body is the focal instrument, providing the birthplace for love, yearning, the capacity for transcendence and sacredness. Modern analytical relational theories, such as object relations theory, self psychology and interpersonal analysis all contributed to this line of thought, as did Bowlby's<sup>4</sup> attachment theory, which forwards the concept of "attachment" as a comprehensive attempt to place human relationships as fundamental. These theories maintain that children, right from the start are entirely connected and physically dependent upon their mother. The mother in these critical and early years is a primary stimulus to whom the child will turn bodily, emotionally and behaviorally<sup>5</sup>.

## 2. The basic premises of the relational family paradigm

### 2.1. Relational mechanisms: projective-introjective identification and repetition compulsion

The analytical concepts of projective-introjective identification and repetition compulsion are dynamics inscribed into the very core of human psychic experience and functioning. They fundamentally connect elements of human experience at the intrapsychic, interpersonal and system levels. These two concepts are key mechanisms with which we can explain and understand the relational family paradigm of human behavior. They are mutually connected: so that the projective identification can be triggered only with the help of repetition compulsion, which cannot be actualized without projective and introjective identifications<sup>6</sup>.

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<sup>3</sup> A. N. Schore, *Affect regulation and the repair of the self*, New York 2003, W. W. Norton & Company.

<sup>4</sup> J. Bowlby, *Attachment and loss: Attachment*, New York 1969, Basic Books.

<sup>5</sup> C. Gostečnik, R. Cvetek, T. Repič Slavič, T. Pate, *Sanctity of the body and the relational paradigm*, "Journal of religion and health" (2014).

<sup>6</sup> C. Gostečnik, T. Repič Slavič, M. Cvetek, R. Cvetek, *The salvational process in relationships: a view from projective-introjective identification and repetition compulsion*, "Journal of religion and health" (2014).

Projective identification is an intrapsychic and interpersonal phenomenon. This intrapsychic process first occurs within individuals who, in their minds, experience a certain aspect of the self which, to them, is unacceptable. Hence they try to control it by projecting it onto the intrapsychic image of the other. The subject behaves so as to provoke certain affects in the other, that is, the other may behave in strange and unusual ways under the influence of the subject's projections. This unconscious process inevitably awakens unwanted emotions and anxiety in the other<sup>7</sup>. From the relational point of view, what occurs is that conflicted individuals will pass on their unresolved and unbearable mental contents to others, unconsciously hoping that these other individuals will, if not resolve, then at least cache these contents, so that they no longer torment them<sup>8</sup>. The subject, driven by an unconscious desire to get rid of painful affects, provokes or triggers in the other behaviors, thoughts and feelings which are usually strongly emotional but not necessarily destructive. This transference occurs unconsciously, that is, both participants in this projective-introjective drama are unaware of this process, but they are aware of the morose atmosphere that can arise between them<sup>9</sup>.

Introjective identification is the term used for the mechanism describing the acceptance and internalization of the other's projected affects. It is essentially a psychic matter, an interactive and unconscious embodiment of another person's inner states. Introjective identification is the fundamental mechanism of projective identification. Through introjective identification, others can accept the subject's projected identification or the others make an effort to accept, preserve and work through all the contents and feelings that the subject ascribes to them<sup>10</sup>.

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health" 48 (2009) 4, p. 496–506.

<sup>7</sup> C. Gostečnik, T. Repič Slavič, M. Cvetek, R. Cvetek, *The salvational process in relationships, a view from projective-introjective identification and repetition compulsion*, "Journal of religion and health" 48 (2009) 4, p. 496–506.

<sup>8</sup> C. Gostečnik, *Psihoanaliza in religiozno izkustvo*, Ljubljana 2005, Brat Frančišek in Frančiškanski družinski inštitut.

<sup>9</sup> J. Savege Scharff, *Projective and introjective identification and the use of therapist's self*, Northvale 1996, Jason Aronson.

<sup>10</sup> C. Gostečnik, T. Repič Slavič, M. Cvetek, R. Cvetek, *The salvational process in relationships: a view from projective-introjective identification and repetition compulsion, a view from projective-introjective identification and repetition compulsion*, "Journal of religion and health" 48 (2009) 4, p. 496–506.

Projective-introjective identification is always a process. The first stage is always projection. Whether it then remains a projection or becomes a projective identification depends on the response at the second stage, which would mean that the projection had a certain influence on the other. If the other, at whom the projection is directed, does not respond to it and does not identify with it, this process remains only at the stage of projection. If the only other, upon which the projection has an influence, is an inner psychic image, then this process remains in the intrapsychic sphere. It is only when an external other is the object of the projection and one who responds to the projection either passively or actively that the projective identification enters the interpersonal dimension. In the process of mutual projective identification, the subject and the other can simultaneously project parts of their mental contents onto each other. If the dynamics of this process take place without further ado, the process of projective identification can spread from the intrapsychic and interpersonal to a multi-personal dimension. Ultimately, it can become a complex of processes in which two or more subjects subconsciously project parts of themselves onto others, at the same time, accepting the others' projections and identifying with them<sup>11</sup>.

The relational family paradigm adds the concept of repetition compulsion to the process of projective-introjective identification, by claiming that the projection of an intrapsychic state or conflict onto another person is a phenomenon whose role is to consolidate and preserve a certain level of an individual's intrapsychic, intersubjective and system functioning. Compulsive repetition of the basic models of interpersonal interaction and communication, that is, the repetition and recreation of adverse situations, traumas and behavioral models in people's personal and interpersonal behavior, thinking and feeling has long presented a great challenge for philosophy as the foundational discipline, which in the course of history has established the conceptual basis for many humanistic sciences<sup>12</sup>.

## 2.2. Basic affect

The relational family paradigm presupposes that an individual's psychic structure is marked and all intertwined with the most intimate fibres of this basic affect, i.e.,

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<sup>11</sup> J. Savege Scharff, *Projective and introjective identification and the use of therapist's self*, Northvale 1996, Jason Aronson.

<sup>12</sup> C. Gostečnik, T. Repič Slavič, M. Cvetek, R. Cvetek, *The salvational process in relationships, a view from projective-introjective identification and repetition compulsion*, "Journal of religion and health" 48 (2009) 4, p. 496–506.

above all, with the relationships in one's earliest experience which are anchored deepest in the human psyche and keep appearing in later relationships<sup>13</sup>. The more these relationships are traumatized, the greater is the inner psychical endeavor to repeat them with all the essential feelings that pervaded this early relationship, all this with the intention to be resolved or saved. It is a fact that the experience in early youth and, particularly, the fundamental affections such as anger, sadness, fear, disgust, joy and shame are created again because of the need for preservation, continuity, connectedness, a belonging to the personal world of relationships and a familiarity offered by the known forms of relationships which therefore always carry a hope and an unrelenting longing for something fresh, different and new<sup>14</sup>.

### 2.3. Affective psychic construct

In relational family therapy, problematic behavior is named 'psychic construct', which is reflected in or by one or more family members, and is always a reflection of an aching and sometimes quite traumatic experience, especially a conjugal relationship. This is why, one of the members of a child's system can become, the so-called, 'identified patient' or the "scapegoat". The concept of a "scapegoat" is a general anthropological phenomenon, for the rites of sacrificing a "scapegoat" can be traced back to antiquity<sup>15</sup>.

Relational family therapy also presupposes that disturbances in early relationships with parents are those that seriously influence all later relations, not in the sense of frozen infantile needs in a certain period, but by forming the complex process of creating the affective psychic construct, on the basis of which the child later perceives the interpersonal world. On the grounds of this affective psychic construct, the individual then, later in life, again and again recreates these old system relational models which have an essential influence on the affective regulating system, as one great longing cry for different relationships, and therefore for redemption. Affective

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<sup>13</sup> C. Gostečnik, *Neustavljivo hrepenenje*, Ljubljana 2006, Brat Frančišek in Frančiškanski družinski inštitut.

<sup>14</sup> R. Cvetek, K. Kompan Erzar, T. Erzar, C. Gostečnik, *Relational family therapy*, in: J. Savege Scharff, D. E. Scharff (eds.), *New paradigms for treating relationships*, Lanham 2006, Jason Aronson, Rowman & Littlefield, p. 51–61.

<sup>15</sup> R. Cvetek, K. Kompan Erzar, T. Erzar, C. Gostečnik, *Relational family therapy*, in: J. Savege Scharff, D. E. Scharff (eds.), *New paradigms for treating relationships*, Lanham 2006, Jason Aronson, Rowman & Littlefield, p. 51–61.

psychical constructs are only a compromise in our inner psychical constellation (and also in the marital and family constellation), i.e., only a deference and a transfer of painful psychical contents to another person. Because inner pains can be too great and an individual cannot yet face them, the psyche creates an affective psychical construct which can be manifested, for example, as a certain phobia, psychosomatic illness, drug or alcohol abuse, marital conflict, uncompassionate parenthood<sup>16</sup>.

Affective psychical construct is the deepest and strongest driving force of every dysfunctional relationship. The construct becomes an essential component part of the affect regulative system which leads an individual into relationships where this affective system is created anew. An individual denies and splits off all these painful parts of his/her psychical structure, but he/she, later, through the mechanism of projective-introjective identification, transfers them to another or splits off, transplants and implants them into another. This is why an albeit new relationship, which an individual, at least in the beginning, feels and thinks is completely fresh and entirely new, is very like the affective relationship originally present in early development when an individual's psyche was constituted. It can, of course, also be a consequence of trauma since, in all its plasticity, it, too, promises a relationship and a belonging, depending on which of the affect was impressed deepest into an individual's psyche. Therefore, in each individual, and in each individual relationship, the same or a similar affect can be manifested differently within the system<sup>17</sup>.

## 2.4. Affect regulation

Regarding problematic behavior, we must also mention the dynamics of affect regulation. It is a behavior regulation or the correction of the inner impulses of each individual, couple, family and sometimes even whole societies. For example: parents are to regulate aggression, debauchery and the general inappropriate behavior of their children. If they cannot achieve a satisfactory solution, they have to seek help from others or an appropriate institution has to step in. When they are not able to achieve this or decide to face this problematic behavior, it is clear that the inappropriate behavior begins to regulate the matter. Although they do deal with this problematic

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<sup>16</sup> C. Gostečnik, T. Repič, R. Cvetek, *Redemptive experience in relational family therapy: a Christian perspective*, "Journal of religion and health" 47 (2008) 3, p. 386–397.

<sup>17</sup> C. Gostečnik, T. Repič, R. Cvetek, *Redemptive experience in relational family therapy: a Christian perspective*, "Journal of religion and health" 47 (2008) 3, p. 386–397.

child again and again, they do not solve the problem because they would then have to face themselves and that could be too painful and dangerous<sup>18</sup>.

Affect regulation refers to the ability to modulate the power and expression of feelings and stimuli in an adaptive manner. Most children learn to regulate their emotions naturally through secure attachment relationships with sensitive and responsive parents. The ability to regulate affects and become emotionally attuned with another depends on early interpersonal experiences and the development of specific regions of the brain, primarily the orbitofrontal cortex and the integration of the left and right hemispheres by the corpus callosum. The orbito-frontal cortex is largely responsible for the functions of conscience development and empathy, both crucial to maintaining a coherent integrated sense of self across time and the ability to engage in affect attunement with significant others. Parents who abuse their children tend to be less interactive, playful, and relaxed in their relationships with their children, often reacting to their children's expressions of emotion and stress incongruously, even in a rejecting manner. In effect, they are unreliably available and active in the myriad of emotion-regulating processes which all children undergo. By not providing sensitive responsive interactions, and thus opportunity for interactive repair, they induce long-lasting and intense negative affective states<sup>19</sup>.

### **3. Three levels of human functioning: systemic, interpersonal and intrapsychic**

Relational family therapy represents a synthesis of relational theories, including the integration of system theory and interpersonal psychoanalysis, object-relational theory and the fundamental notions in self psychology. Those theories 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. 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

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<sup>18</sup> R. Cvetek, K. Kompan Erzar, T. Erzar, C. Gostečnik, *Relational family therapy*, in: J. Savege Scharff, D. E. Scharff (eds.), *New paradigms for treating relationships*, Lanham 2006, Jason Aronson, Rowman & Littlefield, p. 51–61.

<sup>19</sup> A. N. Schore, *Affect regulation and the repair of the self*, New York 2003, W. W. Norton & Company.



defense mechanism which so aptly sustains the affective psychical 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. 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 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 which 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. With the help of self psychology, relational family therapy focuses on the development of an individual's self and her/his intrapsychic images, all of which were created on the basis of primary relationships in her/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 towards oneself and others. It is also a matter of the affect regulation system which so presently directs an individual's perception of herself/himself, as well as of others, and which through the projective-introjective identification mechanism sustains certain primary affective tones of self-perception, ones which may perceivably be completely destructive and might need to be created anew<sup>20</sup>.

#### **4. The meaning of therapeutic relationship and therapy as a place of salvation**

Relational family therapy places the relationship at the centre of therapeutic work, which is by all means transformational and makes possible the change of basic relational structures. We could say that relational family therapy ascribes great significance to broadening the mind and securing the missing early experiences,

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<sup>20</sup> C. Gostečnik, T. Repič, R. Cvetek, *Potential curative space in relational family therapy*, "Journal of family psychotherapy" 20 (2009) 1, p. 46–59.

but, still more, this model builds and founds its work on establishing new, different relationships and new different experiences in an individual's system relational world as well as in the system itself. But it is not merely a matter of corrective experiences and repairing the old, unfinished development processes, but also of understanding the fundamental relationship pattern that an individual lives in, and of changing these fundamental relationship patterns. Here, there is a potential space for the most various of therapeutic processes which, in different ways, stimulate changes by emphasising different dimensions of the system relational matrix such as: the organisation of the I, object attachments, transactional models, system structure and transaction. All this can, on the basis of relational family therapy or model, lead to a change which is primarily founded on recognition of and, later on, changing, these elements. The patient must first experience these elements in all their depth and then there can follow a change in relations, precisely on the basis of a deeper understanding of "why my world is such as it is" and "what are the basic presuppositions of this world which for me perhaps do not hold at all any more", but they therefore carry the deepest, longing elements for salvation<sup>21</sup>.

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 co-creator of a relationship that really heals. It is a matter of organizing the 'I' in a therapeutic situation in a different way; and it is precisely this relationship that enables individuals to fully discover, re-establish 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 their experiences, which were

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<sup>21</sup> R. Cvetek, K. Kompan Erzar, T. Erzar, C. Gostečnik, *Relational family therapy*, in: J. Savege Scharff, D. E. Scharff (eds), *New paradigms for treating relationships*, Lanham 2006, Jason Aronson, Rowman & Littlefield, p. 51–61.

unknown so far, but which have unbeknownst to them, guided and regulated their interactions and transactions<sup>22</sup>.

It is precisely in this extremely painful dynamics that components for change and transformation can be identified, for it is exactly these so very aching relationships that carry within them elements of a longing for something new and thus also a promise of salvation. It is relationships that can entangle individuals, spouses, families and also whole societies into the most painful traumas and complications, but they can also save and redeem<sup>23</sup>.

## 5. Relational Family Therapy model in practice

Relational family therapy approach is aimed to reveal the basic affect, which has the leading role in relationship dynamics on all three levels of functioning: systemic, interpersonal and intrapsychic level. The structure of these relationships is often established at a very early age or is created by some traumatic experiences. Individuals, later in life, unconsciously strive for the same model of relatedness, because this is the only model that is familiar and therefore promises hope for its salvation in new relations with others. Relation family therapy offers a different way in which it is possible to change affective psychic constructs and new set of relations at all levels<sup>24</sup>.

At the systemic level, we look at the problem dynamics of the whole family system. The therapist will want to know what is happening in the family system, what kind of patterns of relationships, rules, roles and limits the system has.

*TH (Therapist): Madam, if I understood correctly, you have called because you and your husband have some problems with your son?*

*W (wife): Yes, it seems to me that we've really lost control over him. We didn't know what else to do because everything is just going too far.*

*TH: What is going on?*

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<sup>22</sup> C. Gostečnik, T. Repič, R. Cvetek, *Potential curative space in relational family therapy*, "Journal of family psychotherapy" 20 (2009) 1, p. 46–59.

<sup>23</sup> R. Cvetek, K. Kompan Erzar, T. Erzar, C. Gostečnik, *Relational family therapy*, in: J. Savege Scharff, D. E. Scharff (eds.), *New paradigms for treating relationships*, Lanham 2006, Jason Aronson, Rowman & Littlefield, p. 51–61.

<sup>24</sup> B. Simonič, T. Rahne Mandelj, R. Novšak, *Religious-related abuse in the family*, "Journal of family violence" 28 (2013) 4, p. 339–349.

*W: He's aggressive and I don't know what else he will do. He's smashing things around the house. It is not permissible to go in his room and I don't know what he has in there.*

*TH: It is a situation with an enormous feeling of fear, which is simply out of control.*

*W: Yes.*

*TH: A feeling of helplessness. How do you, sir, experience this situation?*

*H (husband): Do you mean my son?*

*TH: This situation about which your wife just talked about.*

*H: Well, I don't know, I mean ... I feel ashamed, because we should talk about this at home, not here. Well, I don't know, I don't think it is so bad. Well yes, he breaks up things here and there ... I think she should deal with it.*

The problem of the system reported by the parents is the problem of son's aggressive behavior. The son is in this case the "identified patient", his aggression and uncontrolled behavior are symptoms through which he expresses the distress of the whole family system. Parents transfer, by the mechanism of projective identification, into the son their own deep and painful affects, which are part of their relationship, their psychic structures and are too painful to be met and regulated in a functional way. The son, as the identified patient with his behavior, diverts attention from these painful contents and thus becomes the "scapegoat". For parents it is safer to deal with him than to confront their conflict and distress, which is reflected in feelings of fear, helplessness, anger, guilt and shame of the current situation.

Since the issue is part of a deeper dimension of the individuals as well as the whole family, further strategy is directed in the relation between individuals. The therapist wants to know, what the meaning of the certain relationships (the interpersonal level) is. The dynamics that take place here is the reflection of past relationships lined with affective psychic construct and basic affect that both influence the atmosphere.

*TH: Your son just gets out of control ... Where have you lost your control? How is it with control in your relationship? What is your son talking about?*

*H: Well, he's behavior started since he's become a teenager... and I don't know what he wants, needs, what he would like to say ... and the same is with these aggressive reactions ... It doesn't help, if I yell at him. And afterwards we start arguing.*

*TH: And you find yourself in such enchanted circle.*

*W: Yes.*

*TH: When no one can stop it and when everyone is totally helpless, we just wait ... What do we wait for here? Who will calm us down? Perhaps do we wait for a father, who will say "It's enough! I understand your distress, but it's OK, just calm down." Who in your life didn't know how to calm you down?*

It has become obvious that husband and wife have conflict in their interpersonal relationship. It is marked with a loss of control and helplessness, which is projected

into their son. The son is acting out things that actually have place in parental subsystem. If we add, here, the mechanism of repetition compulsion, which means constant repetition of the emotional dynamics, then constant interpersonal conflict is like the vicious circle of anger, loneliness and helplessness.

This painful emotional content is constantly acted out in the present affective dynamics and thereby reproduces an already known atmosphere from the past. Because this emotional content is difficult to bear, the individual unconsciously finds a way, where this is more manageable. All this will repeat until deep pain and sorrow will be heard and resolved.

When the dynamics cannot be explained and understood by the understanding of interpersonal relationships, the therapist tries to get deeper into the intrapsychic level, where he searches for the basic affect that leads all other actions, attitudes and accompanies images of self, relations and objects. This feeling is very familiar to the individual, because it had been already present in relations that promised relatedness with significant others and therefore survival. Any interruption or loss of these feelings could mean an immense fear and threat that will last forever.

*TH: Did you wish that, but couldn't handle it?*

*H: What?*

*TH: To get mad and kick something or just lock yourself in your room ...*

*H: Yeah ... I wanted to do that, yes.*

*TH: Why didn't you? Because it was not allowed or because you were to scared?*

*H: Because no one would hear.*

*TH: And who should hear that?*

*H: Well ... at least my mother. Father was not even at home.*

*TH: And you just gave up. Did you know that it was not even worth it?*

*H: Yes, because then I had to survive it alone.*

*TH: And now, here is your son ... He can be mad ... He has a father. And he has not given up yet.*

*H: Yes.*

*TH: In what ways did you feel like your son? ... When you were as old as your son is now ... He can be mad, but you couldn't.*

*H: Yes. But that puts me in a total distress.*

*TH: Your father was not there, he was gone ... How many times did you have to leave here?*

*H: Yes, because I do not know what I should say to my son.*

*TH: And you say to your wife that she should do something ... You wished back then that your mother would come, but more than mother, you wished that father would have been there. Your father was not there.*

*H: No, because he was at work.*

*TH: And when he came home from work, where was he then?*

H: Well then ...

TH: It hurts very much.

H: Yes.

The husband's experiences from childhood were marked by the absence of his father. When he talks about that, he is gradually becoming aware of his painful feelings of loneliness, despair and rejection. As his father left him,, so does he withdraw and his son remains without a father. The son's behavior is a call for the father. The basic affect is loneliness, which is transferred to the interpersonal and systemic levels by the projective identification mechanisms and compulsive repetition.

On this basis of this affect, affective psychic construct of helplessness, despair and anger is based. By understanding this basic painful affect and the fact that nowadays he has the strength to stop and make a change, he can regain contact with his son and can stay connected with his wife.

## 6. Conclusion

In searching for the basic affect, the therapist in relational family therapy is like an archaeologist, for he/she tries to discover an individual's historical dimensions which are most deeply imprinted in an individual's psychical life. We are concerned with an individual's intrapsychic world which carries the basic delineations of his/her affective world. The essential elements of this fundamental affection, which is established in the primary relationships in childhood, and only later receives the cognitive, behavioural and emotional components of experience, are imprinted onto a child's psyche in a completely organic manner. All these mental contents lead the individual, in a completely subconscious and in the most plastic manner, to a promise of contact, relationship and thus a belonging without which an individual would not be able to survive. All these contents also carry the fundamental longing for a resolution, yearning for something new and fresh<sup>25</sup>.

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<sup>25</sup> R. Cvetek, K. Kompan Erzar, T. Erzar, C. Gostečnik, *Relational family therapy*, in: J. Savege Scharff, D.E. Scharff (eds.), *New paradigms for treating relationships*, Lanham 2006, Jason Aronson, Rowman & Littlefield, p. 51–61.

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