

THE TRANSFORMATIVE CHANGE TOWARDS THE REUNION OF THE MARITAL MODEL - CLINICAL CASE STUDY

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Abstract: Background: The family as an open system is characterized by transformative processes, in a context of complexity and contextuality. Conjugality, in particular, allows the validation of identity, legitimized in the discovery of the other and achieved through the mutual function of relational help. Its processes are associated with the continuity of a satisfactory relationship, perceived as supportive in its multiple aspects, which are interconnected.

Objective: Reflectively describe the therapeutic process, discussing new possibilities and therapeutic resources.

Methodology: Exploratory-descriptive study, using the clinical case study as an empirical and theoretical approach. The technique used was analysis centered on the context of the action and a set of resources centered on the strengths and potential of the family were used in the co-constructed therapeutic process as strategies aimed at solving and changing the system.

Results and Conclusion: Integrative strategies of different theoretical and operational references were developed and the transformative change of the couple made it possible to control their relationship, differentiate with the extended family and decide on the itinerary of their development.

INTRODUCTION

The family as an open system is characterized by transformative processes, in a context of complexity and contextuality.

The marital subsystem, constituted by the couple, whose co-construction of conjugality influences the interactions established in the family as a whole, establishes itself as a relational model in the expression of effectiveness and conflict management. Their tasks begin with reconciling different values and deciding on aspects of daily family life, also enabling the management of external

tensions and growth of its members, through emotional support (Simor et al., 2023).

In effect, conjugality allows the validation of identity, legitimized in the discovery of the other, achieved through the mutual function of relational help. The marital space is configured as the most appropriate space for each individual to fulfill their needs for affection, loyalty and emotional and sexual intimacy and simultaneously a resource in the face of external demands (Driver et al., 2016). The lives of many couples are punctuated by conflicts, which usually allow both partners to coexist in the presence of individual beliefs that differentiate them (Elkaïm, 2017).

In this framework, Figueiredo (2012) associates the processes of conjugality with the continuity of a satisfactory relationship, perceived as supportive in its multiple aspects, which are interconnected.

Supported by a constructivist onto-epistemological matrix, centered on creativity and co-evolution, a clinical case is presented of a couple who perceive themselves as having marital problems, assuming that they are the result of conflicts with their family of origin.

Aiming to redefine the life project, as a dyad, the therapeutic process will be reflexively described, discussing new possibilities and therapeutic resources.

METHODOLOGY

The study is based on Systems Thinking (Vasconcellos, 2002) as an epistemological reference and on ecosystem theories such as Complexity Theory, General Systems Theory, Cybernetics, Human Communication Theory, Autopoiesis Theory and the Biology of Cognition.

Exploratory-descriptive study, using the clinical case study as an empirical and theoretical approach. The technique used was analysis centered on the context of the action, which emerged from the interactional

reciprocity of the therapeutic system, supported by the Appreciative Inquiry (Charepe et al., 2012).

In the co-constructed therapeutic process, a set of resources focused on the family's strengths and potential was used, with strategies aimed at solving and changing the system. A collaborative approach was introduced with the family, characterized by procedural co-evolution.

The study was authorized by the Ethics Committee of the institution where it was carried out on 12/13/2019 (120/CE/JÁ).

RESULTS

COLLABORATIVE THERAPEUTIC PATH

The case described refers to the family assessment and intervention developed within the scope of providing family health nursing care. Consultations were carried out during 2020, totaling ten. Members of the couple were present at all sessions.

Considering systems thinking (Vasconcellos, 2002) as an epistemological reference, the methodological paradigm that supports it is based on the conceptual and clinical assumptions that support the evolutionary path (Figueiredo et al., 2011). There is something in all systems that makes them work; family systems/subsystems remain functioning; reality is co-constructed and multiverse; the language used creates reality – the retelling of the story; families and their subsystems are more confident about the future (unknown) when they emphasize the best of their past (known); It is important to value differences.

To present the results, a strategy was chosen that simultaneously integrated the couple's narratives and their interpretation, based on theoretical references that inform systemic thinking.

The interdependence between the different techniques used is highlighted, also considering the recursive circularity between the various stages described here, referring to the interactional and conversational therapeutic process.

THE COUPLE: HISTORY AND DOMINANT NARRATIVE(S)

The genogram of the family designated by F (Figure 1), represents the family composition, type of family, family transitions and significant events, translating a transgenerational and co-evolutionary perspective.

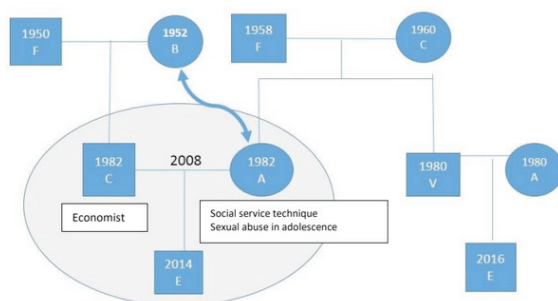


Figure 1 - Genogram of Family F

Family F is made up of couple C, male and A, female, and their son, E. Characterized as a nuclear family (Figueiredo, 2012) since none of the couple's members had a previous marital relationship, nor any children. of previous relationships.

C and A have been married since 2008, totaling, at the beginning of the therapeutic process, 8 years of cohabitation. Regarding their marital relationship, they state that it has deteriorated, due to the focus on the functions inherent to the parental role and the conflicts that have arisen between A and C's parents, since E's birth, in 2014.

With regard to the extended family, both members of the couple come from nuclear families, with C being an only child and A having a phratry of 2 members.

The intensity of contact is more frequent

with A's family of origin, with perceived conflicts with C's family of origin being the reasons given for this greater contact. A reports that parents help in certain specific areas of family functioning, in particular staying with E during the couple's working period.

Regarding social class, the family is positioned in the upper-middle class, according to the social notification by Amaro (2001), based on the Graffar Scale. Items related to C and A professions (middle manager and middle management), education (degree for both), origin of family income (certain income), type of housing (very spacious and comfortable house) and place of residence (good place), to obtain the score.

The interaction of couple members with broad systems focuses on leisure activities with common friends, showing a decrease in the frequency with which they spend time with them: "Since E's birth we haven't had time (...). A went out sometimes, but I don't (...) I don't want to leave E, overnight, with my parents". When it comes to work, C describes the bond with his institution as strong, while A positions himself as an intermediate bond. They both declare that they do not have any interaction with other people or institutions that they consider significant and/or that they distinguish as elements of their social network.

With regard to internal resources related to the individual characteristics of the couple's members, the dominant narrative is emphasized, about what they "had" and what they "have" as a couple:

"We had love, affection, understanding, complicity, friendship, respect, attraction, trust (...) now there is nothing (...) he is just fine with his parents and work" [A]

"What I want is a normal life and I don't want to live in constant conflict" [C]

THE TRANSFORMATIVE MULTIVERSE OF THE THERAPEUTIC PROCESS: FROM ASSESSMENT TO FOLLOW-UP

The request for consultation had been made by A, the reason given was the fact "*that the marriage did not live up to the expectations we had, with there being no dialogue either about daily life or about ourselves (if there is).*"

In the first session, with both members of the couple, A clearly expressed the desire that outsiders do not continue to transform the couple's relationship, mentioning the fact that relations with her in-laws are not peaceful, which she considers to be their sole responsibility and that of their husband. Reports: "When E was born, there was a danger of getting an infection and they told me at the hospital not to let anyone kiss him (...) my in-laws didn't understand and from then on it was the end (...) even my family says bad things".

C agrees that there was excessive interference on the part of both parents when E was born. He says he understands because he is the only son and naturally his parents would love to spend time with their grandson.

They constantly evoked relational and communicational patterns with families of origin, as if they were antagonistic models, which prevented the creation of a consolidated "us". The conflict with C's parents seems to become a relational and meaning dispute between the members of the couple.

The hypothesis defined by Palazzoli et al. (1978:118), as "*the formulation by the therapist of a hypothesis based on the information he or she has regarding the family*", allows establishing a starting point for the therapeutic process, as well as the possibility of verifying the validity of this same hypothesis, based on specific methods and techniques. The following systemic hypothesis was proposed:

Are the conflicts between the couple,

attributed to the dysfunctional interaction between A and C's parents, since E's birth, intended to maintain the couple's preferred transactional pattern, aiming to prove the impossibility of each acting differently?

The consolidation of processes, such as differentiation in relation to families of origin and the construction of a balance between conjugality and individuality, appears to be unclear, also requiring validation of the desire to maintain the family project (Egeli et al., 2013). These hypothetical premises relate the extended family system to the problems that the couple presents. They fit into the transgenerational vision of the family that defines healthy families as those that present: a notion of a whole that does not impede the notion of an individual, a transgenerational vision of family values; intergenerational barrier related to limits; freedom and flexibility in choosing family roles; flexible distribution of power that allows individual differentiation to be expressed; play together; cycles of regression and reintegration; problem solving through dialogue about rules, myths, realities and hopes; identity crises; which is influenced by the evolving outside (Jones, 2004). To confirm the systemic hypothesis, intending to integrate the present, using the past to build the future, we began by defining therapeutic objectives, after the shared validation of the problem stated by the couple.

According to the narratives described in the figure below (Figure 2), family is something valued by both, although problem solving is perceived differently.

Somehow, C's representations are integrated into: "What can I do to feel better in the marital relationship", while for A the relationship and the marital model will depend mainly on what others can or cannot do. The therapeutic conversation about the results obtained intended to produce hope, by identifying strengths, normalizing difficulties,

highlighting consensual convictions and beliefs, related to valuing "being in the family". As the objective of the symptom appears to be to maintain the homeostatic balance of the marital system, the intention underlying its maintenance was positively connoted.

Having as support the categories defined by Rivero & Marujo (2001): Deep meaning of conjugality; Communication; Satisfaction and Appreciation/gratitude, the members of the couple were asked to individually, for a week, record something that, for them, was in line with the statement: "What makes me think that I would like to spend my whole life with..."

C prepared a sheet to be filled out by the two, daily, with the subtitle "record an event in which you feel appreciated", covering three familiar domains:

- as a woman/man;
- as a companion;
- as mother/father.

A filled out the sheet, but changed the three initial domains to just one: "Highlight". C reports "I prepared a sheet (...) but then I didn't fill anything in. I know how to list the events I enjoyed in these 15 days, but I don't know exactly the dates".

Presenting inspiring possibilities, we highlight the narratives and reports that are considered most significant, in the context of conjugality and parenting as indivisible parts of the family whole.

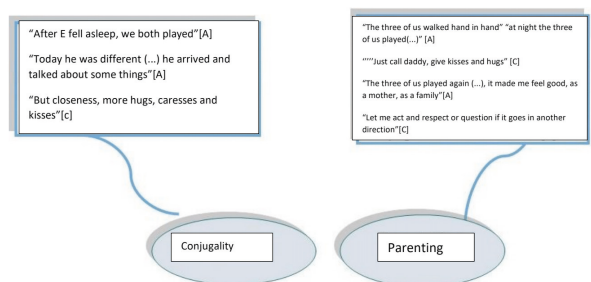


Figure 3 - Significant events: narratives and reports

Therapeutic objective-Items		C	A
objective		"Be more active and intervening"	"Trust C to take E to his grandparents"
Current distance from objective		"Significant (...) I'm not saying this to avoid hurting expectations"	"Great distance (...) he prefers people to make decisions for him so as not to hurt anyone (...) they do what they want with E, forgetting that he has rules."
Description of results		"Everything became clearer, without fear"	"I don't know (...) more fear, more peace and less peace at the same time, I can't imagine..."
Goal in the future	If I had the goal right now	"For me it exists right now"	"It doesn't exist for me"
	Evidence	"Decisions made faster, without doubts"	"For me, never (...) in the distant future when people stop being cruel and false"
	Acceptability	"Simplicity, everything clearer"	"It doesn't make sense to me"
	What can I accomplish	"Communication and problem solving made easier with my wife"	"Stop seeing C's parents for good"
Personal initiative	"Only depending on me, the breathing of the problem"	"Achieving the result is not solely dependent on me"	
Context	"In all circumstances, but essentially with my wife and my son."	"I just want people to put themselves in their shoes and for that to happen C has to change"	
Necessary Means	"I just need myself"	"I don't have"	
Ecology	End and intention	"There will be no hesitations, no lack of decision, no taking of action. Control the wrong actions of others and take more individual actions."	"I don't want to achieve the objective, it's not coherent to do so"
	Meanings	"A significant development with a lot of impact (...) a very important meaning for my wife"	"For me, pain, suffering, discomfort, fear (...)C sees how to stop having problems, but there will be two. His parents as a victory"
	Transformations	"Only better, the relationship with my wife and more activity with my son (...) if I don't achieve this, unnecessary problems and conflicts will continue"	"If it hits you, divorce. If not, peace, unity and family."

Figure 2 - Establishing therapeutic goals: individual narratives

The positive attributes of each member of the couple are emphasized to help them have a more appreciative view of the family, by focusing on their strengths, in order to optimize what works best in the marital dyad.

To make this possible and coherent, the assessment of the perception of intimacy was considered crucial, adopting the systemic model of intimacy (Ferreira et al., 2013) operationalized by the interdependent categories: authenticity, sharing and trust. It was also associated with the sexual interaction category and the sexual function category, defined by Figueiredo (2012, p.80), respectively: "specific relational attributes that integrate values and attitudes leading to the expression of sexuality" and "cognitive, socio-affective and behavioral to participate in sexual intercourse".

Systemic intervention questions were used, which made it possible to evaluate interactional behaviors, with regard to validating the perception of satisfaction with the couple's sexuality pattern. The narratives of both were consensual in relation to satisfaction, both placing themselves at point 9, in response to the question: "On a scale of 0 to 10, where 0 represents not at all satisfied and 10, very satisfied, at what point do you place yourself on the What does it mean about your sexual pattern?" To the future-oriented question, about how they see themselves in five years' time, with regard to this domain of conjugality, both say that it is the same or better than now. These reports enable the attribution of meaning to the lived experience and the selection of events to be expressed, which can give rise to an alternative narrative,

removing supremacy from the story that contains the problem.

The Dyadic Adjustment Scale (Hernandez, 2008) was also applied with the aim of providing therapeutic conversation about the quality of dyadic adjustment and satisfaction with the relationship. Considering the different dimensions of the scale: dyadic consensus; dyadic satisfaction; dyadic cohesion and dyadic expression of affection, some of the results are highlighted, which reflect the couple's responses:

Disagreement at the level of "almost always" and "always" in the items:

- Domestic tasks (from home)
- Ways to deal with parents or in-laws

Occasional frequency of discussing or considering divorce, separation or ending the relationship.

They report not being too tired to have sex.

Regarding the future of the relationship, both said "I really want my relationship to be successful and I will do my part to make that happen".

The approach centered on valuing the couple's strengths allowed dialogic conversations and collaborative relationships that foster new possibilities for interactions.

In the context of *follow-up*:

"Things are going more or less, I have already given in and C has already taken E to his parents, I cry the entire time my son is there." [A].

"E has been in kindergarten since the beginning of September, it has been difficult to adapt but with time he will get there" [A].

"I would like to tell you with pleasure that at this moment I have taken E to my parents' house on time without causing any problems (...) a very positive development".

"A's parents are not very happy with me. From what we saw, the excessive socializing only resulted in confusion. I spoke to A about the need to stop having lunch every day at her

parents' house".

"If our consultations were productive, I believe we will be able to manage our lives".

DISCUSSION AND CONCLUSION

The use of indirect praise, focused on the amplification of resources, associated with reframing allowed the creation of meanings of sharing. As the couple developed mutual understanding, it was possible to engage in cooperative action (Schielke et al., 2011), focused on (re)constructing a positive marital model.

Functioning as significant figures for each other, the couple can then take control of their lives and the relationship (Elkäim, 2017). The change in terms of trust and appreciation of others allowed for an itinerary more oriented towards results than towards problems.

The therapeutic objectives were achieved by enabling the development of tasks that allowed the expansion of change, gradually increasing the development of mutual understanding and the ability to accept others as they really are.

A series of web-based resources were mobilized, considering this as a couple at risk or distressed (Cicila et al., 2014), interacting via email or via Skype, in the break periods between sessions.

Transformative change was based on the co-construction of solutions, through the creation of new stories and realities. The reunion with a satisfactory marital model resulted in the establishment of an effective communication pattern, promoting the couple's emotional intelligence, ensuring that this communication style would be reproduced in the interaction with the family of origin.

CONCLUSION

The interpretation of the couple's narratives constantly evoked the relational and communicational patterns with the couple's families of origin, as if they were antagonistic models, which prevented the creation of a consolidated "us" (couple), which interfered with marital satisfaction.

Transformative change was based on the co-construction of solutions, through the creation of new stories and realities (positive reframing). The reunion with a satisfactory marital model resulted in the establishment of an effective communication pattern, promoting the couple's emotional intelligence, ensuring that this communication style would be reproduced in the interaction with the family of origin.

It was necessary to mobilize, collaboratively with the family, a set of resources focused on the family's strengths and potential, with

strategies aimed at solving and changing the system, based on the principles of systemic intervention for the family: circularity, hypothesization and neutrality. The positive attributes of each member of the couple are emphasized to help them have a more appreciative view of the family, by focusing on their strengths, in order to optimize what best functions in the marital dyad.

The desire to maintain the family project and the need to differentiate the family from the families of origin, as well as the construction of a balance between conjugality and individuality allowed the transformative change of the family towards the reunion of the conjugal model.

The theoretical references that inform systemic thinking and the use of a co-constructed therapeutic process allowed the family nurse, collaboratively with the family, to respond to the family's needs.

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