

## **ABOVE THE LIMITS**

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*Abstract: In today's social and cultural context, more and more people migrate to more developed countries for "a better living". At my work in Romania and in the UK, as a clinician and psychotherapist, I am struck by the phenomenon of migration and its impact on the human psyche.*

*The culture we are in, proliferates the uniqueness of the individual and the personal happiness. It is very important to develop our individuality and to become autonomous by accepting and overcoming our own limits. Thus, we can participate in both social and family and family life through free choices, consistent with our way of feeling and thinking. But to be independent, to be an individuality does not mean to be without the others. In a couple's relationship trying to determine your autonomy, becoming an individual does not mean breaking the relationship with the family of origin or, in the social context, to isolate yourself from others.*

*In this article, through an Adlerian approach, I will try to analyse the psychological effects on the individual and then on family life as a result of long-term migration.*

*Methods and techniques - study case interview, observation, conversation, Lifestyle Inventory, Family Analysis through Family Constellation Intermediate, and Early Memories.*

*Keywords: Anxiety, Depression, Migration, Adaptation Disorder, Coping Strategies.*

The migration phenomenon, meaning leaving our country in exchange for establishing (temporary or definitive) in another country, touches not only political circles but also relationships between people, physically and emotionally dividing friends, families and communities. The reasons for emigration, listed by the patients in the cabinet, are: (1) lack of interest in professional opportunities in the country; (2) looking for better living conditions for their children, for their material and professional success; (3) Professional recognition in another country offering better salaries for the same work done; (4) Few and poorly paid jobs for young graduates; (5) solving medical problems more or less solved in Romania.

Through this work, I will try, by reference to the cases encountered in my clinical experience, to show the psychological impact that migration can have on: the individual, the family and the couple relationship and how they can be overcome.

Our own beliefs about the world and life influence the way we respond to certain events in life and each other in relationships. Family organization plays an essential role in survival and adaptation. However, the ability of families to face new problems is influenced by protective factors and risk factors. This capacity is expressed through changes in internal life as well as in external behaviours. There is also a close link between the individual view of the world and the family type - traditional or modern.

The specificity and history of each family will impress upon how the individual will react to change.

Therefore, the case presented in this article is a female person, T.A., 43, Romanian nationality; mother of a 10-year-old child, married status – married. She grew up in a traditional family, where the decision maker was the father. This is reflected in the patient's family and the decision to follow her husband to work abroad, although she did not agree. The patient presented to the cabinet sent by the GP (General Practitioner), which is the family doctor. Against the backdrop, although they have spent more than three years since immigrating to the UK, she has not found her own resources to adapt to this change. It has negatively affected its performance and social performance. Moreover, the patient has developed an adaptation disorder on the background of a depressed disposition. All of this, because she was unable to find her "role" and to integrate into British society: "... I feel alone, I do not have friends, I do not like the weather here, and I feel useless. Our couple's relationship has cooled down, the husband is busy all the time, and he does not pay any attention. I cannot find work, all day only at the kitchen ...". The tools used in therapy are ISV, i.e. Lifestyle Inventory, Early Memories and Time Line Therapy.

In the "Brothers and Sisters" section of ISV, we find out that the patient was the 2nd child, an "accident" as her mother told her, an unwanted child who had tried all her childhood to please her mother and father. We can bring here the moment when the family and especially the mother were considered guilty of the developmental and behavioural problems that children had. So Frieda Fromm-Reichmann has made one of the most serious and accusatory assertions to mothers, considering them schizophrenic. They were considered responsible for the pathological development of the child, especially when these authoritarian, aggressive, repulsive and unsafe women were married to inappropriate, passive and indifferent men, as is the case here. Here, it may be good to think that there is also the possibility of an option of women with a certain pathology to similar men, or their problems are triggered or accentuated precisely because of a marriage with a problematic man.

*The patient presents the characteristics of the second born* in the Adlerian vision. The second child remains with the feeling that he started the competition late and has to recover. Always someone seems to be ahead of him or her, a standard runner against whom they are measured. As an adult, the second child is a "runner", looking for a more successful, more revolutionary belief area, more eager to follow someone else's lead.

At the "expectations" section, the patient had only one desire, namely the desire to be accepted by others, and when she dreamed with "open eyes" she dreamed of a career. At the "Social Relations in Childhood" inventory, the patient was integrated into the group of friends, but with the same fear of not being accepted to play with other children; hence the continual endeavour to please everyone, waiting for reward acceptance. Years passed, and "Relationships with adults" is seen the same striving for acceptance and to please everyone.

At the Inventory of "Parenting Information in the Participant's Childhood," we see that the patient "was not as desirable as her brothers," but the parents "took care of me." The parent-child relationship has often been a controversial subject in therapeutic approaches.

*Through the Adlerian approach*, we worked together with the patient first on returning to the home family and establishing with it honest and direct relationships without excessive

emotionality and involvement in triangles. Then rebuilding relationships with family through a reassessment and reconsideration of her basic beliefs about relationships, with herself and her parents, being one of the fundamental elements for eliminating vulnerabilities on certain dimensional relationships with others, and especially with her couple partner.

The notion of couple is kept beyond the participation of the two partners, representing a third element, but it also contains itself. We can say that each partner brings into their relationship a couple already thought, represented. There is a certain pattern and not a general one, is the model that witnessed most contributed and became involved, most often without realizing it. This "primary couple" is nothing but the couple relationship of their parents.

To the question: "what is the worst fate of a child in the family?" she replied, "Do not be loved and appreciated enough." In the "Happy / Unhappy Marriage" analysis she said that by the time she came to Britain "it was better", but now "feels that everything is crumble" she cannot embrace the idea of "not returning to his native lands ..."

The next stage of the therapy was: *"Family analysis through Family Constellation."*

For a better acceptance and integration in the present, I have recourse to the Time Line Therapy technique, discovered by Tad James, MS, PhD, Creator of Time Line Therapy Techniques and Creating Your Future Coaching Techniques, I am certified as a Time Line Therapy Practitioner.

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Following the theory of social change of Thibaut and Kelley (1959), people seek to maximize rewards and minimize costs in relationships. When partners seek together to maximize mutual rewards and minimize costs, the relationship is successful. In an unsuccessful relationship, partners are too preoccupied to protect themselves from suffering and do not consider how to make each other happy. The same authors state that the negative or positive stimulation of a person brings a response of the same kind.

Using Time Line Therapy techniques, we've worked mostly with eliminating the client's past Negative Emotions and Limiting Decisions. It is important to determine the difference between these two modalities of intervention. Generally anything that is not Limiting Emotion is a Limiting Decision. The patient has managed to release all the limiting decisions and negative emotions from her past and set new goals for the future.

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