Adult children of divorce
Some counselling considerations and unique interventions

This paper explores the most salient issues pertaining to counselling ACD’s for divorce and synthesizes the findings from articles and recent books concerning the efficacy of specific counselling interventions uncovered. Other relevant aspects like special situations that require unique interventions are also mentioned. Both Christian and secular approaches are investigated.
INTRODUCTION & OVERVIEW

The effect of divorce on children has been a controversial subject since the early 1970’s. Changes to the Family Act (1975), including the introduction of no-fault divorces, witnessed a 17% increase in divorce rates across Australia within five years. Today, one out of every two marriages now ends in divorce (rivaling US and European statistics), and approximately 47,000 to 53,000 children are affected each year by divorce in Australia (Rodgers, 2002). Thirty years has passed since this landmark legislation and many of the children who were the subjects of much of the initial divorce research in the 1970s have now entered adulthood; therefore, the longer term risk factors for adult children of divorce (ACD) can now be uncovered and addressed.

Results of research on the long-term effects of divorce on children suggest that as children of divorce approach adulthood, they are likely to have difficulty with issues of love and intimacy. Bahr (2001, 7) in a recent symposium defined children of divorce thusly:

“...children of divorced parents (1) have poorer psychological adjustment (Furstenberg & Teitler 1994; Simons & Associates1996; Cherlin, et al. 1998), (2) do not do as well in school (Sandefur, et al. 1992; Furstenberg & Teitler 1994; Simons & Associates1996), (3) are more likely to become involved in a variety of anti-social and delinquent behaviors (Coughlin & Vuchinich 1996; Forehand, et al. 1997), (4) are much more likely to live in poverty (Emery 1999), (5) tend to have sex earlier, (6) are more likely to cohabit, and (7) are more likely to have a premarital birth (Thornton 1997). When they become adults, children of divorce have more favorable attitudes toward divorce, less commitment to marriage, and are more likely to divorce themselves (Webster, et al. 1995; Amato 1996; Wolfinger 2000). In addition, they have less contact with and do not feel as close to their parents, particularly their non-custodial fathers (Aquilino 1994; Booth & Amato 1994). Simons and Associates (1996) found that children of divorce were twice as likely as those from intact families to display problems such as emotional distress, academic difficulties, delinquency, and early sexual intercourse.”

It is obvious from Bahr’s quote that divorce has serious long-term consequences on mental health and well-being of children. Over the past decade, much research has concerned itself with the transmission of divorce from one generation to the next. Are children of divorced parents likely to get divorced, too? Evidence suggests that there is a heightened risk for divorce in ACD marriages in particular for women (Amato 1996, 2001; Funder, 1996; Wolcott & Hughes 1999; Christensen & Heavey 1999; Hahn & Kleist 2000; Dowling & Barnes 2000; Waite & Gallagher 2000; Wolfinger 2000). Jones & Jablonski (1998) state outright, “One consistent finding in the literature is a higher rate of divorce among ACDs compared to non-ACDs.” In contrast, Wolfinger (2000) seems to suggest the transmission of divorce has become
more moderated as a result of the divorce revolution in the past 20 years. Even if this is so, many children of divorce still carry considerable baggage with them into their own marriages which may, under some conditions, lead to a higher risk for divorce. In fact, a recent research survey by Wood (1998) indicated that “children of divorce are no longer at greater risk to get divorced themselves-- unless they marry another child of divorce. Then, the risk of divorce is significantly increased.”

EXPLORATION OF THE TOPIC OF DIVORCE

Research identifies many factors that contribute to complications ACD’s experience in intimate relationships. Variables that have received attention include: the level of parental conflict, the quality of parent-child relations before and after the divorce, the psychological adjustment of the parents, quality of parenting after the divorce, and the age and sex of the child at the time of the divorce, the child & adult’s perceptions about intimacy, and marital attitudes (Conway et al., 2003, 364) Jones & Jablonski (1998, 69) remark: “... a review of literature on the long-term affects of divorce on children suggest several specific issues may arise in treatment. These include low self-esteem, emotional distress, externalizing problems, and interpersonal problems such as fear of commitment, difficulty trusting, a higher rate of divorce, and strained relations with their parents.” Relating to the latter, research also suggests that more chronic role reversals (parentification) are associated with ACD problems such as self-defeating behaviour, and a proneness to feelings of shame about oneself (Wells & Jones, 1999; Jurkovic et al., 2001; Teyber, 2001).

In another excellent literature review Conway et al. (2003, 364-65) outline similar counseling-related ACD issues:

"Research focusing on age at the time of parental divorce has shown that the younger the child was at the time of divorce, the more problems that child had with adult intimate relationships (Gabardi & Rosen, 1992; Hetherington, Cox & Cox, 1978; Oderberg, 1986)... Gabardi and Rosen (1992) found that the earlier the age of the child at the time of the divorce, the greater the risk that adult children of divorce would form unrealistic beliefs about relationships in general. These researchers suggested that adult children of divorce (ACD) may interpret disagreements as precursors to divorce and may hold misperceptions about needing a perfect partner to be satisfied. ACD perceptions about intimacy have been found to influence their ideals about intimate relationships. Intimacy factors such as trust, family conflict, sexual behaviors, and emotional neediness contributed to their perceptions about intimate relationships. Johnston and Thomas (1996) found that ACD had an overall lack of trust regarding intimate relationships and marriage; in fact, many expected
their marriages to fail, perceived intimacy as risky, and sabotaged their intimate relationships due to a fear of rejection and a lack of trust. “[Italics mine]

Clinton & Sibcy (2002, 212) explain the above comments in terms of attachment theory:

“Marriage is really about attachments, and as such, is governed by a curiously strict set of relationship rules. These rules sprout from our relationship experiences with parents, caregivers, and those closest to us as we grow... the rules shape how we view ourselves and our own worth and whether or not we see relationships as being safe. These ways of being in relationship - how you view yourself, the ability of others to love you, and the safety of the world around you- are what you bring to the relationship... relationship belief informs you how safe it is to trust your partner with yourself.”

As such, failed attempts to restore or reestablish bonds in any relationship relate to the loss of connection which causes grief, sorrow, and finally emotional disconnection.

Other research (Brannen & Rubin, 1996; Jacobsen & Gottman, 1998; Christiansen & Heavey, 1999; O’Leary et al., 1999; Molina, 2000) has found that female ACD may have more difficulty with intimate relationships than males, implying differential gender-specific treatment. For example, Molina (2000, 139) noticed differences in women’s issues at different phases during the divorce process. Feelings of fear, sadness, low self-esteem, anxiety, guilt and anger expressed by the women during the predivorce and divorce phases were diminished by the postdivorce experience. In fact, it seemed many women in her study functioned emotionally better than during their predivorce phase. Somehow, knowing that they have survived the crisis of divorce enhanced their emotional stability and self-esteem.

Logically, ACD counselling strategies are effective only if they redress (but not limit therapy to) mistrust and irrational fears in relationship based on misconceptions about self & others, emotional neediness, anxiety and anger related to grief & loss, and finally, guilt and self-shame as barriers to intimacy from parentification.
COUNSELLING INTERVENTIONS – BY SALIENT ISSUE

Jones & Jablonski (1998, 76) state boldly, “…few ACD clients present for treatment with the stated intention of resolving issues related to their parents divorce. Many, however, present with relationship difficulties.” It becomes apparent that resolving unfinished business related to their parents divorce may become one of the central issues in therapy. For any counselling intervention to be effective, it must be client-centred and sensitively yet effectively address each of the specific presenting issues uncovered. In addition, it is suggested that a heuristic approach works best to assist counsellors and therapists in sorting through the myriad of treatment issues presented. A three-stage assessment process is recommended which helps determine: (1) the client’s current level of psychological maturity (ego development), (2) the level in current functioning in their family of origin, and (3) the actual nature of their parent’s divorce and the trauma experienced. Based on such an assessment, integrative strategies for therapy can be appropriately ascertained. (Ibid, 76)

Addressing irrational fears based on low self-esteem and lack of trust — Issues of loss of self-esteem and lack of trust are paramount as they originate and bubble up slowly from the cauldron of the “family of origin wounds”. As such, ACD clients are often slow to reveal themselves, even when confidentiality is an explicit part of the client-counsellor contract. It seems very difficult for them to trust anyone after being betrayed by their primary caregivers – even the most trustworthy helper (Egan, 2002, 164). They continue to uphold irrational fears of being betrayed and rejected.

Rice & Rice (1996, 189) have identified two psychodynamic mediating processes in the loss of self-esteem engendered by divorce: (1) object loss accompanied by narcissistic injury and (2) role loss leading to role disorientation. Therapeutic interventions should help clients adjust to both of these injuries through the process of ego reparation and role restructuring; four therapeutic strategies are suggested:

“… (1) supporting and allowing for grieving and reactive depression [wherein] the client is allowed to express verbally the feelings of loss, confusion and anxiety, to accept the change as permanent and to reach out to others for support; (2) help the client to begin to deal with the practical, immediate consequences of their marriage failure; and (3) help the divorcing client in gaining a deeper understanding of why the relationship didn’t work… aided by the therapist helping the client understand the meaning of separation in his/her life and how they have dealt with prior separations; (4) letting go, the fourth aim of the ego reparation process, is facilitated by both behavioural and attitudinal and changes.”
Experiencing emotional neediness — Growing up in homes with high conflict, ACD crave love and acceptance. In short, ACD seek belonging. Following Bowlby’s (1986) attachment theory, Clinton and Sibcy (2002, 36) describe this phenomena as an “attachment injury”; an injury that pollutes the soul: “Attachment injuries occur when we expect a loved one to be there for us, and for whatever reason, he or she is not.” Furthermore, Olsen (1997, 125) points to another root cause: “It is sometimes by the self that we suffer sorrow. It is sometimes our own attachments that cause agony, and our selfish strivings that cause us such unnecessary misery... it is often what we want that wounds us.” This dilemma can set into motion a “pursuer-distancer” relationship pattern. Traditionally, behavioural couple therapy (BCT) and its cognitive counterpart (CBCT) have proven successful in modifying attributions and expectancies and altering faulty assumptions and beliefs (standards) concerning relationships. As attachment theory grew in popularity, emotionally focussed couple therapy (EFCT) gained prominence, conceptualizing distress in close adult relationships in terms of earlier attachment theory. Meta-analyses of marital therapy outcome research (Dunn & Schebel, 1995; Van Alstine, 2002) compared EFCT to Snyder & Willis’ insight-oriented marital therapy, arguing that the two approaches are very similar. Christensen & Heavey (1999) succinctly explain this intervention:

“... disruption of attachment bonds leading to relationship distress stimulates strong primary emotions (such as fear of abandonment)... in EFCT, a focus on primary emotions is used to re-establish attachment bonds. The two main tasks of EFCT are (1) to access and reprocess the emotional experience of partners and (2) to restructure interaction patterns. EFCT therapists try to expose and highlight the primary emotions that partners experience in their interactions with each other... as they encounter new aspects of themselves and each other, they are then able to develop more functional interaction patterns that satisfy their attachment needs.”

For example, counsellors using EFCT might help a pursuer access their fear of abandonment and express it as fear rather than the secondary emotion, anger. The partner, responding to this expressed fear, may become supportive rather than distancing themselves, according to the classic pattern.

Combating anxiety and anger related to grief & loss — Feelings associated with grief & loss (family of origin wounds) are repressed by ACD. As such, Jones & Jablonski (1999, 76) suggest family-focused relational psychotherapy in dealing with both individuals and couples, comprising three models: (a) individual psychodynamic/object relations therapy, (b) directed
family of origin work, and (c) experiential/symbolic exercises – toward the healing of divorce-related problems.

In this integrative model, treatments are based on the client’s level of ego development (psychological maturity). For clients who show borderline tendencies, researchers recommend individual work employing a cognitive analytic therapy, combining CBT and contemporary psychodynamics: “A corrective experience for most borderline clients would... include setting firm boundaries, providing appropriate, genuine warmth and compassion for the client’s experience, and assisting... in integrating positive and negative of self and others (confronting splitting).” (Jones & Jablonski, 1999, 85) Preneurotic clients may also require some ego support from therapy, including “teaching cognitive restructuring to counteract irrational thoughts (REBT), teaching and modelling self-care and self-soothing (CBT)... and assertiveness or stress management clinics.” (Ibid, 86)

In addition, experiential/symbolic exercises prepare clients to do family-of-origin work:

“... clients work to grieve the loss of a father by writing symbolic letters expressing deep regret over having grown up without a male companion or role models. After the client has expressed these losses... the therapist coaches the client to identify aspects of these losses that might be resolved or re-experienced in the here-and-now.” (Jones & Jablonski, 1999, 88)

Other experiential work might incorporate free association, art therapy, visualization and re-membering, and Gestalt empty chair exercises. Components of this experiential work involve telling the divorce story in an empathic space, telling secrets that were kept secret during the divorce, grieving associated losses by expressing grief & loss symbolically, saying goodbye to relationships/wishes of childhood, reconnecting with predivorce self-identity, recognizing the gains/benefits from the and divorce, and re-membering the predivorce family strengths.

Alternatively, Dowling & Barnes (2000, 80,81) offer a narrative therapy focus, with the goals of the work expressed as helping the client to evolve a narrative in which there is a positive story-line about the life of the family prior to the decision to separate (re-storying around “sparkling moments”), by giving the adult client and her Inner child the opportunity to give their unedited story (thin story) with the freedom to develop a new perspective on what happened (thickening the story).

From Christian counselling circles, Baskin & Enright (2004, 81) outline a forgiveness intervention model based on the work of McCulloch et al. (1997). Therapy consists of a series of exercises assisting clients to: (a) explore the injustices they experienced, (b) assess the amount
of anger, and to understand ways that harbouring anger can be compromising for them, (c) assess the extent to which detrimental thoughts patterns are occurring, and then (d) explore the energy required to harbour ill-will and the freedom forgiveness brings. Through written and verbal exercises, clients then (e) practice cognitive reframing, focussing on the offender’s psychological state rather than their own; (f) links are explained, through vignettes and discussions, between empathic feelings towards an offender and forgiveness, and finally, (g) constructs such as repentance and reconciliation are distinguished from forgiveness. Baskin & Enright (2004, 88) concluded from their empirical meta-analysis:

"Although forgiveness is not an intervention for every disorder, its empirical testing in this meta-analysis is encouraging. Empirical support has been shown with traditionally challenging populations. For example, with incest survivors (Freedman & Enright, 1996), no consistently effective interventions had yet been established, even after attempts by expert counselors. The gains with this group suggest the value of using this approach with certain select clients. For example, when problems such as sexual abuse, divorce, and family-of-origin concerns are considered, it is realized that a number of mental health issues are significantly related to anger. With benefits across a range of mental health constructs, counselors should be aware of the potential benefits that forgiveness can have with clients suffering significantly from issues that involve anger born out of unfair treatment."

Overcoming barriers to intimacy: dealing with the guilt and self-shame of parentification — Conway et al. (2003) researched ACD difficulties in having intimate relations, only to confirm earlier research (Amato, 1996; Johnston & Thomas, 1996; Sprecher et al., 1998; Mahl, 2001; Shulman et al., 2001) — their findings indicate trends in the importance ACD place on the relationship ideals of (a) commitment, (b) support, (c) stability, (d) affection, (e) acceptance, (f) independence, (g) passion, and (h) confronting. Counselors might explore whether clients place a strong value on specific ideals:

“If ACD clients do, in fact, place a strong value on specific ideals, counselors should work to determine why these specific intimate relationship areas are so important to them. If counselors know that ACD have difficulty with intimate relationships and that specific relationship areas are especially important to ACD, then counselors can focus on the reasons why ACD experience difficulty in getting these specific needs met in their intimate relationships.” (Conway et al., 2003, 371)

Several earlier studies (Johnston & Thomas, 1996; Westervelt & Vandenbarg, 1997; Johnston et al., 2001) proved ACD relationship difficulties hinge on intimacy and loyalty issues. Teyber (2001, 199-200) explains the psychological underpinnings:
“Children who have grown up as pseudo-adults find it difficult to establish egalitarian love relationships in young adulthood. They have always been in control of the relationship. Their appropriate childhood needs have not been met. As adults, it will feel foreign and uncomfortable to relinquish control and have their own legitimate adult needs for affection and caring fulfilled. Receiving form others or being responded to emotionally is unfamiliar and feels unsafe or even inappropriate; they don’t know how to respond. Adult intimacy involves giving and receiving love equally. Parentified children [also] suffer with a parallel sense of their own feared inadequacy. This shameful feeling of inadequacy, which is often a continuing but unrecognised source of anxiety permeating their lives, arises because they were never really capable of meeting their parent’s needs. In order to avoid the unwanted, shameful feelings evoked by their own needs, children who switched roles with their parents may establish love relationships with needy, problem-ridden partners whom they can “rescue.” Others may avoid intimacy and commitment through promiscuity.”

Counselors engaging in innovative couples therapy encouraged ACD clients to: (a) explore specific relationship ideals, (b) explore relationship expectations, (c) ascertain whether or not these relationship needs are being met, and helped to (d) implement strategies designed to address specific needs of ACD as they attempt to fulfill relationship ideals. Firestone & Catlett (2004) at the last APA Annual Convention presented just such a process in their paper describing Adlerian Brief Couple’s Therapy (ABCT). Outlining a four-step process (engagement, assessment, insight and re-orientation) they promoted effective techniques in couples therapy based on psychodynamic/existential perspectives adhering to strategies of brief Adlerian couples therapy.

From experiential to esoteric, Crago (2000, 11-12) presented a case study deploying Eye Movement Desensitisation Reprocessing (EMDR) in the treatment of a divorcée blaming herself for her parent’s divorce (catalysed by incest) and leaving her unable to attain intimacy in relationship. After ten sessions of Gestalt-oriented psychotherapy, the client felt she had resolved the past and no longer suffered feelings of self-blame. Six months later, the client reportedly suffered psychosomatic pains stemming from memories and thoughts of earlier traumas and feelings of powerlessness. EMDR proved very effective in “adaptive resolution” of the trauma which had been damaging to her psychological self, resulting in complete alleviation of all PTSD symptoms and traumatic childhood memories.
CONCLUSIONS AND CHRISTIAN CRITIQUE

As a Christian, and a divorcee, I tend to agree with M. Scott Peck (1978) when he says “anytime you see love without work, you don’t have love. Instead, you’re looking infatuation in the eye.” I played out the “pursuer-distancer” dance and recall frustrating patterns in my previous marriage of withdrawing from contentious discussions or avoiding conflict entirely. Divorce eroded my trust in self and partner, and reduced my confidence in my ability to maintain a relationship. For many years afterwards, I was hesitant to invest emotionally in any committed partnership. So in many ways I can empathize with ACD. Trust is earned -- and doesn’t come easy. I had to learn to trust again and that took immense courage.

ACD desire intimacy but don’t know where to find it. According to Schnarch (1999) and Neil Roberts (2004), “We crave intimacy with God and others - but most people are afraid of it! Intimacy is not for the faint-hearted. It is deeply revealing - we need to have the courage to “let go” and become truly transparent. Normally, we want to hide, not reveal. The degree of intimacy is proportional to personal maturity. Intimacy comes through conflict, self-validation and unilateral disclosure.” The definition of intimacy according to Schnarch (1999, 103) is “a two-pronged process of confronting yourself and self-disclosing to your partner.” So, intimacy isn’t always “warm & fuzzy”. Telling the truth about oneself isn’t always pleasant. ACD hold an infantile view of intimacy.

Our culture, in general, paints an immature picture of love & intimacy: love is easy, intimacy is reached on the second date, and both are effortless. The Bible clearly defines love, marriage and true intimacy from God’s perspective (Gen. 2:24-25, 3:7; Eccl. 4:9; Luke 7:47; John 13:34, 15:13; Rom. 8:35-39, 13:10; 1 Cor. 13:1-13; Eph. 4:2). It explains that intimacy requires tremendous trust and courage. Much of psychotherapeutic theories and practices are an expression of egoistic hedonism. As such, secular psychotherapy focuses appropriately on the client’s welfare, but inappropriately defines that to mean the pursuit of personal satisfaction of individual needs at the expense of true relationship.

In closing, I concur with Olsen (1997, 126) when he writes “Jesus’ wisdom is the kind of wisdom to ground effective counseling on. It suggests that as a goal for counselling, achievement of total happiness is unrealistic… nor should the goals of counseling be to reduce symptoms or pain, or to escape suffering; rather goals of counselling are to help persons gain the
courage to embrace the suffering [“clean pain”] that is an inescapable part of living, and second, to help alleviate some of the unnecessary suffering [“dirty pain”] associated with earthly attachments and finite limitations.” Regardless of the model we choose to counsel divorced clients, ACD or non-ACD, we need to embrace the relationship that transcends all others: drawing close to the Source of “… all love and true therapy, the well that never runs dry and the One whose love mine is merely a pale reflection of.” (Giblett, 2000, 38) Even though I might speak with the tongues of angels and know many mysteries, without God’s love I am nothing. For it is in His love, that which flowed mingled down with the blood of sacrifice, we and our clients both might find our completeness in Christ Jesus.