

## **Resilience in Children with a Divorce History in Their Origin Families – A Case Study on a Preadolescent –**

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### **Abstract**

**Introduction:** *Parental divorce is seen as one of the causes for children's, as well as adolescents' emotional and behavioral difficulties/ distress. Empirical studies show that resilience is a key factor for how children adapt to a traumatic event, such as their parents' divorce.*

**Objectives:** *This study has as therapeutic objectives to unlock repressed emotions, as well as teach and guide learning of healthy ways of emotional expression, to increase self-confidence and improve the capacity to adapt in difficult contexts, to consolidate the child - parent relationship and develop self-consciousness in a boy whose parents went through a divorce process.*

*The case study is focused on a 10-year-old preadolescent whose parents have divorced and later reunited as a couple, who was presenting social anxiety and difficulties in managing his negative emotions at the time of his coming to psychotherapy.*

**Methods:** *The psychotherapeutic process was developed in 12 sessions of experiential psychotherapy, by using expressive-creative methods, drawing, play dough and roleplay.*

**Results:** *The experiential psychotherapeutic intervention reduced the preadolescent's social anxiety and improved his capacity to adapt in difficult/ unfamiliar contexts.*

**Conclusions:** *By preparing this case study, it has been observed that divorce has a great impact on the development of preadolescents, leading to a high level of anxiety, low self-esteem and behavioral disorders, while building resilience protects the children of the negative effects of the distress caused by parental divorce.*

**Keywords:** *experiential psychotherapy, resilience, protection factors, risk factors, distress, divorce*

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## **I. Introduction**

Marriage is one of the most durable relationships between partners, it attributes people rights, as well as duties and it satisfies the couple's needs for security, peace and happiness; however, this relationship can become dysfunctional, leading to the separation of the family and its members (Parisuz et al., 2019).

Divorce is a complex psychosocial phenomenon, seen as a final form of dissolution of the conjugal life, which changes the existence of the partners as well as of their descendants (Cormoș, 2006). Moreover, divorce has become more frequent; thus, according to the data provided by The National Institute of Statistics (2019), the number of divorces in Romania in 2018 was of 30,857 cases, and the rate was situated at 1.39 divorces per thousand of inhabitants, while annually 60,000 adults and 17,500 children are directly affected by divorce.

Parisuz, Najarpourian and Mohammadi (2019) sustain that divorce can appear under various forms, for example the formal or legal divorce – where the relationship is dissolved, thus the former partners do not have any remaining obligation or right in relation to one another, and the emotional divorce – which often remains hidden or latent, where the material relationship becomes conflictual and breaks the couple from the inside.

The couple partners are not the only to go through divorce, children are the ones that feel the strongest impact of their parents' decision; in Romania, in the last 2 years, 17,600 children have experienced their parents' divorce, and, in the past 6 years, 100,000 minors have seen how their families are coming apart (The National Institute of Statistics, 2019).

Studies have shown that there are consequences following a divorce, which can be profound for offspring coming from divorced families; for example, children that have gone through the experience of parental divorce are 50% more prone to developing health problems than those coming from intact/ unified families (Angel, 1988, Tucker et al., 1997, Strohschei, 2005, apud Uphold-Carrier & Utz, 2012).

Hutchinson, Afifi and Krause (2007) identify the factors that can increase children's risk of developing certain disorders following the divorce of their parents: parental conflict; the feeling of being stuck between conflictual parents; lack of communication with the parents (related to disclosure of the divorce and separation decision); reduction of the contact with the parent that leaves the household following the divorce; and lack of parental support.

Children and adolescents who experience divorce in their family can develop more acting in and out behaviors, more parent - child conflicts, have lower social competences, decreased level of wellbeing, as well as face difficulties in academic performances, compared to those that come from families with no divorce history (Chase-Lansdale, Cherlin, & Kiernan, 1995, Amato, 2000, Kelly, 2000, Wallerstein, Lewis, & Blakeslee, 2000, apud Hutchinson et al., 2007).

The child's age at the moment of their parents' separation is significantly important in their understanding of the challenges that can appear after the divorce. For example, newborns (0-2 years old) are the most affected, being able to very easily feel the signs of distress, they cry more, are more aggressive with others, have sleeping and feeding problems and can be less affectionate (Stănciulescu, 1997, apud Cormoș, 2006).

Regarding preschoolers, studies show that they present difficulties in adapting to the new situation, their thinking being influenced by perceptions and not by objective reality, they believe that they can control the world and feel responsible if something has a negative progress or result (Kaduson et al., 2019).

Growing of age, children begin to understand certain reasons that led to their parents' separation, but, for instance, adolescents find it hard to accept the divorce and, sometimes, can take the place of the parent that is not present, and there are negative consequences that can appear for this age group, such as: aggressive behavior, delinquency, substance abuse and suicide attempts (Cohen & Weitzman, 2016).

Cormoș (2006) affirms that, along with their parents' divorce, children most certainly become victims. Because emotional divorce starts long before the juridical divorce, the child can be exposed to conflicts, episodic abandonment and physical aggression between parents.

Kelly and Emery (2003) consider that children who come from divorced families have difficulties in their adult life, in their intimate relationship, as some studies observe that they get married prematurely, experience a lower level of satisfaction in their couple and have an increased risk of divorce, in their turn.

The study of human resilience has its origins in the 20<sup>th</sup> century, being oriented towards the impact of trauma and stress affecting the functioning of individuals and families, in the context of the Great Depression and during World War II. Thus, clinicians and scientists sought to understand how adversities threaten to affect people's capacity to adapt (Masten,

2001, Masten & Cicchetti, 2016, Nichols, 2013, Walsh, 2016, apud Masten & Barnes, 2018).

Over time, resilience has been considered to be, on one hand, a psychological process of adaptation to stress, and, on the other hand, a product, seen as a state or a feature. Thus, there are factors that contribute to the adaptation process and its final product, for example: the exposure degree, loss, the history of traumatic experiences, the internal locus of control, the quality and quantity of social support (Turliuc & Măirean, 2014).

For people, resilience reflects the adaptive capacity specific to a period of time in a given context, that can appear as response to the challenges that are faced, in other words resilience is not a character feature, although the individual personality differences and the cognitive abilities contribute to the adaptive capacity (Masten, 2015, Chiang, 2018, apud Masten & Barnes, 2018).

Despite the numerous definitions of resilience, scientific literature has reached the conclusion that resilience can be defined as the ability of a person to heal after a stressful situation (Smith et al., 2008, apud Robu & Pruteanu, 2015), or the ability to maintain their physical and mental health, regardless of important adversities (Carver, 1998, Tusaie & Dyer; 2004, apud Robu & Pruteanu, 2015).

A special requirement of resilience is represented by the presence of protection factors and risk factors, the first helping in obtaining positive results and reducing the negative ones (Fergus & Zimmerman, 2005, apud Zolkoski & Bullock, 2012). Thus, resilience is both a psychosocial process and the result of the interaction between external and internal factors, between protection and risk factors (Rutter, 1990, apud Petrova-Dimitrova, 2017). The protection factors modify the responses towards distressful events, the negative potential being reduced, while risk factors are the circumstances that increase the probability of negative results, both factors being able to change in reaction to the context they appear in (Zolkoski & Bullock, 2012).

Children and adolescents face numerous factors of risk on their journey towards maturity. These factors can be: biological (congenital defects, premature birth, intrauterine exposure to cocaine or other drugs, caused by the mother's negligence during the prenatal period), or environment related, such as poverty, familial conflicts and parents' low level of education (op. cit., 2012).

Personality characteristics, perseverance, determination, creativity, auto-efficiency, self-

consciousness, family support and healthy interpersonal relationships are some of the attributes related to resilience (Affi & Macmillan, 2011, apud Dias & Cadime, 2020).

One of the most important protection factors is intelligence. Studies show that children with a higher intelligence level have better problem solving and information processing abilities, which allow them to support faced challenges and stress (Vanderbilt-Adriance & Shaw, 2008).

Parental divorce can be conceptualized as a stressful event for all children, but the way they react to it may be different from a child to another.

Protection factors are associated with the presence of emotional and social security, thus children that are described as being resilient are characterized by a better appearance, have a more secure attachment, they were not neglected and were not affected by their parents' deficiencies (Petrova-Dimitrova, 2017). Hence, Vanderbilt-Adriance and Shaw (2008) advocate that an important component for the adaptation to risk situations is emotional regulation, thus children that have the capacity of better understanding and management of their emotions can handle stressors better.

Resilience is formed on the base of positive relationships between adults and children. Withal, for children, any reference adult whom they identify with and that can become a mentor is important (adults that take care of them, as do grandparents, uncles, teachers). Moreover, friends and colleagues represent important resources for children when they face difficult situations (Johnson, 2005).

Divorce may be considered a central trauma, related to the loss of a significant relationship and can be perceived as a major break of emotional bonding, leading to occurrence of drastic changes such as depression, suicidal thoughts and hetero and auto-aggressive behaviors (Francis Macnab, 2000, apud Vasile, 2018).

Early exposure to trauma, especially in the case of an adverse event, can be countered with the help of resilience factors that can be found in the child's surroundings, and those can act at individual or family level, or may be factors characteristic to the environment in which the child was raised (Turliuc & Măirean, 2014).

Regarding the individual characteristics of the children, temperament and features of their personality can be protection factors, for example, children that have a moderate self-esteem, average or above average intelligence, and sense of humor have a greater

probability in asking for the support of others and a better capacity to adapt to stress, while children that have a difficult temperament and behavioral issues are more affected by their parents' divorce (Hetherington & Elmore, 2003).

Parent-child relationship has an important role in how the child adapts after the divorce. Recent studies claim that a positive parental environment represents a protection factor for the child, meets a child's needs, assures good communication and a firm parental control (Ionescu, Nicolae & Cyrulnik, 2013).

Among the protection factors that can occur for the children whose parents have divorced, there stand: a decrease of the parental conflict after the divorce, studies showing that young adults who are exposed to fewer parental conflicts during childhood manifest a lower level of psychological symptoms than those who come from a conflictual family (Amato & Keith, 1991, Zill et al., 1993, apud Kelly & Emery, 2003); the involvement of the parent that does not have the custody of the child/ does not live in the same household as the child; living with the most psychologically competent parent, and coherence in parenting styles, especially when the child is entrusted, in turns, to both parents (Kushner, 2009, apud Ionescu, Nicolae & Cyrulnik, 2013).

Among the most important familial resources in manifesting resilience there are parental warmth (positive affection) and relationships in which parents are valuing their children and offer them support (Sandler et al., 2003).

Furthermore, the attention and warmth given by teachers in school helps children better handle the stress generated by difficult familial situations, while friendships and school colleagues help adolescents develop the abilities needed to become productive and helpful adults (Chen & George, 2005).

However, scientific opinions are divided. Some of them support that, after the divorce 75% of children and adolescents do not suffer from major psychological issues, they are able to have good school performance and to maintain a strong bond with both parents, moreover, they are further able to have stable relationships with their life partners (Kelly & Emery, 2003). Other studies affirm that, following parental divorce, children are subjected to stress factors which can lead to the development of certain mental health problems, may be linked with poverty, delinquency, substance abuse and lack of a workplace (Hetherington et al., 1998; McLanahan, 1999, Amato, 2001, apud Hetherington & Elmore, 2003).

Regarding the implications of this study for applied psychology, its results show that the expressive-creative techniques, of experiential psychotherapy, have an important role in decreasing the negative effects of a divorce such as, in this case: separation anxiety, performance anxiety and low self-esteem.

Another implication of the study concerns the importance of starting a psychological counselling program for both children and adolescents, as well as their parents. Thus, counselling should be addressed to children that come from divorced families, in order to help them adapt to the new stage their families are in, to better face potential parental conflicts and to have a better management of the relationships with their parents.

Through the psychological counselling program and its psychoeducational component, parents can receive essential information regarding the effects of divorce on their children, the way in which they can communicate their decision to the children and how to manage possible reactions of their child and adolescent offsprings.

Regarding the applicability of this study, its results can have an important practical function, specifically in child psychotherapy, considering that it can improve the way a divorce is approached in relation to children and it can encourage the use of therapeutic play and dramatherapy techniques in connection with individual resilience.

## **II. Method: case study**

### ***Participants***

This case study presents the psychotherapeutic intervention of A., a 10-year old boy (preteenager), student in the 5<sup>th</sup> grade, experiencing difficulties at school due to his emotional reactivity/ sensitivity. A.'s parents had been divorced for 4 years, but they got back together 2 years before and, at the time, they were living together as a family. When A. was 6 years old, his parents divorced because of the frequent conflicts they had, but also after the mother found out that the father had become secretly addicted to gambling. Initially, the parents kept the divorce hidden from A., but the boy figured out that something was going and his parents told him the truth.

After the divorce was completed, A. lived both at his mother's house and at his father's residence, as parents had shared custody. There were times when A. was feeling sad and he was secretly crying, and he was also feeling nauseated whenever he would have to be at either of the parents' house without the other parent

being there also. He used to cry a lot when he was at his father's house and wanted to go to his mother, often requesting to call her. He had trouble sleeping and he could not sleep alone, but would fall asleep (and still did so) with a stuffed animal that he had had ever since he was a baby. He was not able to sleep at kindergarten either, during that time.

His parents had different parental styles which means that the way they bring up, apply norms and exercise authority in relation to the child can range from a maximum level of exercised control to a total tolerance. In this respect, the mother's style was overprotective, because she treated A. as if he were a baby and she was afraid something bad could happen to him. Yet the father had an authoritarian style, as he made rules and enforced punishments/ restrictions with little regard for A.'s opinions. The conflicts usually happened because A. did not perform at school as they expected and he showed a rather uninvolved attitude. His father had two jobs, having a full schedule, while the mother was a stay-at-home mom, raising A.

Both parents described A. as a sociable boy who had many friends, however he was stubborn when he had to obey certain rules. The mother described him as a generous and kind child, but he was also very scatterbrained and shallow in what he did. She also mentioned that he was fearful and that he took after her in that aspect. The father described him as a child "who is way too kind with others, he should be tougher and more boyish, more able to defend himself, because people are vicious". He said that as whenever A. got involved in conflicts with older kids, he chose to answer kindly and not get in a fight. The father also mentioned the fact that A. liked to be the center of attention.

A. experienced an anxiety episode whenever he would be verified at school in front of the classroom, as he described it, his heart beat really fast and he entered into freeze mode. He was scared to raise his hand and answer even though he had the knowledge, because he was afraid to make mistakes or make a fool of himself in front of his colleagues. He had friends at school with whom he got along very well, and whenever there was a conflict, A. defended them, even in front of the teachers. The boy said that his parents complained about him not following the rules and talking during classes. This was the reason why A. found it difficult to do his homework and also why his father would often reprimand him.

**Therapeutic objectives:** building a therapeutic relationship between the psychotherapist and A.; unblocking repressed emotions and learning

healthy ways of expressing emotions in day to day life; increasing self-confidence and improving the ability to adapt to difficult situations, which cannot be changed – thus maintaining a positive emotional state; development of the child's self-consciousness with the purpose of becoming more aware of his feelings, in order to understand the way he reacted; consolidating the relationship between A. and his father; establishing clear boundaries in A.'s relationship with his mother.

### **Diagnostic hypotheses**

The first hypothesis refers to A.'s fear of abandonment experienced in relationship with his parents; it is presumed this has developed following his parents' divorce, when he was still very young, information on the process and their decision being hidden from him, thus creating and maintaining an uncertainty state which fueled the fear of abandonment.

A. is an over-responsible/ parentified child, being the one who wished that everyone around him felt well, especially his parents, thus manifesting an obedient behavior in relation to them, the fear of not losing them again leading to A. taking the role of the savior in relation to both his parents, especially as he felt responsible for their reconciliation.

It is assumed that, in the relationship with his mother, he played the role of the substitute partner whenever his father was not home and felt the need to protect her emotionally, especially as his mother seemed to show hyper-protection and anxious traits as well, the relationship boundaries being diffuse, not adjusted to A.'s current developmental needs.

The hyper-protective attitude of his mother and her predisposition to anxiety could be determined by transgenerational reasons, linked to the relationship with her mother; given the diffuse boundaries between A. and his mother, a transgenerational repetition of insecure attachment patterns in the mother-daughter/ mother-son relations could be inferred.

The lack of healthy boundaries in a family leads to the impossibility of applying and following rules, hence the parents were feeling guilty whenever they imposed rules and punishments for A. That could be the cause for A.'s behavior of postponing doing his homework and not finishing it in time.

It is assumed that the boy's fear of being more active in class and of making mistakes when giving answers in front of the teacher and his colleagues was determined by his lack of self-confidence, which was linked to not being encouraged to make mistakes,

subsequently to his father being critical of A. and his mother acting overprotectively.

### **Psychometric instruments**

For the evaluation phase two types of interviews were used: *Interview with the preadolescent* (Braaten, 2007), functioning as a base for building the preadolescent's history, and *Internal Working Model* (Zeanah, Benoit, & Barton, 1969), for a complete interview with the mother.

Standardized tests were also administered, as followed:

#### *M-PACI inventory – Millon Pre-adolescent Clinical Inventory*

This evaluation instrument is used to accurately identify psychological issues of children with ages between 9-12 years old, offering an integrated view that synthesizes emerging personality styles and clinical syndromes for the early detection of disorders specific to Axis I and II of the DSM. The test has 97 items with dichotomous responses True – False (Millon, 1993).

#### *MASC – Multidimensional Anxiety Scale for Children*

MASC test (March et al., 1997) is evaluating the multiple dimensions of anxiety in children and adolescents with ages between 8 to 19 years old. MASC has 39 items distributed in four base scales (Physical Symptoms, Harm Avoidance, Social Anxiety and Separation Anxiety); two subscales for each of the first three base scales: Tense/ Restless and Somatic/ Autonomic, Humiliation Fears and Performance Fears, Perfectionism and Anxious Coping; one scale that measures total anxiety and two major items (Anxious Disorder item and Unconsciousness item).

### **Projective tools**

#### *The family drawing test*

It was published by Louis Corman under the name of *“The family drawing test in medical and pedagogical practices”* (1967). The way in which the drawing is made has as great importance as the final result, for this reason it should be observed and recorded how inhibited the child is, the order in which they draw family members, as well as the verbal comments that they make while drawing. During the exercises the child's affective reactions are registered and the interpretation of the drawing is performed on three analytical levels: graphic, formal and content.



Figure 1. The family drawing test – before



Figure 2. The family drawing test – after

#### *The Düss fairy tales test – “Method of Fables”*

It was elaborated by Louisa Düss (1971), with the purpose of providing a faster and more simplified technique of examining mental distortions from the perspective of Freudian psychoanalysis for children and adults. The test includes ten stories with open ending, the child being required to complete them as they wish.

#### *Children's Apperception Test – C.A.T*

The test (Bellak & Abrams, 1997) applies to children with ages between 3 to 10 years old. The test is composed of 10 cards containing animal drawings. The image cards are shown to the child and he is required to imagine stories with the characters that he sees on the cards. All stories need to have an introduction, content and conclusion. If the child is telling the story with difficulty, the evaluator can ask questions that encourage the child in making associations, being, however, careful not to influence the respondent's answers.

### **Procedure**

Before starting the psychotherapeutic process, A.'s mother gave her consent regarding the development of the intervention. The next step was the evaluation of the preadolescent, in order to establish the objectives and hypotheses that would lay the foundation of the sessions. There were 12 psychotherapy sessions in a period of three months, each meeting lasting 50 minutes.

The psychotherapeutic approach was humanistic, using an experiential method, the means being expressive-creative. Some of the techniques used were: the six steps drawing, roleplay, guided imagery, play dough modelling. After the individual intervention with the preadolescent was implemented, one psychotherapy session with the entire family was carried out, in order to observe the interactional patterns between family members. Upon finalizing the therapy intervention, the re-evaluation of the case was conducted.

### **Experimental Design**

The design is an individual study case, non-experimental, with creative research.

### **The experiential intervention**

Psychodiagnostics methods were administered to evaluate A. during the first encounters and the shaping and development of the therapeutic relationship and alliance were emphasized, in order for the psychotherapeutic process to be sustained.

The themes tackled during the initial sessions were revolving around self-knowledge and tapping into the self of the preteenager, in order to encourage him to know himself better and to align him with his present needs. Therefore, the Rogerian dialogue, drawing the problem and roleplaying were used as techniques.

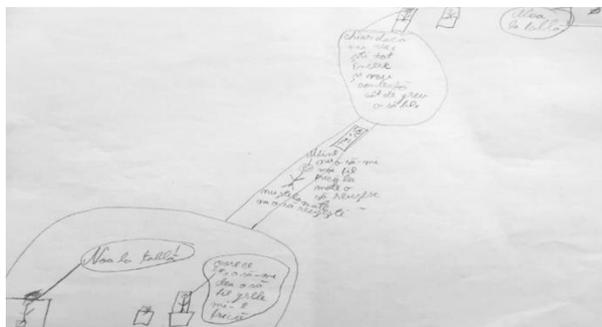


Figure 3. The metaphoric drawing of the problem

For example, during the third session, and while using the technique of “The metaphoric drawing

of the problem”, A. was asked to illustrate one of the problems he was currently facing, its solution, the obstacles faced and the help he received in reaching the solution. The preteenager chose the fear to go in front of the class and be asked questions by the teacher. This technique helped him become aware of his problem, but also of the fact that it had a solution and how he could better deal with it.

In order to discover what strategies A. had when he was dealing with hardship, roleplaying was used and the preteen imagined that he was a strategist in a battle facing the enemy Stress. As a result of the exercise, the boy became aware of his strategies whenever he had to adapt to less pleasant situations and how these means could become healthier for him.

The following sessions facilitated unlocking repressed emotions, emotional regulation, identifying one's emotions and managing them during social interactions.

For example, during the fourth session of the psychotherapeutic process, modelling clay was used as a technique to encourage the expression of the preteen's repressed emotions and help him own them, instead of identifying himself with his fear. Therefore, A. modelled a knot which represented his fear of being in front of the classroom and answering during classes (“I feel this knot in my stomach and I also feel that, when I have to go in front of the class, my brain tells me ‘Don't go!’”). A. was asked to play the role of the knot and to talk from its point of view (“I am the knot and I am telling A. not to go in front of the class, and I am telling him to stay hidden in his seat and say that he feels sick instead”). Through this exercise, A. accepted the existence of fear in his life and the importance it held.

In the two following sessions, the goals were to help the preteen develop his sense of self-awareness, in order for him to become more in touch with his feelings and to understand why he acted in a certain way, as well as to define and strengthen the self. In order to accomplish these objectives, the Johari Window Model was used, that helped A. clarify certain beliefs about himself, as well as becoming aware of the way in which he thought he was perceived by the others around him.

In the last 4 sessions the focus was on integrating polarities, and also on A.'s relationship with his father, as it was described as tensed and conflictual at times. During the eighth session, A. was asked to draw a part of himself that he did not like and he depicted “Bad A.”. He mentioned the polarity “shows up when my dad won't let me play on my computer and I talk back to him, but I know my

behavior is not nice". Asked to talk to "Bad A.", A. said, about accepting him: "I cannot do this, because I don't like him... It's hard to tell him this." After a few minutes: "Bad A., I like you, I will keep you, but I will use you only when it's necessary".

The need for autonomy and independence, which also brought a deep feeling of guilt to the preteen, was contained in "Bad A.". Whenever A. did not meet his father's expectations, he developed a negative belief about himself that was difficult to change by an external agent. As a result of that activity, A. managed to accept the part of himself that he thought of as unpleasant and could assign a new meaning to it.

The theme of the parents' divorce was approached by using the Rogerian dialogue technique, this way encouraging the disclosure of the preteenager's concerned thoughts and feelings. For this to happen, a stuffed animal was used, the one A. had been attached to ever since childhood and which helped him soothe during stressful moments, as when his parents divorced. The goal was to process and accept the event that took place in the family and to clarify the present situation, in order to understand that it was not him who was responsible for his parents' decision.

Towards the end of the psychotherapeutic process, the parents were invited to participate along with A. in a family session. The techniques used were mostly based on drawing. For instance, they made together a drawing representing the family, in order to observe the way in which they communicated and cooperated with each other.

Then, they each made a separate drawing with something they liked, and the other members could complete the drawing by adding a new element to it, or could leave it as it was. As a result of the discussions, each member of the family revealed their needs as well as their discontentment, in order to be able to find solutions and to establish certain rules together.

### **III. Results**

After the therapeutic intervention, important changes compared to the initial scores of *MASC test* have been observed, on the Harm Avoidance (Perfectionism) scale: although the initial clinical score was 71, after the re-evaluation the score has lowered to 54, which means that the preadolescent's perfectionism tendency was more discrete and he was more inclined to accept making mistakes.

On the Social Anxiety scale (Humiliation – Rejection) the final score, 64, proved to be lower than the initial one, of 84. It could signify that A.'s

anticipation of humiliation or rejection moments also decreased.

Furthermore, on the performance fears subscale of the Anxiety scale, the scores have lowered from 73 to 59 after the psychotherapeutic intervention. As a result, the fear of being exposed to a public or an interpersonal context has decreased.

The score of the Separation Anxiety scale registered a 7 points decrease, from an initial 77, to a final 70, showing that A.'s fear of separation from his parents has lowered.

Before the intervention the total score on the multi-dimensional Anxiety scale was 70, and at the re-evaluation was 51, which indicates that the preadolescent's anxiety level became medium.

Regarding the personality patterns from *M-PACI test*, there has been registered a growth on the Confident scale, from 50 to 78, and on Outgoing scale, from 75 to 78. The scores for Conforming scale have decreased (from 75 to 68), as have the ones for the Submissive scale (from 70 to 58).

On the scales that indicated current clinical signs, Anxiety/ Fears has lowered significantly from a clinical score of 75, to a subclinical score of 40, Attention Deficits has decreased in scores, from 75 to 65, and so did Disruptive Behaviors, from 71 to 40.

*The family drawing test:* through the family portrait, by considering the elements of graphic analysis, the introvert personality of the child was revealed. Then, the presence of self-identification was highlighted by the subject drawing himself first, on the right side of the paper, as well as, through the answers given to the questions addressed, feeling the happiest and wanting to be like his drawn self. The depreciation of his father was present by drawing him last and smaller than the other characters. The mother was valued, being a protective image with whom A. had a strong emotional bond.

The interpretation of *Düss Fables* highlighted the preadolescent's dependence on his parents, fear of losing a loved one and fear of abandonment.

A. experienced separation anxiety, causing him to develop an insecure, preoccupied attachment strategy when it came to his family, friends and well as acquaintances. He needed attention, safety and affection and sensitive/ reactive to what others thought of him. Concerning the family relations, although he was overly-reliant on his parents, he expressed needs of growth and recognition.

The interpretation of *CAT* showed that the mother was presented like a loving maternal figure, who

accepted the child's mistakes and who sustained his decisions. In the developed stories, the child used his personal resources (courage, faith) to solve difficult situations and to adapt to unusual events. Some of the responses indicated that the fear of abandonment and loneliness were still present.

From the final evaluation, it has been observed that there were certain changes. As said, compared to the initial evaluation, the anxiety score, for both Humiliation – Rejection and Performance Fear subscales, has lowered significantly. Furthermore, on the Generalized Anxiety scale there were no more clinical scores, these being reduced as a result of therapeutic process. The total anxiety score, although initially a clinical level score, became a medium one. That means that A., following the psychotherapeutic process, learned how to regulate the emotions that were a problem for him and how to express them in an adequate way.

Regarding the emerging personality patterns from M-PACI, the scores on Confident scale had a considerable growth, compared to the first evaluation, meaning that the psychotherapeutic process had a positive result on self-confidence, too. Moreover, there has also been a decrease in the final score compared to the initial one, on the Disruptive Behaviors scale.

After the psychotherapeutic process, there was noted a significant improvement of the relationships in the preadolescent's family. His dad started to spend more time with A., helping him with his homework and playing together, while, in relationship with his mother steps were taken towards transforming the diffuse boundaries into clear ones. They established a set of rules which needed to be followed by all members of the family in order for everything to function well. A. was allowed to spend time with his friends after school, only if he let his parents know first where he was going and what time he would be back home, his mother agreeing to discard the mobile app which showed the preadolescent's whereabouts.

More changes were implemented in how A. managed his fear of failure, thus, following the psychotherapeutic process, the preadolescent realized what the purpose of making mistakes was and its positive impact on his life, working to accept that nobody was perfect. That aspect was encouraged by his parents, who then chose to validate his emotions whenever A. felt guilty after making a mistake and they supported him more, for example instead of reproaching a bad grade they tried to find solutions, together, to fix the problem.

One of the difficulties specified by the preadolescent was his fear of being called to the blackboard to answer the teacher's questions, as he was scared of making a mistake, of not being good enough; at the time, A. started to offer himself voluntarily to answer questions, in new lessons, having a better understanding of how to solve the exercises, which indicated he was able to expose himself in front of colleagues and teachers and allow himself to make mistakes as a way of learning.

#### **IV. Discussion**

The main controversy in the specialty literature is related to the effects divorce can have over children, some researchers claiming that some children are successfully adapting to the divorce of their parents, while others highlight that children may have serious emotional disorders (see Hetherington & Elmore, 2003), therefore this research aimed to study the perceived effects of divorce on a given preteenager.

This case study had as objective the development of protection factors which help the preadolescent to adapt in a resilient way to distressful events in his life. Results showed that the experiential psychotherapy sessions have led to the improvement of self-esteem, lowered the social anxiety, general anxiety, and enhanced coping strategies. In other words, the psychotherapeutic intervention improved the familial and individual resilience factors. Although at the transgenerational level on the maternal line there was a predisposition to anxiety, the psychotherapeutic process has helped to reduce the child anxiety.

The results of this study case show that children are affected by the separation of their parents, which confirmed what Hutchinson et al. (2007) sustained in their studies. But more than that, the present study highlights experiential psychotherapy as a proper method to diminish and mitigate the existing effects, consequences of the divorce.

Following therapy sessions, it has been observed that the preadolescent's performance anxiety has lowered. He succeeded in following the rules established together with his parents and to communicate in a more assertive way with them. Regarding A.'s fear of abandonment and separation, developed as a result of his parents' divorce, he registered lower scores after the therapy, implying that he felt it at a manageable level. One of his objectives was spending more time with his father, which has been fulfilled by establishing a play time schedule, with activities that allowed them to spend quality time together.

One of the unsolved issues of specialty literature was referring to how children perceive divorce: for those who come from abusive families divorce can be seen as a liberation, while for securely attached children parental divorce can bring guilt and fear of separation and loss, and the effects can be more drastic in the case of adolescents, being linked to several phenomena, including juvenile delinquency.

For future research of this study case, the relationship between A. and his parents should be addressed, because of the very different parenting styles of his mother and father, which can affect the development of the soon to be adolescent. Concerning A., a personal development process would be beneficial for him, taking into consideration that in the process of becoming an adolescent he will face numerous challenging situations. Furthermore, the focus should be brought upon encouraging assertive communication, couples therapy for the parents or family therapy.

Future research should focus on protection factors found in the environment children and adolescents grow up in. For example, further study could address the way in which extrafamilial support factors – friends, classmates, close relatives or successful educational experiences – can alleviate the effects of divorce.

## V. Conclusion

Preadolescents have the capacity to integrate a parental divorce. In this context, resilience is the ability a child needs to adapt to traumatic events that they went through. However, the theory and research on how children and their families adjust to adversities, individually or together, has an important role in the development of the human resilience studies.

Through this study, it has been concluded that divorce has an important impact on the development of preadolescents, causing a high level of anxiety, low self-esteem and behavioral disorders; it has been also discovered that the resilience of a child protects them from the negative effects of the distress caused by parental divorce. Furthermore, resilience can be improved if the child receives support from the adults in their environment and if they are encouraged to discover their inner resources, that can help them better cope with risky situations present in their life.

In conclusion, the experiential psychotherapy was the framework where the fears of the parents and the child could be expressed and explored and the needs were respected and nourished.

## References

- Bellak, L., & Abrams, D. M. (1997). *The Thematic apperception test, the children's apperception test, and the senior apperception technique in clinical use*. Allyn & Bacon.
- Chen, J., & George, R. (2005). Cultivating Resilience in Children from Divorced Families. *The Family Journal*, 13(4), 452-455. doi: 10.1177/1066480705278686.
- Cohen, G., & Weitzman, C. (2016). Helping Children and Families Deal with Divorce and Separation. *PEDIATRICS*, 138(6), e20163020-e20163020. doi: 10.1542/peds.2016-3020.
- Cormoș, V. C. (2006). Efectele divorțului asupra copiilor și a părintelui rămas singur (The effects of divorce on children and parent left alone). In S.-T. Maxim & B. Popoveniuc (coord.), *Analele Universității „Ștefan cel Mare” Suceava* (The Annals of “Ștefan cel Mare” University, Suceava) (p. 89-95). Suceava: Ed. Universității din Suceava.
- Dias, P., & Cadime, I. (2020). Protective factors and resilience in adolescents: The mediating role of self-regulation. *Psicologia educativa*, 23(1), 37-43.
- Petrova-Dimitrova, N. (2017). *Introducere în reziliență (An introduction to resilience)*. Sofia: Social Activities and Practices Institute.
- Hetherington, E. M., & Elmore, A. M. (2003). Risk and resilience in children coping with their parents' divorce and remarriage. In S.S. Luthar (Ed.), *Resilience and vulnerability: Adaptation in the context of childhood adversities* (p. 182-212). Cambridge University Press.
- Hutchinson, S., Afifi, T., & Krause, S. (2007). The Family that Plays Together Fares Better. *Journal Of Divorce & Remarriage*, 46(3-4), 21-48. doi: 10.1300/j087v46n03\_03.
- INS – Institutul Național de Statistică (The National Institute of Statistics) (2019). *Evenimente demografice (Demographic events)*. Retrieved on 29 April 2020, from <https://insse.ro/cms/ro/content/evenimente-demografice-%C3%AEn-anul-2018>
- Ionescu, S., Nicolae, S., & Cyrulnik, B. (2013). *Tratat de reziliență asistată (Assisted resilience treatise)*. București: Editura Trei.
- Johnson, B. (2005). *Emotional Heath*. Ventnor: Trust Consent Publishing.
- Kaduson, H., Cangelosi, D., & Schaefer, C. (2019). Prescriptive play therapy. *International Journal of Play Therapy*, 10(2), 57-73.
- Kelly, J., & Emery, R. (2003). Children's Adjustment Following Divorce: Risk and Resilience Perspectives. *Family Relations*, 52(4), 352-362. doi: 10.1111/j.1741-3729.2003.00352.x.
- March, J. S., Parker, J. D., Sullivan, K., Stallings, P., & Conners, C. K. (1997). The Multidimensional Anxiety Scale for Children (MASC): factor structure, reliability, and validity. *Journal of the American academy of child & adolescent psychiatry*, 36(4), 554-565.
- Masten, A., & Barnes, A. (2018). Resilience in Children: Developmental Perspectives. *Children*, 5(7), 98. doi: 10.3390/children5070098.
- Millon, T. (1993). *Millon adolescent clinical inventory*. Minneapolis, MN: National Computer Systems.
- Parisuz, A., Najarpourian, S., & Mohammadi, K. (2019). The Effect of Intensive Short-Term Dynamic Psychotherapy on Marital Conflicts and Interpersonal Processing of Married Women with Emotional Divorce. *Iranian Evolutionary And Educational Psychology Journal*, 1(2), 112-122. doi: 10.29252/ieepj.1.2.112.
- Robertson, H. (2016). *Exploring Potential Connections Between Parental Divorce, Deviance and Negative Child*

- Outcomes: A Literature Review.* (Thesis, Arkansas Tech University). Theses and Dissertations from 2016, 16. Retrieved from [https://orc.library.atu.edu/etds\\_2016](https://orc.library.atu.edu/etds_2016).
- Robu, V., & Pruteanu, L. M. (2015). Evaluarea rezilienței adolescenților: Proprietăți psihometrice ale unui instrument – Brief Resilience Scale (Assessing resilience in adolescents: Psychometric properties of an instrument – Brief Resilience Scale). *Revista de Psihologie, 61*(2), 109-120.
- Sandler, I., Wolchik, S., Davis, C., Haine, R., & Ayers, T. (2003). Correlational and experimental study of resilience in children of divorce and parentally bereaved children. In S. S. Luthar (Ed.), *Resilience and vulnerability: Adaptation in the context of childhood adversities* (p. 213-240). Cambridge University Press. <https://doi.org/10.1017/CBO9780511615788.011>.
- Turliuc, M., & Măirean, C. (2014). *Psihologia traumei (Psychology of Trauma)*. Iași: Polirom.
- Uphold-Carrier, H., & Utz, R. (2012). Parental Divorce Among Young and Adult Children: A Long-Term Quantitative Analysis of Mental Health and Family Solidarity. *Journal Of Divorce & Remarriage, 53*(4), 247-266. doi: 10.1080/10502556.2012.663272.
- Vanderbilt-Adriance, E., & Shaw, D. (2008). Protective Factors and the Development of Resilience in the Context of Neighborhood Disadvantage. *Journal Of Abnormal Child Psychology, 36*(6), 887-901. doi: 10.1007/s10802-008-9220-1.
- Vasile, D. L. (2018). *Trauma psihică și consecințele ei. Evitarea retraumatizării (Psychological trauma and its consequences. Avoiding re-traumatization)*. Training session, February 23-24, 2018. Bucharest, Romania, Pro Refugiu Association.
- Zolkoski, S., & Bullock, L. (2012). Resilience in children and youth: A review. *Children and youth services review, 34*(12), 2295-2303.