

## Case Report

# Transgenerational Impairments of Non-Realized Sorrow in Family Psychotherapy

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### ABSTRACT

On the basis of author's experience, who is committed in Psychoncology scope and in the work of family psychotherapy, the failure of sorrow's elaboration may result in the development of psychopathologies not only in the subject who is affected by disease, but also in his relatives and in his offspring's. In this article, will be presented and exemplified some cases that were

treated about it by the signed with psychotherapy sessions of systemic-relational matrix.

**Mesh Headings/ Keywords:** Non-elaborated sorrow; Psychopathological consequences; Transgenerational fallouts; Family psychotherapy

### Case Report

In our actual European culture the myth of eternal life and eternal youth is cultivated, rejecting disease, oldness, death. Furies and improper complaints against health workers, that are considered responsible for a relative's death, are very frequent [1,2].

In other eras and in other societies the experience of death was accepted more peacefully. Saint Francis in his "Cantico delle Creature" prayed:

"Praised be You, my Lord

For our Sister, Bodily Death,

From whose embrace, no living person can escape. Woe to those who die in mortal sin!

Happy those she finds Doing your most holy will.

The second death can do no harm to them!"

In other eras one died at home, looked after by his relatives, also by children; nowadays one dies in the hospital, often without relatives and behind a private area [3].

John Brantner (1946-1987) said: "Only those who take away by love can avoid the sadness of sorrow. It is important to grow up through sorrow and to remain vulnerable to love".

Because of my profession of psychologist, I treated themes linked with the elaboration of sorrow at the Department of Pediatric Emato- Oncology.

The start of collaborations with the Departments of Sinology, Medical Oncology and Gynecological Oncology in my actual role of Regional Coordinator of SIPO (Italian Society of Psychoncology), for events at the University of Bari ECM, kept for 4 editions "The terminal ill in General Hospital: psychological and relational aspects that involve patient, his relatives and operators".

In my profession as family psychotherapist I often treat problems that are linked with lost elaboration of sorrow, in which

all the relational system of the ill is involved, that determine the development of psychic symptomatology, not only in subjects, but also in his relatives and in his heirs [4-6].

The reaction to the loss has consequences at different levels:

#### Somatic

- Decrease of immune defenses, that implies a major risk of sickness
- Impoverishment of pulsional world, impairments of organic functions as eating, sleeping, sexual relations intellectual, with consequences on self-esteem
- Impairments of attention and concentration, learning and memory Affective
- Inclination to pessimism, victimize, loneliness
- Hypersensitivity to criticism, susceptibility
- Affective disinvestment; sense of unfamiliarity
- Aggression
- Guilt feelings
- Regrets
- Tendency to escape from dead's memories

If loss isn't accepted pathological sorrow can succeed; pathological sorrow is different from normal sorrow in:

- Major intensity and duration;
- Serious risks for health and personal psychic integration.

A Chinese aphorism says: "You can't avoid that birds of anxiety fly on your head, but you can prevent build a nest". There are different elements that determine the result of the elaboration of sorrow, in a positive and in a negative sense: -degree of psychosocial development of subject;

- degree of intimacy to dead person; -type of relation

during sickness; -relatives' affective and social resources.

Others are important to facilitate the evolution of sorrow processing and canalize it toward a positive evolution [5].

Shrinkage in themselves is a very harmful mechanism for familiar nucleus in a case of death. It consists of avoiding the manifestation of own pain to the others, fearing of weighing them down emotionally.

These are useful and positive attitudes to comfort sad people:

- Not comforting
- Not minimizing, criticize
- Not surrounding to refusal

#### **But be able to...**

- Listen
- Receive
- Share
- Be present in a discreet way
- Help in practical issues, as organizing funeral, informing others about the events
- I'll present schematically some cases i treated; in these cases, the missed elaboration of sorrow was at the basis of the present problems; facing and going back in the spiral there were positive progressions.

### **Case 1**

The couple arrived after one year from the unexpected eldest son's death because of a road accident when he became just adult. "Serious depression" was the diagnosis given to the wife [2,7].

The referred problems were difficulties at work, inability to concentrate, insomnia, loss of energies essential to worry about the other son, continuous conflicts with the partner, accused of being self-centered, insensitive and absent.

#### **Focalization of the problem**

- Wife: she felt neglected
- Husband: he tended to operate an "escape" at work
- Son: he felt isolated, he risks, in an evolutive phase, the loss of emancipation from his family

The elaboration of sorrow was arrested.

They seemed closed in their private pain, unable to communicate and to offer reciprocal support.

#### **There were some dysfunctional relations**

- The woman describes the bond with the dead son as very intense, characterized by elevated affective involvement, harmony and intimacy, not comparable to those experienced with her husband or with the other son [8].

- The lost son had replaced the absent partner, too much concentrated on his career and on his self-fulfillment.

#### **The goals of therapy were to:**

- Foster communication about emotions
- Foster the reciprocal support between spouses
- Foster the elaboration of sorrow, that happened hand in hand with the transformation of dead son's room, until then remained unchanged, in another setting of the house
- Permit to the other son to identify and "untie" himself

### **Case 2**

R., an Albanian adolescent aged 11, comes with the diagnosis of "Reactive Psychomotor Restlessness", "Borderline intellectual performances" and "Encopresis".

He was accompanied by the nuns of the communities in which he lived in his country [8].

His mother died after his birth, having been ousted by a hospital's midwife as a result of her refusal to cede R. in exchange for money.

His father, widowed, with other sons and with insufficient economic resources, being unable to personally follow R.'s growth, had entrusted him to the community, where he sometimes went to visit him

Here is the focalization of the problem:

-R. lived feelings of rejection and intense anger, believing that he had never been able to enjoy his mother's warmth and love; he didn't know the reasons of his mother's death, that he attributed to complications of childbirth.

#### **The goals of therapy were to:**

Foster the awareness of R. that he had been loved by his mother, through the unveiling, by his father, of the real causes of his mother's death

Foster the recovery of a series of information's about of her, transmitted by his father, talking about her, showing him some photos, giving him some personal effects

Facilitate the restoration of dialogue between R. and his mother through the collaboration of the religious of the community, that accompanied him repeatedly to visit her grave

Identify, among nuns, one that would become a landmark for R.

#### **These were the results**

Withdrawal of symptomatology and rescue of autonomy, in accord to his chronological age -development of his learning abilities.

### **Case 3**

The diagnosis for the son, aged 5, was "Developmental disharmony of personality", "Obsessive traits",

"Vocalic and motor dyskinesia", "Tendencies to isolate".

### This was the focalization of the problem

The depression of mother emerged, and it started after her father's death, towards which she feels guilty for having nurtured hostility feelings and contempt, because she wasn't able to recognize her father's difficulties and problems, because he was affected by schizophrenia [9-11].

### The couple seemed to be going through a crisis. They resulted

- Emotionally distant
- Isolated at a social level
- They fought frequently, involving the younger son about the educational ways that should be adopted.

The son

- Didn't respect rules
- Refuses the contact with others
- His closure seemed a metaphor of the communicative closure between parents and between parents and others [5,7].

### The goals of the therapy were to

- Elaborate guilt feelings and the sense of helplessness toward his father;
- Foster the emergence of father's positive memories;
- Reactivate her dialogue with his father, going to his tomb, that she hadn't visit after his death (6 years before)
- Foster the acceptance of her thoughts and feelings toward her husband
- Work on the affective approach of spouses
- Encourage a major social openness of the family.

### These were the results

- The mother improved her mood;
- The couple seemed less conflicted and more united.

The son

- Had ceased his obsessive rituals -resulted less isolated at a social level
- His closure's traits had loosened concurrently with a major parent's opening, between them and with external world.

## Case 4

The couple arrived in therapy because of the wife's problems; she was affected for over 25 years by "Anxiety", "Depression" and "Social Phobia" and she took drugs [12-14].

At the beginning of adolescence also her son suffered

from "Scholar Phobia and Attachment Disease".

### This was the focalization of the problem

- The wife had begun to develop her symptomatology after her son's birth: she felt inadequate for the new role of mother, considering that she couldn't ask for help to her own mother, deceased soon after;
- Also, her mother suffered from depression, since her daughter was 10; the last one didn't receive her mother's support;
- Her mother missed her own mother's guide in adolescence because of imprisonment; in fact, she killed the user who had addressed to face her family's economic difficulties;
- The husband felt to perform only a caregiving role for his wife;
- The couple seemed emotionally distant and the spouses often conflicted.

### The goals of the therapy were

- Explicit the request of caregiving that wife steadily turned to her husband;
- Help the wife to understand her own mother's problems, that had prevented her to carry out her role of mother, failure imputed by her to a refuse, due to her insufficiencies and inadequacies;
- Ask the husband to listen his wife's suffering
- Solicit in his wife positive memories about her mother
- Take her to her mother's grave to facilitate reconciliation and elaboration of sorrow
- Foster the reorganization of couple's roles through the clarification of requests and reciprocal commitments
- Foster a major couple's opening to external world
- Foster son's release.

This were the results

- Major communication and intimacy in the couple -minor husband's hostility and anger toward his wife -improving of couple's emotional mood.
- Major couple's opening to external world -improving of wife's mood [6,13].

I would like to conclude with a reflection made by a patient, that was affected by "Post-traumatic Stress Disorder" because of his mother's premature death. He assumed that was very detrimental not talking to anyone to share his emotions and to elaborate sorrow. He said: -"WHEN YOU'RE AFRAID OF WORDS, YOU'RE A FACT'S SLAVE".

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*Submitted 05 November, 2016*

*Accepted 02 December, 2016*