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Case Study

BY DAFNA LENDER

A New Family Narrative

TRANSFORMING INTERGENERATIONAL TRAUMA



One of the most important decisions a therapist makes is how broadly to define the problem that clients bring into treatment. In an individualistic culture such as ours, it's common to focus narrowly on whoever is exhibiting problem behavior, without understanding the wider family context shaping the issues of immediate concern. Often the key to working effectively with a family is expanding the therapeutic perspective to include the history of intergenerational trauma underlying the present-day issues, even if that's not the family's view of the origins of the presenting problem.

It's not easy to introduce this per-

spective to parents. When parents bring their child for therapy, they don't expect or want to be the focus of the work. That's why one of the first things I tell parents is that I work from an attachment perspective, and will be working as much with them as with their child, sometimes more. When they're willing to look into their own childhood history and how it may be contributing to the situation, the real work can begin.

THE BOSS?

John's entire identity was his family business. He owned a wood-processing plant and a small horse farm, and worked all the time, even on week-

ends. He never meant to become my client, but when he brought his 11-year-old son, Adam, to see me, I insisted he come too, since I specialize in family therapy. I'd have asked that mom join us, but she worked the swing shift as a nurse and wasn't available after school.

Adam had anxiety and executive functioning deficits, and had been diagnosed with attention-deficit disorder and oppositional defiant disorder. When I asked for details, John said, "Adam's in his own world: he doesn't listen. He needs to be told three times just to do simple things, like clearing his cereal bowl from the table. Same with going to school, going to bed—whatever we say, he stalls and doesn't listen."

When I met Adam, he was on three different psychotropic meds, including a sedative for sleeping. He told me what he thought the problem was: "I can't think straight sometimes. I forget. When my dad tells me to do something, it sounds far away. Then he gets mad and yells at me."

I then asked Adam about the anxiety and fears that the psychiatrist was medicating him for. "I can't sleep at night because I'm scared someone is gonna to crawl through the window," he said. "My dad tells me that's impossible because we're so high up, but my sister can climb the tree. Also, I'm scared of Kiko, one of our mares, because she gets scared by critters, and twice she kicked me when she saw a mouse."

"How do you deal with these fears?"

"I try to tell my dad that I don't want to muck the stalls. I'll fill the trough and the water buckets and stuff, but I don't want to go in behind her because she gets spooked so easily."

I turned to John and asked, “Is that a fair deal? He’ll take care of the chores outside the stall but won’t go in?”

“That’s fine for now, but it’s not a solution. Adam has to learn that he’s in charge. Horses are social animals. If you’re confident, they’re as calm as can be.”

It turns out, that was John’s entire parenting philosophy. Whenever Adam was scared, John told him he had to put mind over matter and be courageous. This also applied to the bully Adam was contending with on the school bus and when he had fears about going to sleep alone at night.

I tried several different tactics in family therapy to help John understand that this philosophy wasn’t working for his son. I had Adam express how he felt unprotected and judged for his fears. I educated John about the brain and how admonitions and lectures won’t help a frightened child. I recommended John do things with his son, rather than ordering him to do his chores by himself.

John always nodded in seeming accordance. The next week, however, Adam would report the same things happening. John would ask Adam to go to bed but wouldn’t tuck him in; John would tell Adam to muck the stalls, even though we agreed they’d do it together; John yelled at Adam for dawdling before school, even though we talked about his fear of the bullies on the bus. When I asked John why he couldn’t implement our strategies, he said he was tired and couldn’t muster the energy. In exasperation, he said, “Adam is going to have to manage the factory when he’s older. If he can’t stand up to a horse or a kid on the bus, how is he going to be the boss of 35 workers at the factory?”

ATTACHMENT RELATIONSHIPS

In our individual session, I asked John questions about his growing up, such as how his parents showed affection and how they punished him. Were there any family secrets, alcoholism or other addictions, any sig-

nificant losses or deaths? Did anyone other than his parents take care of him? Did he feel rejected as a child? These questions are adapted from the Adult Attachment Interview, which asks adults to recall attachment-related memories from early childhood. The responses lead to adult-attachment classifications in three main areas that can help inform therapy.

Autonomous or secure adults tend to value attachment relationships. They can coherently describe the impact of attachment-related experiences, such as being sick and needing comfort, or losing an important relationship because of death, moving away, or divorce. *Dismissing adults* tend to devalue the importance of attachment relationships or to idealize their parents without being able to give any examples of their goodness. *Preoccupied adults* are still very much involved with their past attachment experiences and can’t explore them productively. They often express anger when discussing current relationships with their parents. Dismissing and preoccupied adults are both considered to be insecure.

When I asked John about his relationship with his father, he told me he revered him. He described his father as a hard-working war hero devoted to his community. Rather than sounding personal, John’s description of his father seemed like a reporter’s account of a man on a pedestal.

When I asked for specific adjectives to describe his relationship with his father, he said: *kind, strict, inspiring*. I asked if he had specific memories for those adjectives. For *strict*, he described the work ethic his father had imposed on him and his brothers, requiring them to help at the factory and around the property, as well as maintain excellent grades and play football in high school. For *inspiring*, he said his father had helped rebuild the church with his own hands after part of it had burned down. For *kind*, he recalled that he’d once disobeyed curfew, and when he’d come home,

his dad was sitting in the dark with a rifle across his lap. John laughed and said, “I jumped five feet in the air, but my dad didn’t say a word or punish me. That was his way of showing mercy on me.”

Noticing a dismissive pattern of attachment, I pointed out that John’s father seemed quite frightening—which prompted John to defend him adamantly, invoking the wisdom of his ways. He kept repeating that he was much softer than John’s grandfather, a volatile, angry man, who’d beaten John’s father. “He was a tough SOB,” he told me. “He came to the U.S. as a poor immigrant at 19 with nothing but his work ethic. My grandfather provided for his family, and he’s the reason I was able to go to college.”

“Wow,” I said, “your grandpa had some really admirable qualities, but I saw you shudder as you spoke about him. What do you think made you shudder just then?”

“He died when I was six, but the stories my dad told—he was not someone you wanted to cross!”

I pointed out that dealing harshly with boys seemed to be a repeated pattern in their family.

“Well, you had to back then!” John exclaimed. “You don’t understand the generation of men who came here and built their lives from scratch.” As he smirked with derision, I noticed how small and naïve it made me feel, and I thought about how Adam must feel when his dad lectures him in that tone.

“John, you seem to think I’m saying your grandfather and father are bad, or that I don’t appreciate their struggle. I think it’s admirable that you’re defending them, but you seem worried about my pointing out that they were scary men at times. I wonder why that’s so hard for you to talk about.”

“Because you don’t understand! They had to do what they did to me in order to get me where I am!”

“What did they do to you?”

“My dad did scare the shit out of me at times. Once, he locked me

in the toolshed for a whole evening because I’d gotten in trouble at school for punching another kid’s science fair display. We’d both done a project on solar eclipses, except his diorama had electricity wired in and looked really good. I’d worked so hard on mine without any help. When I saw this kid’s project, and what his dad had helped him do, I just flipped my lid.

“The teacher called my parents, and I knew I was in trouble. I ran home and hid under the bed until my dad came home and put me in the toolshed. It was so hot in there I thought I was going to die. He brought me water once in a while, but then just closed and bolted the door. When he finally let me out, the only thing he said was, ‘You’re not going to get anywhere by being jealous.’”

As John talked about his experience, I could see he had flashes of fear, anger, and sadness, and I made a point of demonstrating an intense focus and presence, nodding my head and expressing empathy in my voice. I asked John, “Do you think it’s possible for you to respect your father and understand why he felt he needed to do that to you, and simultaneously for you to honor that as a 10-year-old boy you were scared by what he did?”

“I don’t know,” John responded in a faraway voice.

“I want you to consider that you were a boy who had his own thoughts and wishes, his own feelings, who wanted to be accepted and recognized.”

Again, John got a faraway look, as if contemplating this idea, and then he seemed to come to. “What does this have to do with Adam’s problems?” he demanded.

“I think Adam feels he can’t have fears or need your help without you scaring him and making him feel bad for those feelings, just like your father did to you and your grandfather did to your father,” I responded. “I don’t think Adam has anxiety or attention deficit. I think that he senses from you that it’s not okay to feel scared or unsure. So when he

feels that way, he has to hide those feelings, but they don’t go away. They get pushed down and then come out as having irrational fears and an inability to concentrate.”

“Well, I was raised that way and I turned out okay!” John barked.

“At what cost?” I asked.

He paused. “What cost? I’m happy the way I am. I don’t have any problems.”

“Well, maybe, but do you ever feel lonely or empty? Do you ever isolate from your wife, even though she wants to be with you? Do you yell at Adam for not wanting to fall asleep alone, even though we’d agreed in here that you’d sit with him until he falls asleep?”

John then told me he spends every night in his garage playing video games and gambling online. He hasn’t lost any money, he assured me, but his wife is furious at him for staying in there and ignoring her feelings.

“John,” I said, “you have to decide whether you’re satisfied with the way you’re functioning in your family right now. I can’t decide that.”

John tried one more time to defend himself. “But how is sitting in Adam’s room until he falls asleep going to teach him independence and courage?! He’s almost 12 and needs me to read him a story and hold his hand on the bus? If he can’t get his act together, he’ll run the factory to the ground when he’s older!”

“I want the same thing for Adam as you do. I want him to have a clear, healthy mind and be able to hold down a good job and function in society. But here’s the thing: forcing Adam to do things he’s afraid of is impeding his ability to gain the independence you’re striving to teach him. By forcing him to muck Kiko’s stall, even though he’s been kicked by her twice already, doesn’t respect his experience of fear—just like your father misunderstood and humiliated you for being jealous of your classmate’s project.

“Your dad didn’t ask you what made you feel so bad that day when you saw your classmate’s project. Instead, he

made you feel really ashamed, lonely, and scared. Imagine if he’d asked you about what it was like for you to feel so proud and then so crestfallen when your classmate had such a superior science project?”

John got quiet.

“What do you think it would’ve been like?”

John choked back tears as he mumbled, “That boy’s father was at the science fair helping him rig up the electricity, and they looked so happy together. My dad would never have had the time, or even thought to help me.”

“That makes so much sense, John. You wanted your dad to be with you, to enjoy you. And seeing your classmate get that was too painful, so you got angry and violent instead. And then you got scared of what your dad would do. You were taught to hide when you had feelings that were ‘weak.’ But actually, being able to be with someone who loves you when you have those feelings is what makes you feel stronger.”

This was the beginning of my therapy with John. It took us about five months of weekly sessions for him to see the impact of his own experiences as a child, and how the legacy of violence, loss, and fear had been playing into his parenting attitudes toward Adam. Trauma is transmitted between generations when frightening experiences go unnamed and cause a child to internalize.

STOPPING INTERGENERATIONAL TRAUMA

One of the most important things John and I worked on was honoring the fact that his father had done the best he could *and* acknowledging that as a child John had harbored real and legitimate emotional needs that had gone unmet. The next step was to have empathy for John’s young self as he endured isolating and invalidating experiences with his father. In the process, John remembered several other disturbing and frightening incidents when his father had intimidated and

humiliated him in his efforts to raise him up to be “a strong man.” Since a persistent and corrosive feeling that John and many trauma survivors have is that they deserve the treatment they received, we provided him the opportunity to “reparent” his child self through self-compassion, modeled through my compassionate attitude.

Once John had come to terms with his childhood trauma, we turned our attention to his ability to repair with Adam. John had to take responsibility for invalidating and scaring Adam. In one touching session, he looked his son in the eye and apologized for forcing him to muck the stall, even though Kiko had kicked him in the head, and said how sorry he was for making him feel that his fears were not valid.

John told his son how hard it was to allow him to express his fear because he himself was taught that being sad or afraid was wrong; he added that he’s learning to approach things differently from how his father had handled them. At that point, Adam began to ask about his grandfather, and John shared both the good and the frightening aspects of the way he was raised. He talked about Adam’s great-grandfather, and later he and Adam looked up information together on Finland, where the great-grandfather had come from.

In a subsequent session, the three of us discussed how scary events can be passed down from one generation to another. Adam, being an amazing artist, drew a series of pictures of his great-grandfather leaving his seven siblings, crossing the ocean, and working in a lumber yard before buying their family farm.

I encouraged Adam and John to discuss how this ancestor might’ve felt, not as a way to justify his brutal behavior, but to have compassion for the legacy of tragedy and fear. This is an important aspect of healing, so the inherited history can be named, honored, and then ceremoniously set aside as an artifact, rather than kept in play as an element to be passed down from generation to generation.

The final piece of the therapy in healing the intergenerational trauma between father and son was teaching John about the importance of joyful play, physical proximity, and touch, which helps heal the attachment rupture and lay the groundwork for healthy patterns. John had had no experience of affection, tenderness, and nurturing in his childhood. Therefore, he had no idea how to be present for another person on a physical level.

Our therapy involved showing John how to stay close to his son during bedtime, including sitting shoulder to shoulder, stroking Adam’s hair, and the importance of storytelling as a way to calm Adam’s anxious brain. It turns out that, when given the freedom to be by Adam’s side, John enjoyed lying next to Adam and making up adventure stories. Adam’s nighttime problems went away.

As for the school fears, John tried to advocate for a bus monitor to prevent bullying, but that didn’t work. He tried meeting Adam at the bus stop to give the bully an intimidating look, but that only made things worse. Then one session, when they came in and I checked in on how the week went, Adam said, “It was great. Dad drove me to school every day.” My eyes widened in surprise and I looked at John.

“Yeah,” he shrugged. “I don’t want Adam to waste his energy having to worry about some twerp on the bus. I figure, let him start out his day without that hassle so he can focus on learning.”



In the end, even the powerful intergenerational legacy of trauma within a family can be transformed once its relevance to a current problem is identified and family members become motivated to see their struggles in a new light. The key to change in this case was creating a new narrative, which superseded the patriarchal legacy and opened the way for John and Adam to join together to create a new, more fulfilling relationship.

The past, no matter how entrenched, need not determine the future.

CASE COMMENTARY


BY ANITA MANDLEY

Although therapy most often focuses on our immediate life experiences, I’ve become increasingly aware of how those experiences can embody the traumatic legacies of previous generations. In her work with this father and son, Dafna Lender is right to avoid a narrow focus on the son’s problematic behaviors. I applaud the way she maintains her curiosity and empathy through the process of trying instead to heal an intergenerational wound. I’ve found the more I can maintain my curiosity about the trauma narratives of clients’ parents and ancestors, the more I discover just how much of clients’ own traumatic wounds don’t actually belong to them, but to previous generations.

In addition to trauma wounds, clients often carry their ancestors’ survival strategies, management patterns, and defensive accommodations. I’ve found that when they realize how much of these burdens might not be theirs, they become willing to wrestle with the possibility of letting them go. This realization often creates enough distance between themselves and what’s been passed on for generations to allow them to develop new patterns, which align with who they want to be in their present lives and how they want to engage with themselves, their family and friends, and the world.

Like much of therapy, I believe this process takes self-work on the part of therapists. The more we expand our awareness of the intergenerational burdens we ourselves are carrying, the more tolerance, resilience, and capacity we have in effectively supporting this work for our clients.

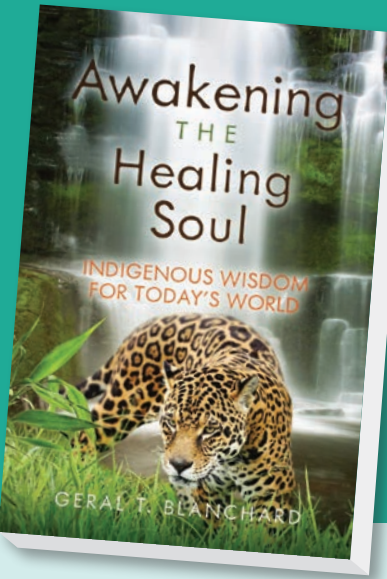
Lender’s case study is a great illustration of what this kind of therapeutic support can look like. Because of her skill and attention, the father changed his patterns of interacting with his son in ways that went beyond

their stated therapeutic goals. To me, transforming the patterns of interpersonal engagement and demonstrating an expanded capacity for a secure and safe attachment is a solid indicator of healing. 

Dafna Lender, LCSW, is an international trainer and supervisor for practitioners who work with children and families. She’s a certified trainer and supervisor/consultant in both Theraplay and Dyadic Developmental Psychotherapy, and the coauthor of Theraplay: The Practitioner’s Guide. Contact: dafna@dafnalender.com.

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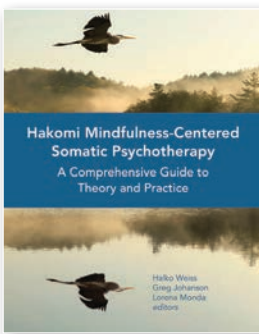
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