A case study showing Intergenerational trauma-work

76-year old Lucas looked like a spent old man when he first arrived for therapy. His wife had died two years earlier and while he had family (son, daughter-in-law and two teenage grandchildren) they lived busy lives in a distant town. His old friends had either died or moved away. Describing himself as alone, lonely and running on empty, Lucas confessed that life did not feel worth living.

Lucas doubted therapy would help but his doctor had persuaded him to try it as an adjunct to his anti-depressant medication. He was embarrassed about 'needing' this extra support. The therapist described what she offered as a relational integrative psychotherapist (Finlay, 2016) and what he could expect from therapy. They agreed he would try six sessions, with the option of staying on further.

The therapist felt an immediate pull of compassion for this sad, gentle, well-spoken old man. She recognised clear indicators of his depression: low mood, poor appetite, disrupted sleep, and slower than usual thinking. Engaging a **risk assessment**, she asked Lucas if he had ever thought of ending his life. He admitted to having considered suicide many times but always knew he couldn't and wouldn't follow through – he didn't want to hurt his living family or betray his wife, Rose, who had loved life so much. Relieved to hear of these 'protective factors', the therapist suggested he keep a diary, making a point to note down any suicidal thoughts so that the two of them could understand the triggers and processes arising at those times. This intervention also had the potential benefit of 'normalising' his dark thoughts and encouraging him to express them instead of pushing them down.

The therapist herself was aware of an acute sense of alarm, which she knew stemmed from previously working with a client who had committed suicide. Despite Lucas's clarity that he would not act on his suicidal urges she suggested they implement a 'crisis safety plan' for times when he might feel overwhelmed. Lucas found travel documentaries soothing and so they based his plan on TV travel shows, emergency contact with his therapist and, as a last resort, calling the Samaritans if it was the middle of the night.

The palpable sense of loss permeating Lucas's world became the **focus of therapy**. Somewhat to his surprise, his weekly therapy soon became an important highlight in his otherwise empty week and he was content to continue his therapy indefinitely. Lucas used his therapy well, exploring both his bereavement and his wider social needs. He valued the deep, compassionate, relational listening offered by the therapist. "Rose was a good listener, too", he said at the end of one session.

Lucas talked of dearly missing Rose, his "life companion". He and Rose had enjoyed travelling the world following his retirement from a successful legal career (he had been a 'Silk', a barrister of the Queen's Counsel). Since her death he hadn't travelled anywhere. Lucas described how he felt most alive when he was in distant parts but he wasn't sure he'd ever be able to travel again. The therapist reflected back all these major losses – of his work, his travel and his wife – and reassured him his depression was entirely understandable.

As client and therapist explored these losses over the next few weeks, Lucas's depression began to lift. His self-care and sleep patterns improved, and he joined the local bridge club to reconnect with a favourite pastime and enjoy the social contact it brought with it.

A couple of weeks on he arrived at a session in a preoccupied state. He had woken in the night from a disturbing dream but all he could remember was the terror of being "lost" and that he had been

"sobbing uncontrollably". The therapist noted that in all these weeks Lucas had never cried freely. Perhaps something in the dream had triggered this outpouring? Lucas couldn't remember the details, but had a vague awareness that the dream was located in Africa.

Her professional antennae alerted, the therapist asked about the significance of Africa. At first Lucas couldn't speak but eventually he said, "I grew up in South Africa". This was the first time he had mentioned his **childhood.** The therapist invited him to tell her more about this seemingly hidden side of his life and being.

Lucas told a sad story. He had grown up a privileged upper-middle class child living in a large, beautiful house with servants. But he had been a lonely boy. Contact with his parents was infrequent and perfunctory; they were busy with work and their socialising lifestyle. His father was often away, either working in the city or hunting big game. Lucas had been brought up by his Bantu nanny, Amani (which means 'peace' in Afrikaans) – and he considered her his 'mother'. Tears filled his eyes as he shared how she taught him to "love the real Africa that lives in the soul as rhythm and colour."

At the age of eight Lucas had been sent away to boarding school in England (his mother's native land). How he had hated it! Only the long summer holidays, when he could return home to Amani, kept him going. But one summer, when he was aged fourteen, he arrived home to learn she was "gone". Lucas's jaw and fists were clenched as he recalled the moment. His parents had refused to tell him what had happened. Over that summer he heard whispers of a terrible slaughter that had occurred in the region as Blacks were forcibly evicted from their rich ancestral lands and exiled to live in poverty in 'homelands'. Amani's family had been farmers and their land was located within an area that had been violently annexed by Whites.

The therapist's heart went out to the little boy Lucas had once been and to the terrible loss he had suffered. That this was tied up with the horror and brutality of those colonial times added to the trauma. She herself teared up when Lucas stated, "I knew Amani would not have deserted me. If she still lived, she would have… I know… She would have found a way to contact me."

This profound loss added new layers of complex trauma to the grief Lucas was currently experiencing. With the floodgates open now, Lucas spent several sessions talking about childhood experiences. The horizon of his rage against his father was ever-present: "I'm so ashamed of my heritage!" he shouted one day, before explained more quietly, "My father was an Afrikaner, a Nazi really. He was high up in the National Party and they spearheaded the apartheid laws which gave most of the rich lands to Whites and segregated the black South Africans into smaller groups - classic divide and conquer strategy. I hold my father responsible for Amani's death even if he didn't kill her by his own hand."

Over that fateful summer – his first without Amani -- his relationship with his father grew ever more distant. But his mother was often in the house and he began to spend more time with her. When Lucas told his mother he did not want to return to South Africa the following summer, she decided to travel with him back to her old home in England, formally separating from her husband. Lucas became a weekly boarder at his school, returning to his mother at weekends: his first taste of 'home' in England. The two then lived together for the next 20 years, until his mother's death. While they never became close, they offered each other support as they grieved for the loss of Africa in their different ways. Neither wanted to return there.

The therapist was hugely impacted by this story, particularly the evoked spectre of Nazism. When she heard the word "Nazi", she experienced a jolt. Suddenly a door flew open in her mind, revealing nightmarish images and unspeakable horror and grief. She was Jewish, and acutely aware of how her

own ancestors had perished in the concentration camps of World War II. Her throat ached for the Bantu people and their forced migration. Momentarily ungrounded and caught up in her own process, the therapists fought to 'close the door'. She reminded herself to stay present to and for Lucas. Instead of seeing him in a family of Nazi perpetrators, she remembered her compassion for the kindly and knowledgeable man in front of her, the man she had come to know, like and respect. She said nothing about her own heritage but resolved to take her disturbed dislocation to supervision.

If Lucas's rage and grief were evident, so too was his shame. Together with his therapist he processed what the two of them came to call his 'colonial guilt': the shame he carried for his parents and his other White South African ancestors. Their persecution of others was his pain, particularly so as he recognised his own colonial arrogance: in his childhood he too had ordered the servants around without regard for their personhood. And now he couldn't even remember most of their names. He pondered his sense of guilt as a privileged oppressor.

The therapist recognised the profound work Lucas had begun. To help him grapple with the intergenerational implications of his experience and reconnect more sympathetically with his childhood history she suggested he conduct a '**Parent Interview**' (McNeel 1976; Erskine, Moursund and Trautmann, 1999; Erskine & Trautmann, 2003; Erskine and Moursund (2011); Zaletel et al. http://www.integrativetherapy.com/en/articles.php?id=69). This unusual transactional analytic technique involves a client embodying their internalised version of a parent (or ancestor) to therapeutically explore issues that may be currently out of awareness. "This technique is not 'playacting'," the therapist explained, "it's about trying to take on another's persona from the 'inside'. Often, it is a way of giving therapy to that part of yourself and it might help you get in touch with unremembered memories and forgotten perspectives about messages you have 'soaked up' as a child". She suggested that over the coming weeks, without feeling under any pressure, Lucas should think about doing an interview with his father.

Despite her excellent intentions, the therapist had misjudged the impact her suggestion would have on Lucas. She was taken aback by the strength of his negative reaction and his resistance to working on any aspect of his relationship with his father. The therapist consulted her supervisor, who gently pointed out that her desire to see Lucas work with his father might be driven by her own history of not working through issues concerning her own father.

A couple of weeks later, Lucas returned to therapy. He now said he was interested in trying out a parent interview. However, he did not want to 'let his father into the room'; for him, the therapy room was a safe space he didn't want contaminated by his father's presence. Instead, could he perhaps do this exercise with Amani? Recognising the 'unfinished business' surrounding Amani's disappearance, the therapist agreed that this could be useful. As they would need extra time (a double session she explained), they set a date for the following week.

To begin the 'Parent Interview', the therapist invited Lucas to sit in a chair he had not used before and to close his eyes momentarily while trying to bring Amani into his mind. She asked him to sit in the same way that Amani would have sat and adopt a facial expression to reflect what Amani would be feeling.

After a pause, Lucas' body softened subtly. The therapist then spoke directly to Amani and thanked 'her' for coming in. She explained that the point of the meeting was to help Lucas by recalling how important Amani was in his life. Then came a gentle question: "To start, can you tell me a little about your life, Amani, and how you came to live with Lucas's family?"

A powerful, and distinctly surreal, dialogue followed. Here, 'Amani' expressed her love for Lucas and her sadness that she had been unable to prepare him for her absence and say "good-bye". She wanted him to know that part of her spirit would always be within him and that she was very proud of the "great man" he had become. She spoke with deep love of her land and people. She had died, she said, in a civil war. She had sought to protect her own family's lands. It was the White people's way, she said, it was part of a particular time in history. He wasn't responsible.

As the Parent Interview drew to a close, the therapist thanked Amani for her words and asked if she might be prepared to return at a future point.

To help restore the focus to Lucas himself, the therapist invited him to return to his familiar seat and begin processing his experience. He sobbed deeply, but these were 'clean' tears of healing as well as grief. It was impossible to fully understand what had just taken place but Lucas, in some awe, said he was aware of feeling lighter and having a new sense of peace.

A **new phase of therapeutic exploration** followed, with Lucas now able to recognise the impact his colonial heritage had had on him. He understood that his parents came from a different generation, one which saw the world in a different way. He grasped that both, in their own particular way, had loved Africa. While he was not ready to forgive his father's racist colonial exploitation, he found compassion, and even some love, for his mother.

Through this relational work, Lucas was able to challenge his long-held, shame-ridden belief that his parents had neglected him because he was 'unlovable'. He began to understand that in fact both Amani and, in her own way, his mother had loved him. But he couldn't recognise his father as having loving feelings and wondered what in his father's upbringing had made him into such a violent, bigoted man.

Lucas's profound grief at having lost his Amani 'mother' was something he had previously kept at bay. But now, confronting it directly, he realized he also carried with him many wonderful memories of Amani's nurturing and love. He became conscious of his gratitude for the way in which she had shaped his strong sense of justice and ethics – something that he leaned on throughout his life as a barrister.

Over time, Lucas decided that he needed to return to South Africa – something he had avoided for more than half a century. With growing excitement, he set about planning an extended tour. He asked if it would be possible to get back in touch with his therapist once he returned and possibly re-engage therapy. While he didn't feel he necessarily needed weekly therapy any more, he wanted to keep a regular link, perhaps having two or three weeks between sessions.

It was not clear how their work would evolve but the therapist felt it was important to stay in contact and not end finally. They discussed the possibility of Skype/Facetime contact while he was away but Lucas didn't feel this was needed. Accepting this, the therapist suggested he keep a journal of his travels and perhaps even drop her the occasional email. She confirmed that she would acknowledge all his emails and keep them safe until they could explore them on his return.

Concluding reflections : Thinking about relational ethics

While this story raises numerous relational-ethical issues, four stand out to me: the suicide risk, cultural sensitivity, the specialist use of the 'Parent Interview', and the rather blurred 'non-ending'. As you reflect on these, you might tune into your own embodied/emotional responses and what these tell you.

1) The initial **suicide risk** assessment is significant. I think the therapist was right to prioritise this early in their work given the additional risk factors to do with Lucas's depression, age, relatively recent bereavement and the fact that he lived alone. Facing the possibility of suicide head-on seems helpful. The ethics here concern taking appropriate action immediately to maximise the safety of a client known to be at high risk. It would also be important for the therapist, when contracting, to obtain *informed consent* regarding the limits of confidentiality and the possibility of her contacting her client's doctor if she found herself particularly concerned.

   Therapeutic intervention around the suicide risk began (appropriately, in my view) in the first session, where therapist and client discussed risk and coping. Given Lucas's adamant view that he would not commit suicide, some therapists might find the therapist's approach unduly cautious and directive. There are relational-ethical implications concerning the *theoretical values* implicated here. Research by Moerman (2012) suggests that many person-centred counsellors, for example, shy away from directly questioning suicidal intent. They feel a conflict between their non-judgemental approach focused on client autonomy and the public health perspective of focused and directive risk assessment. However, Moerman argues that not carrying out a risk assessment is ethically unsound.

   Suicide may or may not be a basic human right or choice. Different therapists will adopt their own moral position on this ethical question. Beyond personal values, I believe we have a professional responsibility to search out those layers of ambivalence usually involved when life-affirming impulses are juxtaposed with hopelessness or self-destructive thoughts. It was important here for the therapist to be able to monitor Lucas's thinking carefully over time; inviting him to keep a record seems a helpful strategy here.

   That Lucas' mental state improved as he engaged therapy was a hopeful sign. That he started to expand his social life was also important. This reminds us how we have an important relational role to play in focusing more *holistically* on a person's life situation and not just work intra-psychically.

   We don't hear much about how the therapist herself experienced the process of holding this potentially suicidal client. Assessing, and working with, the possibility of suicide is invariably stressful and distressing. Moerman's research shows how working with suicidal clients engenders feelings of responsibility, devastation, guilt, regret, a sense of failure and powerlessness, particularly if the therapist has had previous traumatic experience of a client's suicide. We can only hope that the therapist in this case study took her fears and concerns to *supervision* and allowed herself to be 'held'.

2) I greatly appreciate the **cultural sensitivity** shown by this therapist and her awareness of the value of embracing Lucas's cultural-historical heritage. The intervention using a Parent

Interview brought to the fore the inter-generational and inter-cultural layers of Lucas's trauma, making this therapy special and compelling for me.

I also appreciate the therapist's decision to not *self-disclose* her own family history of Holocaust trauma. There was a danger of insufficiently bracketing her own process, which risked leaking out into the work and shifting the focus away from Lucas's experience. In this instance, the therapist's Jewish background wasn't directly relevant to her client's own situation. And bringing in the Nazis may have simply reinforced Lucas's feelings of guilt. That said, it would be important for the therapist to take her unsettled-ness to supervision and perhaps therapy.

Being relational involves dancing between involved intimacy and reflective distance, the focus all the time shifting from self to other and to the relationship. When the therapist became ungrounded she momentarily lost herself in her own process, moving away from both client and relationship. That she was mindfully and reflexively aware of what was happening was important. Here we need to acknowledge the relational ethics of ensuring we have done the personal work necessary for ourselves before we can fully be present for others. In this case study, the therapist seems to have worked with her own inter-generational trauma, giving her sufficient groundedness to facilitate Lucas's journey.

3) When it comes to choosing a specific specialist intervention, the ethical priority (as I see it) is to ensure that a therapist is sufficiently experienced and competent to use it; also it needs to be culturally appropriate. In this case, **Parent Interview** is a potentially powerful imaginal technique but extra training (and ideally personal experience in one's own therapy) is needed. Then, it needs to be applied judiciously. As Hargaden & Sills (xxxx, p.163) argue, "a Parent Interview with a Maori client would be viewed as at best weird and at worst deeply insulting" .

   Of course, there are other ways to work with inter-generational trauma by attending to issues around attachment and culture. The systemic 'family constellations' approach or a psychodramatic enactment might have been equally valuable interventions here. Choice of intervention is a relational ethical issue because it rests both on our specific sphere of competence and on the context, including what suits our client's interests or capacity.

   From my experience of Parent Interviews, I know it is important to allow plenty of time afterwards to process the experience. The interview itself can be distinctly disorientating and unsettling. While it can have a substantial long-term impact, time and space must be allowed for whatever might emerge. The therapist in the case study was respectful of these needs.

4) Many therapists would take issue with the somewhat 'messy' **non-ending of therapy** in this case history. Should client and therapist have had a proper ending, with the possibility of a return at some future time? Were they both avoiding yet another painful ending? Was the therapist finding it hard to let go? These are questions one hopes the therapist would have explored in supervision.

   Personally speaking, I'm content they mutually and creatively negotiated their plan. I'm also happy with the idea that Lucas's therapy might take a different form on his return from his travels. While some might disagree, I think it's all about responding to client's expressed needs and respecting their choices.

The therapist's idea to encourage Lucas to communicate with her electronically while he was away is interesting, isn't it? I can see the value of preserving threads of attachment during a temporary break. I'm reassured that she was clear about holding his communications until his return, rather than promising to engage in correspondence. Doing the latter risked a move towards becoming 'pen pals' - and an unhealthy blurring of boundaries.