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**A REFLECTION OF LOSSES EXPERIENCED BY PREVIOUS GENERATIONS
IN THE DISORDERS OF FUNCTIONING OF AN ADOLESCENT**

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**adolescence
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Summary

When conducting family therapy in a systematic approach, connections between the current difficulties in the child's functioning and the events of the distant past, sometimes even those that occurred before the child's birth, are sometimes analysed. The emotional reactions of people that experience various kinds of loss, co-construct explicit and concealed beliefs that are inscribed in the principles of family rules. Their intergenerational message may be reflected in the specific, often metaphorical and symbolic, "problematic" functioning of the child. Assigning to children specific roles in the family or requiring them to fulfil more or less pronounced commitments, as well as evoking difficult, unreadable emotions in the child that are not related to his or her reality, may contribute to or intensify clinical manifestations of psychopathological symptoms, significantly impairing functioning. Referring to the clinical experience, available literature, as well as various theoretical concepts, the authors will try to decipher the mechanism of the inscribed losses experienced by previous generations in the development of disorders in functioning and their clinical picture in adolescents receiving family therapy and individual psychotherapy. The publication was based on a conference presentation.

The present publication is based on a presentation delivered on June 24th, 2017 at the Krakow's conference "Issues of Loss in Family and Couples Therapy" organized by the Laboratory of Systemic Psychology and Psychotherapy of the Children and Adolescent Psychiatry Clinic of the Jagiellonian University Medical College and the Family Therapy Outpatient Unit of the Adult, Children and Adolescent Psychiatry Clinical Unit of the University Hospital in Krakow.

Majority of our therapeutic work focuses on working with families where a child shows some psychopathological symptom or some problematic behaviour and on individual therapy with adolescents between 14-18 years old. Very often, even as early as during the initial interview, or later, during the therapeutical process, family members when describing the

context in which symptoms occurred refer to different kind of losses. Usually these losses are not very distant in time and accessible to an external observer, e.g. loss of a friend, boyfriend, death of someone close, loss of work by one of the parents. Sometimes, in the patient's family stories, descriptions and mentioning of some distant past losses surface; losses that are not directly experienced by the child with symptoms, losses that have become family legends or those that are not allowed to be mentioned. The latter have drawn our attention. Families usually do not connect those stories to the occurrence of some specific symptoms in a child. From our clinical experience it seems that even if the losses experienced by previous generations do not constitute a significant factor in the development of functioning disorders in the second or third generation, they do however impact relations, expectations, commitments, assuming and fulfilment of certain family roles, as well as the type of observed symptoms. Finding out the true significance of these losses for the occurrence of a particular type of disorder or dysfunction often requires an in-depth work, e.g. thorough analysis of family history within the frame or working with a genogram.

While researching the issue of significance of losses for the functioning disorders occurring in the second or third generation, the authors focused their attention on beliefs of the adult family members which are either explicitly transmitted to children and grandchildren (through warnings, norms, expectations or obligations) or conveyed in a concealed form (through customs, behaviours, traditions, secrets or specific emotional reactions - often unclear or surprising - as well as through delegating children and grandchildren to fulfil a particular role or take up specific actions).

Loss triggers specific reactions depending on what value the lost object (property, work, house, car, social position etc.) had to a given individual or - if it was a person - who they were, what was the relationship between them. Dealing with different emotions prompted by the loss (e.g. fear, regret, anger, guilt, hurt, jealousy) is much easier if one attempts to rationally approach and analyse this situation. One starts to create explanations and conclusions which, with time, can solidify into more general beliefs on people, the world, relations and reality. Some of them, presented by people who experienced loss, at times turn into family truths, life mottos, or proverbs: "when someone is born, someone else must die", "the departed makes room for a new family member", "you win some, you lose some", "it never rains but it pours", "the stronger you bond with someone, the sooner you will lose them". These and other beliefs may be transmitted to next generations as general truths about life and relations. They are strongly tinted by different emotions that may otherwise be difficult to express. This messaging often occurs on two levels: explicit and concealed. Ivan Boszormenyi-Nagy pointed out that the attitudes may stand in conflict with the hidden expectations [1]. For example, we may pass down to our children the story of how "in our family no one has ever come into a great wealth, and even if some has acquired something, soon they lost it". This story on its explicit level may be treated as a warning against trying to acquire wealth but on its concealed level, we may experience it as a yearning of a family for its lost riches. Loyalty to family, as described by Ivan Boszormenyi-Nagy, which remains on a concealed level pushes a family member to fulfil hidden expectations of their parents and grandparents. The balance between obligations and fulfilment of obligations constitutes the justice of the human world and being grateful to parents protects a child from a damaging feeling of guilt [1].

Following Stierlin's distinctions between "binding" and "expelling" families [2], it may be observed that experienced losses will trigger slightly different reactions in each of those groups. "Binding" families in a situation of loss may reinforce and strengthen tendencies to protect, care, being close even to the point of invading personal boundaries of family members. "Expelling" families in a similar situation will use denial, isolation, belittling a problem. However, in both groups, the most basic reaction to a loss is fear which each family member will deal with in their own way. The greater trauma the loss will inflict on family members, the stronger their fear will be. The subject of trauma of war losses - researched and described for example in the literature on Holocaust - was often forbidden to mention. In the stories by the second generation Holocaust survivors, they often mentioned compelling secrets of identity. Hidden stories of Jewish heritage and Shoah gradually revealed, often distorted, contributed to the disruption of intergenerational continuity [3]. An important and interesting review of research projects on this subject can be found in the publication by Rutkowski and Dembińska from 2016 [4].

Fear and anxiety spreads easily from person to person. The closer the relationships, the easier it is to get "infected". Anxious children often have anxious parents and anxious grandparents [5]. The immediate reaction to a traumatic, damaging experience is anxiety and a tendency to avoid people and situation that are the source of distress and pain. Next, anxiety may spread over other people and situations similar to those that had caused trauma. Simultaneously, beliefs concerning people, situations and mutual relations start to form. These beliefs based on anxiety start to expand and create a specific perception of the world (the world is hostile, surprising, unpredictable; people are cruel, treacherous, etc.) that is passed down to younger generations in stories, attitudes or behaviours which create a model to follow.

War traumas

15 years old Marek presented intensive anxiety symptoms which precluded him from going to school, having normal contact with peers, performing daily tasks. Information collected about the family enabled placing Marek's symptoms in the context of his grandfather's war experience and concluding that what this boy was experiencing was actually an inherited anxiety over disaster and destruction. During the war, the grandfather was only a child. From that time he remembered bombings, collapsing houses, demolition of the townhouse where he lived with his family during the Warsaw Uprising; he experienced the loss of the closest people. The grandfather as an adult was afraid of loud noises; his children had to behave quietly to not disturb and set him off. Sudden noise triggered panic attacks which were quickly followed by anger outbursts. Marek's mother, raised in the atmosphere of constant tension and sense of danger, was afraid of "everything": that something bad can happen, that people can harm her and her family; she was afraid for her son, that the world would hurt him because "he is so sensitive as our whole family is". Marek was afraid that he would get sick with some mysterious, terrifying illness and die; he was afraid that people on a tram may hurt him or would want to talk to him, he was afraid that his peers would laugh at him, he was afraid to go to school, take a trip or go to a store, etc. His mother's anxiety only intensified Marek's fears; Marek's anxiety reinforced and intensified his mother's protective and maternal behaviours while he was still haunted by his grandfather's anxiety and horror from times when the grandfather was a small child in a city bombed by the Germans.

The relationships between experiences of loss in previous generation and psychopathology, described in the present article, have been presented in the field's literature referencing different theoretical approaches. In 2015 in the *Psychoanalytic Dialogues*, the American analyst, Michael Feldman, presented a treatment history of his patient, Aaron [6]. Feldman wrote:

Aaron was a 20-year old man, an artist with Jewish heritage who sought treatment in relation to his compulsive, nearly continuous travelling, restless work, persistent insomnia. During their first meeting, he tried to convince the analyst that he did not need to eat or sleep and that he did not need to have a home. He lived within a strict regimen of work, diet and exercise. Very often he booked plane tickets and travelled; he did not seek shelter on the ground. He said that he could find peace of mind only when he was on a plane, going from one place to another.

Even though the analysis was conducted partially via phone and online messaging applications due to Aaron's numerous travels, as it progressed, the history of Aaron's family kept filling up with stories and meanings .

At the beginning, the therapist learnt that Aaron's father was born in 1941 in Tunisia which was then part of the Vichy France. Aaron knew that his father together with his parents moved to Israel shortly after the war and then again to the US in the early 60s. Aaron partially denied experiencing himself as a Jew. He emphasized that in Tunisia, even after the invasion of German forces in 1942, Jews were not persecuted or at least not to the same extent as in Europe; he did not perceive himself as a victim of war.

One of the turning points in this history was the moment when Aaron was stopped at the airport by the Israeli immigrant service and was informed that to the best of their knowledge he was an Israeli citizen. That trigger an immense fear of being held up and subsequently forced into the army. It turned out that Aaron's father had secretly made all of his children Israeli citizens. Their mother had a Jewish name - Rachel - but he hid the fact that she was a protestant. Endowing identity to Aaron was done through a lie (his father was a Jew but Judaism is passed down through the mother) and was kept secret for years.

Aaron's father was born in 1941. In 1942, German army entered Tunisia. For about 6 months until the capitulation, this region was targeted with intensive night air-raids. The subsequent move from Tunisia to Israel included a transitional stay in a refugee transit camp in the vicinity of Marseille. Feldman interpreted and connected the man's symptoms with the history of his father's traumas by referencing the theoretical conceptualizations described, among others, by the analyst Haydee Faimberg who in her book *The Telescoping of Generations* combines symptoms occurring at present with the experiences of parents in the past through unconscious identification of a patient with their significant ancestors who had experienced massive trauma [6]. Nicolas Abraham described another interesting approach in his concept of a phantom which is a crack, a gap in the knowledge and description created as a result of a trauma and transmitted to next generations [6].

The analyst connected Aaron's insomnia with night air-raids over Tunis and his compulsory travelling and moments of peace experienced only during flights with his family's road to freedom. Panic fear of being held up and Aaron's dreams about being crowded and confined with naked bodies bound by cables in a hangar - were linked with the transitional detention of his father and grandparents in the refugee camp.

Interestingly, the very same article also presents the story of the analyst, who during Aaron's analysis discovers and fills in the gaps in his own family of origin. He learns about his grandparents escape from Poland during the first world war and the secret of how they had temporarily placed his father in an orphanage. Unspoken global and individual traumas both in the stories of the analyst and his patient seem to have a lot in common and the author himself in the article highlights the significance of the discovery of his own unspoken history for the discovery of the patient's story [6].

Delegations and missions

Helm Stierlin [7], using his concept of family delegations, describes a particular situation where a child is given a mission to substitute for a late relative. On the explicit level, the child receives signals confirming that the parents treat them as an individual with own needs, interests and likes. However, on the concealed level, parents expect the child to behave in the same way as the lost relative, who that child might not even have known. Parents (or one of them) may tell the child stories about the deceased member of the family: their lives, choices they made, behaviours or dreams. By doing this with strong emotional overtones, they indirectly convey the information that this person was important to them and that he or she held a special position within the family. The child starts to want to be like that late person and parents may try to find similarities between the two. Often times, an even more secretive scenario may appear: there is no talk about the dead person, often the child does not know that such a person existed; however, parents strengthen and reinforce these behaviours of the child that the most resemble the late person or they direct the expectations that were held for the dead person towards the child. The dream of the parent who lost someone very close is to have that person back and in the process of delegation it does happen: the child assumes the role of the late person and simultaneously gets trapped in a "family ghetto" as Stierlin describes it [7]. The process of individuation/ separation of a child is halted and their ability to enter into new relationships and maintain those is hampered.

Binding forces are strong mostly in those families who in a traumatic way experienced separation (e.g. because of a sudden death of a family member) and have not yet coped with the loss. Very often such families get anxious over everything that could lead to another separation. According to Stierlin, anorexia can be understood as an answer to a family's fear of separation and simultaneously as an expression of incomplete mourning [7]. Balancing on the edge of life and death can be an expression of loyalty for the deceased, a declaration of unspoken sorrow and mourning or a desire to protect the nearest and dearest from having to confront feeling of grief and to sacrifice oneself on behalf of the whole family by carrying the whole burden of bereavement on one's shoulder. While working with different families where daughters were diagnosed with anorexia, during the review of the context of when the symptoms appeared, very often we encountered stories of a loss of close family members. Some of them were old stories of the past and were only somewhat "recalled" in the thoughts, experiences and conversations in situations of another loss (e.g. when the oldest son moves to a far away city to study, death of mother's father years after the late lamented loss of her oldest daughter) which triggered anorexic symptoms. We often had an impression that a family that collects different upsetting and difficult feelings does not have enough space for another negative emotion and anorexia becomes a vent that helps the family to organize these emotions in a safer way (as if

despair and anger over anorexia were safer to express than grief and anger over the loss of a close person; at the same time both feelings remain close to each other because they are connected by the fear of death).

Mourning as a substitute

A teenage girl was diagnosed with anorexia shortly after the death of her maternal grandmother who had been living alone and had been ill for many years. The mother used to send her daughter (who was later diagnosed with anorexia) to the grandmother's to help out with shopping, cleaning, cooking. She said that she realized that this might have been difficult for her daughter but she felt that her mother would feel more comfortable accepting help from her granddaughter because both adult women were very conflicted (the mother always felt that her mother loved and cared more for her brother rather than her). After the death of the grandmother, the girl was the one who expressed her grief most openly and strongly. She started to go to the cemetery daily to visit the grandmother's grave and pray on her knees there. The girl's father with tears in his eyes was telling the story of how he was picking his daughter up from the cemetery and how he was terrified to see her getting thinner and thinner. The whole family was moved by how the girl expressed her grief but was too afraid to talk with her about this for fear of making the situation worse. The girl's mother separated emotionally from her during that period. During the therapy she said that she was angry with her daughter because of her evident manifestation of grief after the loss of a person who wasn't as good as the girl would think because she had hurt the mother by rejecting her. Change in the family relationships was only possible once in the process of open discussions about the grandmother and feelings of the family members towards her, the mother very emotionally admitted that she appreciated that the girl could love so strongly and that she regretted that her mother had not been able to express her love. She also said that she misses her mother and that now she recalls the various good moments they had had and although her mother wasn't too caring towards her, she now understands her and forgives her because she was able to show love to her granddaughter who now can return that feeling. Since that moment, the girl started to go to the cemetery together with her mother and gradually visited the grave less and less often, leaving her mother space to figure out and organize her emotions related to the grandmother and her loss. The girl started to take greater care of herself and eating more healthy.

People often tend to give greater value to what has been lost rather to what is still here and available. The same may go for those who have passed away and those still alive, e.g. emotional closeness between a parent and a dead child may be concurrent with emotional abandoning of a living child or with actions aimed to get the living child to somewhat "substitute" for the one who passed away. The book by Joanna Szulkowska *The Trapped Childhood. Notes from Psychotherapy* [8], where she describes her difficult relations with her mother, who as a 6-year-old girl had lost her own mother, is a good example of the significance of parent's orphanage for the relations with own children. Szulkowska writes:

"I had this feeling that my mother's orphanage is my burden, that it takes something away from me. At times it seems to me that I know what it was all about. About childhood. My mother had some buried grievance against me and felt jealous or even angry with me because of my childhood. Because her own childhood was so brutally taken away from her and she felt like a cripple. But she had never admitted that publicly. The orphan child inside her, Regi,

would have never allowed this because Regi did not like, and maybe even hated, everything that seemed helpless, vulnerable, and weak in my mother. That is why she did all she could so that none of us, children, would have noticed these "deficiencies" in our mother" [8, p.78].

The mother followed "the right of an orphan" and used it to remind her daughter when she was behaving badly that mothers can be lost and that ungrateful and misbehaving children slowly send their mothers to an early grave. These words angered the author because her offences were never big but the words caused anxiety over orphanage [8].

Loss of the childhood land

An interesting example of the significance of loss, and especially the loss of feeling of being settled and belonging, can be found in the book by the psychoanalyst and child psychiatrist, Bertrand Cramer, *The Secrets of Women. From Mother to Daughter* [9], where he describes the story of Graziella and Sofia. Cramer writes:

"We all are exiles. It rarely happens that a young person lives in the same place they were born and raised. People more and more often move to new locations, even to far away countries. If we move somewhere far away, the more we miss our home, some particular spot from our garden, familiar smells, colours of our lost childhood that slowly fade away. We are exiles from the childhood land. [...] When a baby is born, the memories resurface and colours become brighter" [9, p.66].

Cramer tells a story of Graziella - a young woman who missed her home Sicily. She lived in Switzerland which she described as a gloomy country with empty streets. When she gave birth to a baby girl, she started dreaming about moving to Sicily, to be close to her mother. Together with her husband, Ingmar, whose family lived in Sweden, they were seeking help for their 9 months old daughter who was having problems with sleeping and was waking up during the night. Both parents were exhausted and helpless. The problem occurred for the first time when Ingmar left to Sweden and Graziella stayed alone with Sofia in "gloomy" Switzerland. Graziella could not wait for vacations when she would take her daughter to Sicily. She said: "Sofia longs for human contact [...] here she gets bored because we hardly see anyone [...] we had a good life before." Cramer compares this "before" with "here and now". He writes: "This buried world holds everything that we have ever wanted and lack of which brings us down [...] It is impossible to explain the nature of the current conflicts between a mother and her child without finding their counterparts in the bygone past" [9, p.68]. Graziella described her land of "magical childhood" where she was surrounded by people and where she never felt lonely and she juxtaposed this country with the place she currently lived - with its empty landscapes, quiet streets, distance between people, children starting their education at age 4, lack of joy. It reminded her of death. She took the absence of the nearest and dearest as an irretrievable loss which she connected with the fear of death. She transferred that fear onto her daughter. Cramer explains that for Graziella, sleeping became a place of exile and death. She was anxious about Sofia's sleeping and unconsciously perpetuated her insomnia, trying to hold onto a day. "To quench her fear of loss, Graziella "livened up" her daughter's nights with numerous interactions which she justified with Sofia's crying and waking up" [9, p.73]. While working with Graziella, Cramer discovered it was the lack of a warm-hearted bond with her mother that actually lied at the source of her anxieties. It turned out that Graziella's mother was depressive, cried very often, talked about her suffering, lack of help, feeling of being overwhelmed and lonely. Graziella

experienced similar feelings when her husband had to leave to visit his family and she was left alone with Sofia in the foreign, cold country while her daughter had problems sleeping and did "not want to leave her side". Graziella missed the idealized "childhood paradise" that she forever lost when she decided to move away/escape from her close ones whose absence she acutely experienced in situations where she needed to take responsibility for her daughter on her own. She wanted to be close to her mother in the hope of finally receiving her support and her daughter basking in the warmth and interactions with other people.

In the course of therapy, Graziella decided to hire someone to help out with the baby and she found a middle-aged woman from southern Italy. It is easy to guess that soon afterwards, Sofia's problems with waking up during the night stopped and firm recovery was observed after Graziella's and Sofia's vacations in Sicily. Graziella when recalling her vacation said that in Sicily she had slept like a baby. Cramer wrote: "she was finally able to fall asleep in the arms of her mother and from that moment she could also protect Sofia's sleep" [9, p.81].

Child as a substitute

By referencing examples from their own clinical practice, the authors of the present article think it is worth, in the context of the subject matter, to mention the process of an individual therapy of a 15-year-old boy, Romek, who was treated in connection with his anxiety problems. The boy was afraid to leave the house, was withdrawn from his peers, had difficulties in attending school. He himself voiced his anxieties over bugs, spiders and snails. His parents complained about his periodical outbursts of anger and irritability. There were obsessive elements in his way of thinking.

The boy was curious of the world, had numerous, though slightly unusual interests. He read a lot of history books, was interested in the medieval times, knights and their culture, he wasn't shy about sharing his patriotic beliefs and his code of honour. Being a Pole was an important element of his burgeoning identity. He was, just like the rest of his family, religious. He was also interested in biology and behaviours of his, as he described them, "most hated enemies" - snails. He knew their habits, he knew where and when they could appear and he used that knowledge when planning his outings. Together with his family he also was in family therapy since his older brother started to show similar symptoms.

Before Romek was born, the family experienced an important loss. Older brother of the boy (second to be born) died just one day after his birth. Romek said that he knew that his mother had been very sad then and had gone through a depression. He was next to be born - almost like a substitute. The family often visited the grave of the dead brother - Romek recalled that with time he developed an aversion to these outings. In the course of therapy he started to remember that during the walk to the cemetery and back some questions started to appear in his head: "Who am I? Who he would have been if he were still alive? Is my life good enough? Would he have used his life better than me? What would have happened if both of us were alive? Would I have been born at all, if he had not died?"

The exacerbation of anxiety symptoms excluded the boy from many activities - including visiting his brother's grave in vicinity of which there always was a lot of snails. It may be said that the anxiety symptoms protected the boy from very difficult confrontations with deep existential doubts and musings which during adolescence resonate even stronger. There

was not a spoken message about the dead brother, after all he died after just one day; however, very powerful and significant family behaviours and rituals remained.

However at times, messages and contents do exist but for many different reasons family members decide to not share those and keep them secret.

Silence and family secrets

Peter Rober, a Belgian family therapist, has come up with an interesting conceptualization about unsaid and unspoken family secrets. In his articles he describes the silence related to denial and repression as a result of a post-traumatic stress and also emphasizes the significance of breaking the silence through giving meanings and words to traumatic experiences [10].

He describes and defines family secrets as information that is intentionally kept hidden by family members from those whom this information concerns [11]. Referencing the works of another family therapist, Evan Imber-Black, he highlights the significance of family secrets and their impact on intra-family communication, where those secrets, understood as systemic phenomena, shape family relations and co-create family environment in which coalitions and obstacles to those relations arise [12]. Interestingly, the author, apart from the toxic nature of such secrets, also describes their potential benefits, e.g. usefulness of teenage secrets in the process of separation from parents. Other authors, such as Eastmond and Selimovic [13], mention silence as a potentially pragmatic strategy used by coexisting societies bound by the history of a common armed conflict [after: 10]. The experience of traumatic loss by a family is usually the beginning of an intra-family process of building and creating - with all available at a given moment information - their story of the loss. It is a process of giving a meaning to what has happened. It is a story of struggle, sadness, grief, despair, and anger. Sometimes not all important people are invited to the story. Some are excluded from the story, some exclude themselves. With time, information from the external sources (in the case of accidents: police reports, autopsy reports, last will dispositions, etc.) may change. At times, the truth is intentionally obscured and buried. Some family members know about what is unsaid, some not - they may suspect but they do not know - and they remain in the state of uncertainty, understatement and unbearable anxiety. Occasionally, gaps in the history are patched and filled with other stories. Some secrets may be known to other people, often from outside of the family [14, 15]. Often it happens that the process of creating a story is halted, temporarily or permanently. When a family comes to a therapeutic session, those untold and unsaid fragments are supplemented with subtle hesitations in the voice, slight movements of a body or silence - and then the topic changes [15]. The metaphor of the *family secrets* concept brings hope that revealing this secret and calling it will lessen the burden and wipe away uncertainty and anxiety.

Rober in his article describing a history of discovering a family secret identifies a process in which together with revealed facts, new questions arise - the history and the story in some sense occur within a process whose end seems to constantly elude the story's participants. However, creating a dialogic environment surrounding the secret in which questions may arise brings some relief [15].

As an implication for a therapeutic work, he proposes the concept of selective disclosure - a process in which family members negotiate what, when and how should be revealed and what not. Rober thinks it is important to create a dialogic environment where people listen to

what is said, accept that not everything can be told and are open to things that have not yet been revealed. Such an approach invites sympathy and empathy for those who struggle to find the stories they can live with [15, 16].

Summary

Rober's approach lets us transition into the summary of our article. There is no person, no family that have not experience a drama of loss in their history. The range and scale of that loss may of course be very different and can impact just a fragment of life of an individual or a whole life of a family or change the reality for whole generations. However, each and every time a story is created around this loss, its message and power accompanies and impacts both its authors and its protagonists.

The conceptualizations and clinical experiences that we presented seem to point to a great significance of who has a deciding power over a story, who is its author, who co-authors it and who is excluded, what feelings and emotions it is filled with, whether it is still progressing or whether it has come to a halt, who is its confidant and who is it intended for. Story of a loss and related hidden emotions and beliefs may impact identity development of children and grandchildren, may shape their vision of the world or cause them to assume a particular role within a family or fulfil a specific "mission" connected with consequences of the loss. Feeling of being overwhelmed by family secrets or family delegations often results in various functioning disorders of a child. Including issues related to experiences of loss by previous generations in the course of therapy can help therapists pin down a particular significance of an adolescent's symptom/problem for functioning of a family system and as such can help a child patient restore their own identity or liberate themselves from damaging tasks and missions.

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