

# **From Crisis to Healing and Hope: A Systemic Educational and Therapeutic approach**

**Dr. Inbal Gral-Azulai and Mrs. Hila Ritter-Widenfeld**



# Table of Contents

First moments of the disaster

The term “the good enough grandmother”

The analogy between return from captivity to a renewed birth

The concept of the “do-being” hug

The disruption of developmental trajectories

The transition between absolute dependence to relative dependence

Six therapeutic components

Case study from a systemic and narrative point of view

# References

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## First Moments and Days

- The first experience was chaotic. The realization of the magnitude of the crises, hits in waves.
- The top priority was to identify significant natural figures within the community and strengthen them so they can help mediate the situation for the children.
- The aim was to preserve continuity and provide a sense of belonging and security through familiar faces.

## **"The Good Grandmother"**

- "The good grandmother"- A present and empathic figure who manages to maintain a certain distance from the storm.
- She can see the broader picture and does not fight every difficulty. She observes, watches over, acknowledges, approaches and support
- She does not promise order or immediate solutions. She offers instead a space to breath, a bridge, a place which one can begin to move.

# **"The Good Enough Grandmother"**

- The stance of "the good enough grandmother" echoes this call: to stay present within pain, without being frightened by chaos or by not knowing . to hold onto hope- out of certainty , but out of enduring, compassionate presence.
- It is precisely the willingness to stay in place of uncertainty- without rushing to solve, explain or fix the situation – that opens up a different space for action.

# The Renewed Birth

- The child's return from captivity is partially analogous to a renewed birth.
- In this process, the child must move through stages of complete dependence, followed by relative dependence, and eventually toward developing independence.

# The “Dobeing hug”

- “Dobeing hug”-This concept includes the physical-emotional aspect of holding, as well as two additional components:
- Doing- intentional action, which promotes a sense of control and competence.
- Being- the ability to be in full contact with one's inner world.

# Disruption of Normative Developmental Processes

- This is a long-term systemic rehabilitation process.
- Experiencing captivity or war at a young age may disrupt normative developmental processes, for example, identity formation and the development of trust in the world.
- Children's defense and coping mechanisms are not yet well-established compared to those of adults.

# The Rehabilitation Process

- The effects of captivity are not always immediately visible in the short period following release.
- The treatment and rehabilitation require a holistic and integrative approach, one that recognizes the wide-ranging effects of the captivity experience and focuses specifically on the unique characteristics and needs of those who were held captive.

# The Rehabilitation Process

- It is no coincidence that many former captives have described their return in media interviews as a kind of rebirth.
- We use this metaphor to illustrate the developmental and behavioral pathways of the return process. A developmental lens enables us to map out the possible stages, thereby setting goals and forming an understanding of the progression.

# **The connection between early and later stages of development**

- Negative influences during the early stages of development in infants may lead to a maladaptive developmental trajectory later in life.
- There are situations in which developmental difficulties are masked and not visible to the untrained eye.

# The importance of therapeutic intervention

- Children who return from captivity or war may initially appear functional and even emotionally resilient.
- Without appropriate therapeutic intervention, emotional difficulties, anxiety, avoidance patterns, and complex behavioral issues may emerge later on.

# The Importance of the Environment

- Winnicott emphasized that psychological development is a dynamic process based on interaction with the environment.
- It occurs through attention to the parental role in creating a holding environment that enables growth.

# An Absolute Dependence

- The initial stage includes an absolute dependence, accompanied by the mother's full attunement to the infant.
- She is attuned to the infant's signals and provides a nourishment environment, and an absence of intrusive experiences that would be unbearable for him.
- The mother does not only hold the infant physically. she also serves as a container for his emotions.

# Enveloping Environment

- The returning captive requires immediate responses, an enveloping environment, and a sense of being held and protected.
- A proactive approach is required - one that addresses the captive's present and near-future needs and creates an environment that is as sterile and safe as possible.
- The holding environment provides a sense of security and stability after a prolonged period of instability and helplessness.

# Intensive Dependence

- Captivity itself creates a distorted experience of dependence on the captors.
- The captive children were “thrown” violently and forcibly into a stage of dependence on hostile figures.
- It is crucial to restore their capacity to trust the environment through intensive dependence, which can serve as an essential foundation for healing.

# Relative Dependence

- The transition to relative dependence becomes possible thanks to the infant's natural development, which increases his capacity to cope.
- Simultaneously the mother's care begins to include optimal, non-traumatic failures.
- These optimal failures are attuned to the infant's physical and mental developmental needs. The mother is no longer in complete attunement as she was in the first stage.

# Relative Dependence

- A gap is created between the infant's emerging need and the response to it.
- This gap is crucial for healthy development.

Abilities such as imagination, thinking, independence, problem-solving, psychological resilience, and the capacity to face everyday challenges begin to form through action.

# Relative Dependence

- The ability to experience different types of feelings and states in a stable and calm manner.
- Having continuous sense of stable and relatively peaceful existence ,an authentic state in which the infant can simply be with himself and with his genuine needs.

# Transition between Absolute and Relative Dependence

- With the returning child, it is necessary to facilitate a gradual and healthy shift.
- The returning child internalizes that the environment continues to support him even as he takes on more responsibility than before and copes with challenges more independently.
- Allowing the child to face challenges without full assistance, and by strengthening his sense of competence in a way that is tailored to his needs and difficulties.

# Challenges

- Some children may struggle with the transition between stages.
- Because of the rupture, loss, erosion of trust, physical injuries, and prolonged traumatic experiences, the internalized representations of others may be damaged.
- These children experienced abandonment, neglect, and loss of trust, and as a result their fundamental trust and sense of capability may be deeply affected.

# Challenges

- The transition to relative dependence is also complicated by children's defensive mechanisms, which tend to be more primitive and less developed compared to those of adults.
- There is a risk of collapsing into one of two extremes: "absolute dependence" or, conversely, "excessive independence".

# Defensive Mechanisms

- After their release children may experience intense emotions, which can overwhelm the child.
- Defensive mechanisms such as repression and emotional dissociation allow the child to avoid this flooding and the internal pain associated with it.
- Consequently, inward withdrawal, social detachment, and at times even depression and impaired functioning may develop.

# Reaction Formation

- After release, the child may seek an intense connection with his surroundings in an attempt to regain a sense of control and security.
- Sometimes this is an unconscious effort to escape the loneliness and fear he experienced in captivity.
- These feelings may lead to overactivity and excessive independence, which can put him at risk in the future.

# “Do-Being Hug”

- The severity of the child’s trauma, the natural desire to protect and shield them, the parents’ guilt and heightened anxiety, and the deep need to rebuild a sense of safety-these can all naturally lead to a “bear hug” dynamic.
- In the short term, it’s beneficial, and sometimes even essential. However, over time, it may slow the child’s recovery.
- “Do-Being Hug” refers to offering the comfort and containment of the bear hug while simultaneously encouraging the child’s other essential developmental capacities- those of doing, acting, exploring, and being.

# **State of “Doing”**

- “Doing”- a state in which the returning child is primarily engaged in action, whether encouraged by the environment or driven by an internal need.
- These are active, intentional behaviors the individual initiates, and at times they serve as an “antidote” to states of avoidance or paralysis.
- The “doing stance” facilitates a return to functioning, fosters independence, supports rehabilitation, restores a sense of control and capability, and strengthens self-worth.

# State of “Being”

- Being- a state in which a person is connected to their inner world and attuned to their internal experiences, including emotions, thoughts, wishes, memories, and fears.
- The “being stance” is a psychological mode that enables a person to stay with their emotions in the present moment, to observe what is happening without acting, and to acknowledge it with self-compassion.
- The capacity to be with one’s inner world allows the individual to feel pain and to create space for processing difficult experiences without avoidance.

# The Importance of “Being”

- Children who have experienced trauma need a safe space in which they can simply be seen, express emotions, and experience emotional support without judgment, without attempts to give advice, and without expectations for immediate functioning.
- Through the experience of “being”, the child feels held and understood as they are.
- Not only does this stance enable them to process their hardships, but it also strengthens their sense of safety and their trust in the world.

# The Therapeutic Challenge

- The therapeutic challenge faced by parents and professionals working with returning children is to find the right balance among these three components: the “bear hug”, the “doing stance”, and the “being stance”.
- Collapsing into any one of these poles can impair the rehabilitation process.
- Our aim is to cultivate flexibility and balance among the three corners of this triangle.

# Pull to the Doing Pole

- A strong pull toward the “doing” pole may lead to repression and difficulty processing emotions and experiences, resulting in challenges connecting to the child’s inner world.
- Children with a strong tendency toward doing may feel pressured, struggle to remain present, and show signs of dysregulation or impatience.

# Pull to the Being Pole

- A strong pull toward the “being” pole may harm functioning in several ways.
- For example, excessive focus on the inner world may intensify and solidify traumatic experiences.
- Remaining for too long within the internal realm may distance the child from their surroundings and diminish their sense of competence, their ability to think forward, and their capacity to aspire toward achievable goals.

# Therapeutic components

- Six essential therapeutic components are identified:
- Control
- safety
- physical activity
- processing
- relationships
- creating the future

# Control

- The captive were dependent on their captors, and might developed a passive stance as a survival strategy.
- When a child is prevented from expressing themselves and their needs, they may feel helpless and also trapped in an ongoing state of uncertainty, with no knowledge of what will happen to them or their family.

# Control

- Restoring a sense of control is an essential foundation of rehabilitation.
- A sense of control is a core component of a stable, healthy identity. It enables a person to experience themselves as free and active, rather than as a passive victim.
- When returning children feel they have influence over what is happening around them, they can strengthen their resilience and better cope with the challenges ahead.

# Control

- A central principle in working with returning children is restoring the child's sovereignty over their own body—something that was taken from them during captivity.
- Through breathing exercises, mindfulness, and relaxation techniques, we can help reconnect children to their bodily sensations and allow them to experience themselves as having agency, in contrast to their captive state, where passivity was necessary for survival.

# Control

- Restoring control is also crucial in interpersonal relationships. Including the child in the therapeutic process or in any interpersonal interaction is essential.
- Discussions about goals and the ways to achieve them can strengthen the child's sense of influence and control over their environment.
- Encouraging responsibility and fostering relationships with animals or pets can also enhance their sense of capability, while offering an additional source of comforting attachment.

# Control

- Other approaches to rebuilding control should be tailored to each child's individual characteristics.
- Examples include therapy programs based on surfing, climbing walls, or outdoor adventure activities, all of which reinforce a sense of mastery and aspiration toward achievement.

# Control

- Rebuilding control is not a one-time event but a gradual process formed through repeated experiences of success that are matched to the child's abilities.
- When a child feels they can influence, even in small ways, movement becomes possible toward an active stance with emerging feelings of agency and control over what unfolds.
- This includes the ability to regulate emotions and internal states, which is especially critical when the child returns from captivity.

# Safety

Another major harm caused by captivity involves the shattering of a child's basic assumptions about the world as a safe and protected place.

Captivity can create a dichotomous view of the world, divided into absolute good and absolute evil.

The sense of safety becomes fractured, and along with it, the child's internal representations of their parents.

This may result in mistrust toward the environment, avoidance of various places, and difficulty forming interpersonal connections.

# Safety

- According to Bowlby's attachment theory, a child develops an internalized an inner representation of the parent that provides a sense of security even when the parent is not physically present.
- Captivity destabilizes this representation. the child may feel abandoned and come to believe that the world as a whole is dangerous.
- Their internal sense of safety collapses, and intense feelings such as anger and aggression toward the parent may arise - feelings that will not necessarily be expressed verbally.

# Safety

- The children may feel guilty about the aggression toward the parent and struggle to contain the contradiction: on the one hand, they desperately need the loving, holding parent. On the other hand, they are hurt and angry.
- At times, instead of expressing affection, the child may distance themselves as a defense against guilt.
- Children often struggle to tolerate and express conflicting emotions.
- It is important to encourage the restoration of safety both in the external environment and within the child's internal emotional experience.

# Safety

- The surroundings should be as safe and predictable as possible.
- On the internal level, adults should strive to understand the child's inner world to identify whether they are experiencing ongoing turmoil or distress that may destabilize their sense of security.
- In such situations, we remind parents and caregivers of the foundational principles of good and nurturing parenting: creating a holding environment, maintaining stable routines, setting appropriate boundaries, and offering a consistent, loving, and safe relationship. This attuned environment helps the child rebuild trust in the world.

# Physical Activity

- “Physical Activity”- Trauma places a significant burden on the nervous system.
- Children may experience heightened arousal, restlessness, sleep difficulties, and sadness.
- Because children often struggle to articulate trauma verbally, their distress may manifest somatically.
- Physical activity strengthens the sense of bodily control, reduces psychological tension, and improves self-esteem and perceived competence.

# Physical Activity

- Creating a safe and non-judgmental environment is essential for ensuring that physical activity becomes a constructive and positive experience.
- Such activities may include walking in nature at a slow, steady, calming pace; swimming; running; or any form of aerobic exercise. Research shows that aerobic activity reduces post-traumatic symptoms.

# Physical Activity

- Physical activity can also be done in a group setting, thereby promoting cooperation and building trust in others.
- Group work has the potential to support interpersonal and collective connection, especially important when considering the isolation and helplessness that characterize the experience of captivity.

# Physical Activity

- The instructor or coach leading the physical activity may become a meaningful figure in the rehabilitation process, serving as a positive presence who embodies the desire to help the child recover and cope with their difficulties.
- It is important that professional caregivers guide and support the instructors and coaches involved.

# Processing

- When children experience a traumatic event, they may struggle to process the experience.
- This difficulty stems in part from neurological effects that influence how the brain interprets traumatic events.
- Often, children have difficulty verbally describing their painful experiences.
- At times, they may avoid sharing their experiences in order to protect others, to avoid worrying them, or to refrain from burdening them with their distress.

# Processing

- Without processing, memories from captivity may remain chaotic and overwhelming, increasing the risk of future psychological difficulties.
- Processing helps transform an unbearable traumatic memory into a more coherent narrative.
- Through this process the child receives validation for their painful experiences.
- It supports the children in organizing memories and constructing a story in which they are not only a victim but also resilient survivors.
- Through sharing, the returning child no longer holds the unbearable experience alone.

# Processing

- Emotional processing in children can take place in various ways- not only through direct conversation about events.
- Expressive modalities such as drawing, play, writing, movement, or narrative work have proven effective in trauma treatment and are recommended.
- If children choose to speak about their experiences, several guiding principles are important:
- First, listening does not require offering solutions, but rather being present with the emotion in a non-judgmental, non-interpretive way.
- Second, it is important to validate the experiences children describe, helping them feel understood both by themselves and by others.

# Processing

- It is important to emphasize that processing is not limited to mental-health professionals.
- Parents, teachers, and other supportive adults can also contribute meaningfully.
- To facilitate processing, it is helpful to provide the adults in the child's environment with basic tools for supportive dialogue.

# Relationships

- Captivity can profoundly affect children's relationships with those around them.
- Children who have been held captive may feel isolated, alienated from their surroundings, and convinced that others cannot truly understand their pain.
- They may also develop fears and anxieties that prevent them from initiating new relationships or maintaining existing ones.
- The conflict between longing for closeness on the one hand and fear of abandonment on the other may lead to dependent or avoidant relational patterns.

# Relationships

- Recovery from trauma often occurs primarily within relationships.
- Rehabilitation does not take place in isolation but rather through renewed connections with others.
- Experience shows that integrating children into a community of fellow returnees can be particularly effective, following the principle of “only one who has lived it can understand it.”
- A returnee group can strengthen the sense of belonging and foster friendships grounded in a shared and meaningful foundation.

# Creating the Future

- The experience of captivity may negatively affect a child's belief in the possibility of a good future, and as a result, diminish their motivation to set goals or strive toward them.
- Children who have endured captivity may develop “learned helplessness”- a belief that they are unable to influence what may happen in the future.

# Creating the Future

- Returnees may struggle to look ahead because “the past is not past,” and thinking forward forces them to confront their fears.
- Prolonged trauma harms the ability to imagine the future.
- Instead, the mind becomes trapped in anxiety, in traumatic memories, and in attempts to prevent danger- even when the danger is no longer present.

# Creating the Future

- When the continuity of time is disrupted, a person may have particular difficulty experiencing the present in a healthy way and imagining the future.
- The ability to set goals, plan, and work toward them is an important part of rehabilitation, as it helps rebuild a sense of continuity and coherence in the child's life.
- This is a central aspect of recovery, because the focus is not only on treating pain and processing trauma, but also on constructing a new and healthier horizon.

# Summary

- The authors suggested viewing the rehabilitation process of returning children as involving stages that resemble a kind of psychological and emotional “rebirth,” given the profound challenges the child faces.
- The coordinates that may help parents and caregivers navigate the child’s needs were articulated in this article through the principles of the “Do-Being Hug” and through the practical guidelines presented: control, safety, physical activity, relationships, and creating the future.

# Summary

- For the returning child, simply knowing that protocols and therapeutic tools exist can help foster hope, optimism, and a sense of agency.
- This model may also have potential applications for additional populations. It aims to conceptualize treatment holistically - not only as a means of symptom reduction.
- It is a process that enables a return to life with a balance between necessary action as the child reintegrates into daily life, and the emotional processing that allows them to remain connected to their inner world.

# Summary

- This model is grounded in research-based principles, developmental theory, and clinical knowledge from the field.
- Moving forward, it would be valuable to empirically examine the effectiveness of this protocol and to continue developing assessment tools for returnees and their parents.

# A Family Therapy Case Study

A couple with three children: a 17-year-old daughter, a 14-year-old son, and a 10-year-old daughter.

- Time of therapy: Iron Swords war.
- The initial identified aim of therapy: to help the eldest daughter cope with her anxiety.
- This case is a combination of different therapeutic cases, and the family details have been changed to maintain confidentiality.

## A Family Therapy Case Study

The daughter's anxiety symptoms: she was afraid to leave the house, avoided going to school or taking the bus, she was constantly on alert.

- This severely impacted her social and academic functioning.
- It also affected the entire family: they were unable to go on trips or attend family events together.
- The younger daughter was emotionally affected by this and began to fear and imitate her older sister. The 14-year-old son laughed at both of them and called them “cowards”.

## A Family Therapy Case Study

The therapy process started with **creating a safe attachment** (Bowlby, 1971) **and a secure base** (Byng-Hall, 1995) for the therapeutic work:

- Joining and accommodating, tracking family stories and history (Minuchin, 1974) and being the “good grandmother”.
- Psychoeducation
- Using different therapeutic and emotional regulation techniques such as: “the safe place” and mindfulness
- Assessment and validation of the family’s strengths and recourses.

# A Family Therapy Case Study

Tracking family stories and history, which included themes and experiences of anxiety and trauma in the family:

- The eldest daughter's boyfriend, age 18, had just joined the army and was stationed in Gaza, which frightened the eldest daughter greatly.
- The younger daughter had a classmate whose cousin was kidnapped to Gaza.
- The father: has post-traumatic symptoms (though he has never been formally diagnosed).
- The mother is highly anxious; as the son described: "Mom is constantly checking on us: where we are... and expects us to report everything we do throughout the day, it's really annoying".

## A Family Therapy Case Study

Tracking family stories and history, which included transgenerational anxiety and trauma:

- The father is a third-generation Holocaust survivor.
- The mother came from a family with complex relationships and had insecure attachment relationships with her parents.

# A Family Therapy Case Study

## Psychoeducation:

- Normalizing some of the difficulties in the context of the war: “this is a normal reaction to an abnormal situation.”
- Explaining about the impact of disruption of continuity (Winnicott):
  - The child’s need to feel continuity in their connections with the world, represented first by the mother and later by the “transitional object,” which symbolizes the figure that provides the child with a sense of security.
  - The need for continuity is a fundamental human need: the need for the feeling that yesterday predicts tomorrow.

# A Family Therapy Case Study

Working with the family on a sense of continuity: **doing and being**

The "**BASIC Ph**" Model of Coping and Resiliency (Mooli Lahad, 2012)

**BASIC PH** is an acronym describing six human coping channels used in situations of stress or trauma:

- **B – Belief**: Values, faith, worldview, meaning-making
- **A – Affect**: Emotional expression and regulation
- **S – Social**: Social support, relationships, group belonging
- **I – Imagination**: Creativity, fantasy, play, visualization
- **C – Cognition**: Thinking, analysis, problem-solving
- **PH – Physiology**: Body reactions, physical activity, sensory experience

# A Family Therapy Case Study

Working with the family on a sense of continuity:

The "BASIC Ph" Model of Coping and Resiliency (Mooli Lahad, 2012)

| Channel                          | Examples of Creating Continuity   |
|----------------------------------|---|
| B – Belief (father)              | Return to familiar family rituals like Kabalat Shabat, and also donating to soldiers and victims of terrorist attacks |
| A – Affect (eldest daughter)     | Allow expression of feelings through drawing and talking  |
| S – Social (son)                 | Maintain contact with friends and relatives   |
| I – Imagination (young daughter) | Create imaginative stories and art work about coping  |
| C – Cognition (mother)           | Create daily/weekly plans   |
| PH – Physiology (all family)     | Keep physical activity routines   |
|                                  | Maintain routines of meals, sleep, hygiene  |
|                                  | Use familiar calming tools (breathing, hugs, etc)   |

# A Family Therapy Case Study

## The “safe place” technique:

- "I'd like to invite you to imagine a place where you feel completely safe or calm. This can be a real place you've been to, a place from a memory, or a place you create in your imagination. There are no rules — just choose a place that feels right for you."
- Client describes or thinks about what they see, hear, smell, feel, and taste. The therapist helps deepen the sensory and emotional details.

# A Family Therapy Case Study

## The “safe place” technique

Therapist supports the client in noticing feelings of safety, warmth, comfort, or calm.

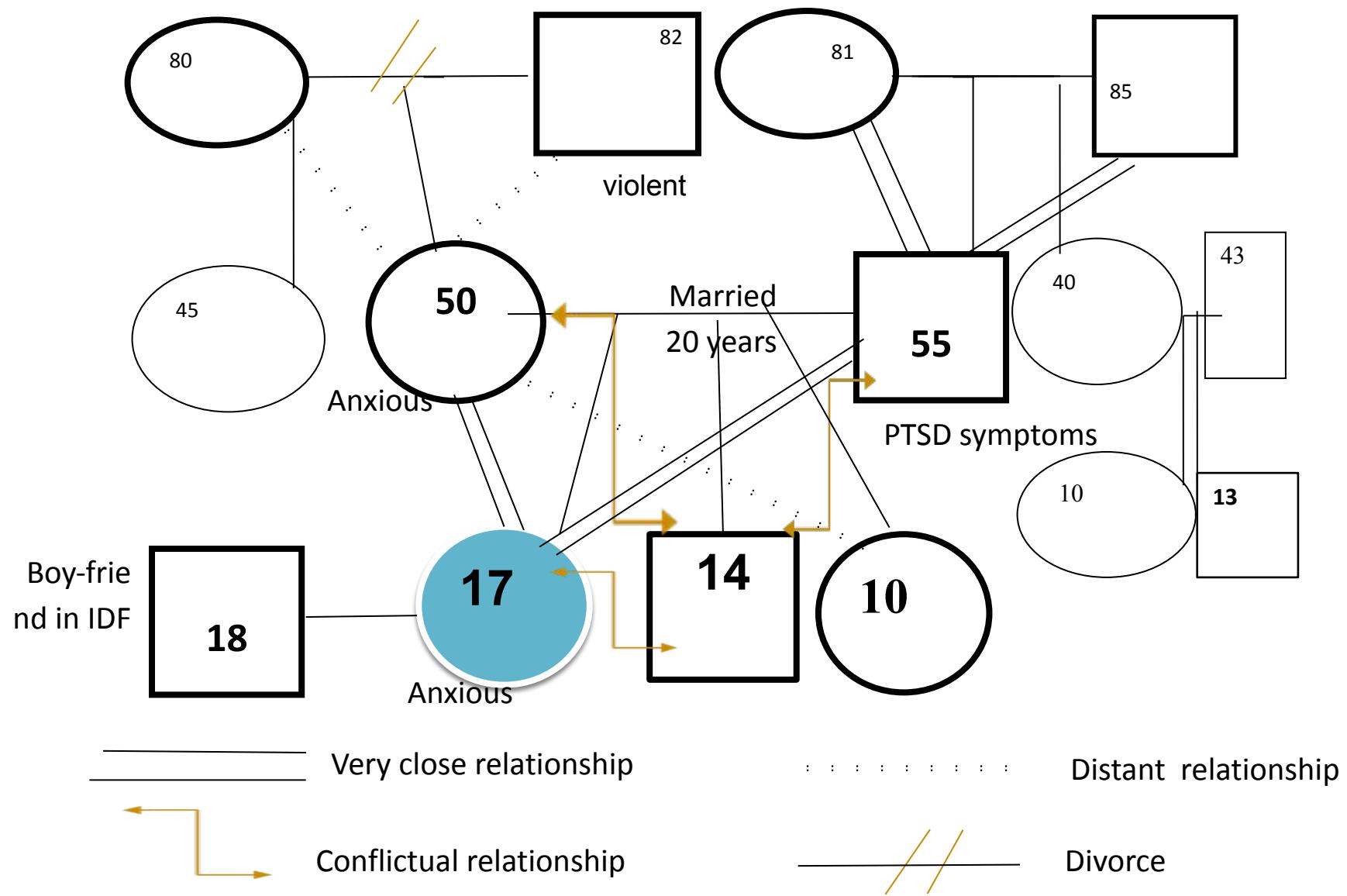
- The client chooses a word or a gesture that helps them return to the safe place quickly.
- Clients can practice going to the safe place when distressed or activated.

For example, the younger daughter described her safe place: “it’s a place we had visited with the family when I was little. It is a magical place: a large green field, blue skies with white feather-like clouds. I could smell the flowers in the field, and hear the birds singing”.

## A Family Therapy Case Study

Drawing a family **genogram** (Bowen, 1971).

A genogram is a visual map of a family system. It is a family tree, which also shows relationships, patterns, and important emotional and psychological dynamics across generations.



# A Family Therapy Case Study

## Family life cycle (Carter and McGoldrick , 1988):

The family was in different developmental stages in the family life cycle (middle-age parents with adolescents, older grandparents) which influenced their ability to manage and adapt to the stresses of the war.

We talked and processed those difficulties, for example, the parents described:

“Finally the kids grew up and we could go out and meet friends. And then the war came and turned everything upside down, making those things impossible for us. The kids are teenagers now, with their impatience to everything, our parents are older and need more attention and care – and in the context of the war it’s really tough.”

# A Family Therapy Case Study

Exploring and assessing the family structure and relationships

The systemic hypothesis: **enmeshed/fused relationship** between the parents and the eldest daughter.

Families with diffuse boundaries develop enmeshed (Minuchin, 1974) relationships: over-involvement and a lack of tolerance and patience for differences within the family. Members are overly involved in each other's lives, which limits personal autonomy.

As the eldest daughter described: "I have to report everything to my parents; I can't have my own opinion. Every time, I get swept into it".

# A Family Therapy Case Study

Exploring and assessing the family structure and relationships

**Triangulations** (Minuchin, 1976; Bowen, 1971): a pattern of relationships among three family members. The triangle creates a framework in which aspects of the family problem are manifested.

Triangulations are formed when the tension between two family members reaches a critical level, and a third person joins the dynamic between them.

# A Family Therapy Case Study

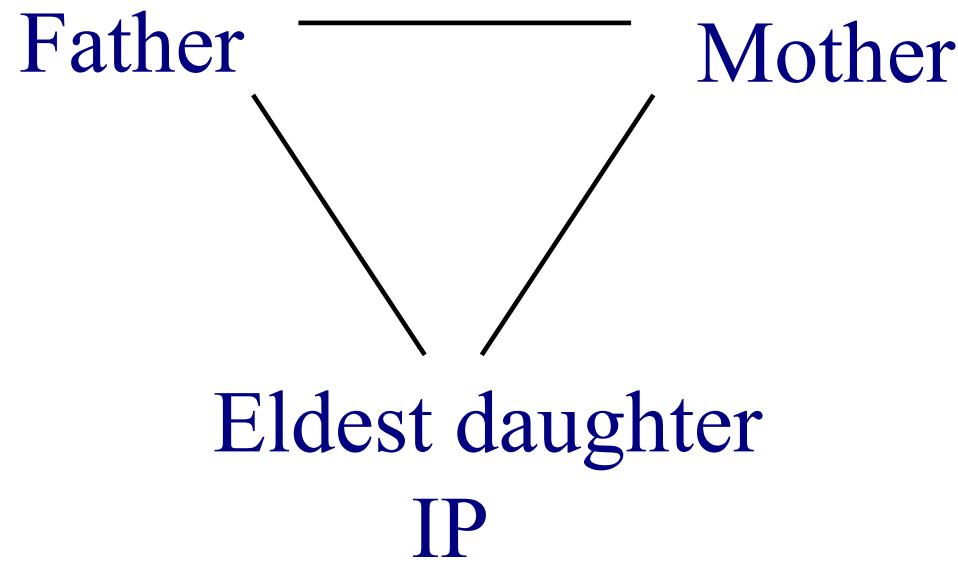
Another systemic hypothesis: the eldest daughter was drawn into a triangulation with her parents in order to distract from their emotional and marital difficulties. Therefore, she took on a role as the IP (Identified Patient) in the family.

**Identified Patient:** is the individual in a family who is labeled as the source of the family's problems, often a child or adolescent, and whose behavior is the reason for seeking therapy.

Systemic Psychotherapy views the individual's issues as a symptom of larger, systemic problems within the entire family, rather than the sole cause.

Focusing solely on "fixing" the identified patient is seen as a way to distract from the dysfunctional dynamics of the whole system.

Triangulation:



# A Family Therapy Case Study

## Family strength genogram (Cavett, 2010):

- Drawing the family genogram.
- Then, choosing objects that symbolize for each participant something that a family member is good at / their strengths, and placing the object where each family member is marked.
- A discussion about the strengths and resources that the family members presented, and how they can use these to create empowering and positive change in the family.



# A Family Therapy Case Study

## Family strength genogram (Cavett, 2010):

- Father: a horse - strong, hard working
- Mother: an elephant – intelligent, very good memory
- Eldest daughter: a bear – warm and loving
- Son: a tiger – very brave
- Young daughter: a dolphin – social and smart

Family members talked about their strengths and gave examples from past experiences. For example, the son described:

“Because of the war, we could not go to school and we studied part of the time at home on Zoom, and it was really confusing. Mom, who is very organized, always remembered what each of us needed to do... and which lesson we had to join, and that really helped.”

# A Family Therapy Case Study

Using Narrative therapy techniques to emotionally process and restructure personal and family relationships and stories:

**Externalization:** a technique that separates a person from their problem, allowing them to view it as a separate entity instead of an inherent part of their identity.

This process helps reduce self-blame, promotes a new perspective on the issue, and empowers individuals by framing their responses to the problem as a source of strength and change.

## A Family Therapy Case Study



In the presented family, we gave the “anxiety” problem a name: “cicada”. We talked about how cicada influence family members and how family members can influence cicada.

The eldest daughter thought that cicada affects the whole family, and not only her. She described that when the family went on holidays abroad, the parents always told the children not to speak Hebrew and to stay alert if anyone suspicious approached.

The father agreed with his daughter, and described how cicada affects him: “every time the siren went on, my whole body trembled. It reminded me of the frightening feeling of being on the battlefield...a feeling of helplessness”.

## A Family Therapy Case Study

The youngest daughter said that it is really hard for her to meet her classmate who is worried about her cousin who was kidnapped to Gaza: “this is how cicada affects me. I don’t know what to say to my friend, It’s terrible and really frightening... poor them, so horrible... Sometimes I have bad dreams where I see her cousin... there... in the tunnel.”

However, the family thought that sometimes they manage to overcome cicada, using the strengths and resources they described in previous sessions.

For example, they said that they still insist on meeting the extended family and coming to therapy, overcoming the fear that a rocket alert might catch them while driving on the road.

## A Family Therapy Case Study

The family members listened to one another, supported each other, and served as witnesses to the stories and difficult experiences of others.

This allowed the therapist and the family members to take on the role of the **witness function** (Jean Kohon/ Daniel Stern/Michael White/Bessel van der Kolk): taking a role as a compassionate, attentive, and validating observer of the client's inner world and lived experiences.

# A Family Therapy Case Study

## The Effect of collective trauma on the therapist:

I personally experienced the war in Israel. Therefore, when I heard the family's stories, their experiences, and their fears, I deeply identified with their feelings. I felt sad and anxious, and sometimes I even trembled or felt my heart pounding.

Those feeling were related to psychological process such as transference and countertransference, but also to the fact that the events touched me personally, within my family, as well as on a national level.

# A Family Therapy Case Study

## The Effect of collective trauma on the therapist:

The challenge was to use the understanding, identification, and empathy that this evoked, while at the same time not becoming fused in the family's experiences and remaining differentiated, so that I could help them and tailor the treatment to their needs.

To do this, I used self-reflexivity and professional supervision.

## A Family Therapy Case Study

Following the conversation about “cicada”, I asked the family: “It seems from your stories that all family members have some emotional and relationship difficulties. So why do you think the main focus is on the eldest daughter?”

Following my question, a silence fell over the room... I gave the family some time to reflect. After a few minutes, the younger daughter said: “It’s true, it’s very hard for me too, but everyone always worries about my older sister, and I always feel that I can’t share my own difficulties.”

The son continued: “Sometimes I need to behave the opposite of my family; otherwise, I’m afraid I’ll get pulled into their anxiety.”

# A Family Therapy Case Study

## Exploring Family scripts (Byng-hall, 1995):

Family Scripts are the family's shared expectations of how family roles are to be performed in various contexts.

The family identified replicative scripts: the family patterns, behaviors, and expectations that are repeated from one generation to the next, often unconsciously. For example:

- The father and daughter spoke about how they replicate transgenerational anxiety and fused relationships.
- In a session with the parents only (without the children) the mother said that she is not attentive enough to her younger daughter, perhaps because she is replicating the way she herself was treated by her own parents.

# A Family Therapy Case Study

## Exploring Family scripts (Byng-hall, 1995):

The family also identified corrective scripts: behavioral patterns where an individual consciously chooses to act in a manner different from their own upbringing, often as a direct reaction to negative experiences they had as a child. For example:

- The mother said that perhaps she is over-protective and over-involved in her older daughter's life as a way to "correct" the way her own parents treated her.
- The son said that he tries to "do the opposite of my family and engage in dangerous activities as a way to stop or "correct" the family's experience of anxiety".

# A Family Therapy Case Study

## Exploring Family scripts (Byng-hall, 1995):

The family and I worked on creating new and **improvised family scripts**, which are improvised parenting and family relationship styles, or ones learned through observing and learning from other families.

For example:

- The parents thought that they had projected their anxieties onto their daughter instead of dealing with their own difficulties. They felt they needed to free their daughter from this burden and start taking care of themselves.
- The mother thought she needed to devote more time to her younger daughter and to really see her and her needs.

## A Family Therapy Case Study

**Exploring Family scripts** (Byng-hall, 1995):

As part of creating improvised scripts, we also talked about hopes, dreams, and aspirations for the future.

These were very important for the sense of **self agency** (Michael white): a person's sense of being the active author of their own life story, and take control, rather than being controlled or defined by problems or external circumstances.

## A Family Therapy Case Study

For example, the family planned that after the war ended, they would go on a family vacation to the Caribbean islands, where they would take diving lessons, relax on the beach, and eat at wonderful restaurants. The son said he intends to return to his hobby of wall climbing that he loves so much.



# A Family Therapy Case Study

## Systemic work:

- Referring the parents to individual psychotherapy and psychiatric professional help due to the father's PTSD symptoms and the mother's anxiety.
- Working systemically with the children's schools: talking and sharing information with teachers, school counsellors and school psychologists.

## A Family Therapy Case Study

The family continued talking and creating new insights and stories.

In this process, the eldest daughter was released from her role as the identified patient, and we were able to gain a deeper understanding of the various difficulties and problems of the family members and of the interpersonal relationships.

As we progressed in the therapy process, the eldest daughter's anxiety symptoms decreased in intensity.

Some of the sessions included only the parents, in order to have appropriately focused conversations about their individual and marital difficulties.

# A Family Therapy Case Study

## A summary of the therapeutic work.

- Creating a safe attachment and a secure base for the therapeutic work.
- Learning preferred emotional regulation techniques, using different coping channels.
- Psychoeducational work related to emergency and trauma.
- Assessing and validating family's strengths and resources.
- Exploring transgenerational patterns related to trauma
- Processing difficult experiences and traumatic events.
- Redefining and creating new and preferred family scripts and narratives.

# A Family Therapy Case Study

## A summary of the therapeutic work - continue:

- Exploring and restructuring family patterns and relationships:
  - Releasing the identified patient (eldest daughter) from their role.
  - Dissolving unhealthy triangulations.
  - Helping the family to re-structure relationships and dynamics (for example, working on the relationship with the younger daughter and the son).
- Referring the parents to individual psychotherapy and psychiatric professional help.
- Working systemically with the children's schools.

# **From Crisis to Healing and Hope: A Systemic Educational and Therapeutic approach**

Dr. Inbal Gral-Azulai and Mrs. Hila Ritter-Widenfeld

# **Thank you**

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