

When Anxiety Actually Hides an Overdose of Missing. The Therapeutic Approach of a Transgenerational Journey

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Abstract: *Many people suffer from anxiety and panic attacks, statistics showing that 1 in 3 people have their lives affected because of these worrying and annoying symptoms. One of the most common anxiety disorders observed in general medical practice and in the general population is the generalized anxiety disorder. In about 85% of cases, generalized anxiety does not appear alone, but is accompanied by other psychological problems, of which the most common are: depression, other anxiety disorders, substance abuse, digestive problems, etc.*

The patient diagnosed with Generalized Anxiety Disorder (GAD) usually has suffered from severe anxiety and worries about several different areas of their life for at least six months. It occurs in 5-9% of the population, and the incidence is twice as high in women as in men. Generalized anxiety usually begins in adolescence or early adulthood.

GAG is caused by several factors: 30%-50% of it can be genetic in nature, but it also can be caused by experiences during childhood, recent stressful life events, unrealistic expectations about others and oneself, conflicts in relationships, alcohol consumption, coping skills and other factors (Ciubara et al., 2018).

Studies show that the anxiety levels in the general population have risen over the past 50 years - probably due to declining social cohesion affecting communities, unrealistic expectations for quality of life, excessive focus on negative news, and other factors, social and cultural aspects.

Keywords: *anxiety disorder; family history; therapeutic process.*

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Introduction

The psychic contents transmitted from one member to another affect both the individual and the dynamics of the family. These are most often painful events in the family's history, passed down from one generation to the next with a great anguish load (Wiederhold, 2003, pp. 20-21).

It is well known that the genealogical time does not take into account the real time, in which an individual lives, therefore the repetition of the events will not take too much into account the external context, but will manifest itself, as appropriate, through anxiety, depression, illness, accidents, trauma, shocks, etc. It usually leads to the repetition of certain significant data and events from the family tree of those past events that need to be brought back whenever needed to be developed and integrated. Thus, in order to be integrated and understood, we will reach the Separations that hurt, the Endings that hurt and the Missing that hurts, especially when it comes to an OVERDOSE OF MISSING transmitted from one generation to another (Leahy et al., 2017, pp. 155-198).

The client which I have accompanied on the therapeutic trip had been diagnosed with generalized anxiety disorder, panic attacks, and a depressed mood. He was extremely worried about many aspects of his life, often feeling increased anxiety about unrealistic dangers, events that have a very low probability of occurrence or that can never be controlled by a person's actions (Luca et al., 2019).

He had great difficulty performing tasks at work and at home and found it difficult to enjoy life and relationships with others. He states that he has been anxious and worried for a long time, but that in the last 2 years the symptoms have intensified, and in the last year he had experienced panic attacks. The client, at least at the beginning, did not conceptualize in psychological terms the problems he was feeling, the state of anxiety he was dealing with.

He expressed himself in somatic language, emphasizing especially the presence of phenomena such as sweating, palpitations, which is the reason why he visited, for 6 months, doctors from different specializations (cardiologists, neurologists, etc.).

The client's condition was also affected by the confusion generated by the non-explanation of the inconsistency between the results of the medical examinations (which did not identify any very clear health problems) and his accusations.

He also went to a psychiatrist, who prescribed drug treatment (Cipralext, Anxiar, Rivotril) and recommended him psychotherapy sessions (Chirita et al., 2012). He presented from the first sessions anxious mood, excessive worries, irritability, anxiety, feeling at the end of his powers, fatigue, difficulty in concentrating, insomnia.

Methods and techniques

During the 16 therapeutic sessions, the methods and techniques used were structured on three levels: symptomatic, existential and transgenerational:

- active listening, reflection techniques, body awareness, emotional and relational awareness-empty chair technique, role play, genogram, letter writing, assertive communication exercises (Burlea et al., 2010), therapeutic work (separation, forgiveness), focusing the client's interest on the psycho-affective comfort zone, techniques of relaxation and abdominal breathing, monitoring emotional states -diary, desensitization by exposure.

The following psychological tools were applied for psychological evaluation - Clinical interview - Anamnesis - Medical file study - Behavioral observation - PDSQ questionnaire - psychiatric screening, EMAS-SAS - Endler Scales for Multidimensional Anxiety-Condition Assessment, Hamilton Depression Scale.

Both questionnaires (PDSQ, EMAS-SAS) recorded significantly high levels of anxiety on all subscales. The PDSQ-psychiatric screening questionnaire did not reveal any other psychiatric problems, and the Hamilton depression scale revealed a moderate depression.

The general objectives of the therapeutic approach were:

- remission of the symptoms of the anxiety disorder,
- restructuring the life scenario in existential, transgenerational and rational plans.

The psychotherapeutic plan included three directions:

1. Symbolic analysis of the symptoms (nature, duration, intensity, frequency, conditions in which it appears/reappears).

2. Analysis of the existential plan – identification of the disturbances appeared and of the consequences of the symptoms in paternal-filial, couple, social, professional domain.

3. Analysis of the transgenerational plan – key themes, myths and secrets from the family unconscious that can show what solves the symptom in the acute existential plan (Mitrofan & Mindu, 2013, pp. 137-148).

The first part of the sessions was dedicated to the initial evaluation of the case and working with the therapeutic alliance. The client was assisted to connect to what he was feeling, the problems presented and the specific symptoms of anxiety, psychoeducation about what generalized anxiety means, the appearance of panic attacks and cognitive restructuring were evaluated: psychological intervention meant to help the client to develop a realistic view of the symptoms of anxiety and panic attack. We have compiled a list of short- and long-term goals of the intervention.

The therapeutic approach continued with the client's internal map. Methods and techniques were applied that focused the client on his inner life to identify symptoms and decipher their personal symbolism in the life scenario, their description (cognitively, emotionally, behavioral), analysis, clarification of situations/events that generate and maintain symptoms, identify repetitive patterns and life scenarios, analyze relationships between current family members and the psychogenetic tree, and the mechanisms that maintain the manifestation of repetitive roles and relationships (Burlea et al., 2012).

Results and discussions

Anxiety helped the client discover how family problems, which have not been solved for generations, are passed on to be solved, it actually appearing as a symptom and not a cause (Badea, 2019, pp. 336-337).

The study of the genealogical tree with the help of the genogram also highlighted in the history of the client events with negative significance, repetitions related to unfortunate experiences. Important life events that came to light as a result of the therapeutic process were related to “the loss of the object of love, of longing” (for example, the death of the maternal grandmother, the one who raised him after the separation of his parents, the suicide of his older brother) (Ciobotea et al., 2016; Untu et al., 2015), the separation of the parents and his father's infidelity, the ending of many relationships (both in the paternal family and in his case, multiple illnesses and diagnoses that were associated with certain events related to emotional loss) and strange data coincidences in the family history (he is born on the same date and month as his father, September is the month when he always got sick, his father left, but also the month in which he usually ended many relationships, the younger boy is born in the same month with the brother who committed suicide, who also bears his name) (Kendler et al., 2011, Bolos et al., 2012).

Very important was the way the client perceived the characters in his own genogram, the connections between them and the interpretation of life events, even the gaps he had in the representation of the genogram said a lot about what was deleted from the family's history (much information from childhood).

The therapeutic approach was not only accompanied by effort, introspection or suffering left unprocessed, also it was especially a form of reward and an act of freedom, of release, and as the client discovered this reality he accessed new motivational resources.

Conclusions

Throughout the therapeutic process, we worked on finding the accusations, investigating all the symptoms, evaluating the functioning deficits in the social and occupational environment.

In order to get out of the sphere of anxiety and bad models, the client had to be aware of the events, to decode them and to deactivate them.

Their mere awareness led to a release, to the acceptance of one's own history and how it influenced him, and this also led to the disappearance of the symptoms of anxiety and depression that were in fact a symptom and not a cause.

The theme of missing remains active and impenetrable over time, and missing is usually the reminder that constantly announces us that we are capable of love. But when the missings gather in us and we are silent, we have to choose either to listen to them and to reconcile them or to ignore and suffocate them. And here comes the role of psychotherapy, to treat suffocated and ignored longings, missings.

The body is often like a wise old man who keeps track of both you and your ancestors, he is a little old man who knows when and how to bring out memories, how to show the way out.

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