

# RESTRUCTURING THE BOND THROUGH INTEGRATIVE THERAPY IN A CASE OF MULTIPLE GRIEFS

## REESTRUCTURACIÓN DEL VÍNCULO A TRAVÉS DE TERAPIA INTEGRATIVA EN UN CASO DE DUELOS MÚLTIPLES

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This article was published in Spanish. This is the English version. (Extended Summary)

Link to the Spanish version: <https://doi.org/10.33898/rdp.v31i117.416>

How to reference this article:

Monjarás Rodríguez, M. T. y Lucio y Gómez Maqueo, E. (2020). Reestructuración del vínculo a través de terapia integrativa en un caso de duelos múltiples. [Restructuring the bond through integrative therapy in a case of multiple griefs]. *Revista de Psicoterapia*, 31(117), 347-366. <https://doi.org/10.33898/rdp.v31i117.416>

### Extended summary

Tizón (2004) refers that the first situations of loss of a loved one, occurs already from the first moments of life, hence the mother plays a basic role as the other primordial extreme of the human being. It is the mother or surrogate parent, along with the environment, that helps in the emotional containment of the loss, helping elaborate the complex series of feelings that her own momentary loss causes: surprise, fear, unpleasant sensations, anguish, anger, rage, resentment, despair, the disorganization that her departure or inattention arouses in the baby.

Received v1: 7-13-2020. Received v2: 8-25-2020. Accepted: 9-28-2020.

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On the other hand, if losses accumulate and are denied from very early moments of the development of the individual, where there is no family that contains them, where there is a family structure that makes relational and mental structuring difficult, then the development of severe mental disorders is favored, a highly pathological family-society relations (Tizón 2007).

Abundant empirical evidence has been accumulated in recent years, which confirms the relationship between the bereaved bonding styles and the possibility of developing complicated grief. Adults with histories of insecure attachment in their childhood will present a greater vulnerability to the development of complicated grief when they face situations of loss. And anxious-dependent relationships are a risk factor that predicts chronic griefs, which do not end over time (Bamba, Gómez and Beltrán, 2017, Neymeyer and Woring, 2008, Payas, 2010, Tizón 2019).

For the psychotherapeutic work carried out and described below, the integrative psychotherapy model of common factors, which fundamental approach refers to the fact that, if psychotherapies heal in a fairly similar way, being as different as they are theoretically and methodologically, it must be that they cure for what they have in common and not for their specific differences. (Frank, DeMichele and Watchel, 1997; Rosado, 2007).

Integrative interpersonal psychotherapy is also a psychotherapy that supports the relationship between the therapist and the client as a central element of a process of healing and personal growth (Erskine, 2016).

It is possible to think that there is progress in the integrative approaches (Tena, 2020), however, there is limited research considering the analysis of the link and the way to face the loss in children at the beginning, during and at the end of the treatment from the psychotherapy approach integrative. This analysis can contribute in the theoretical field as well as at the level of a process for therapeutic practice, as well as a mean to prevent complicated griefs, emphasizing the importance of the bond in the elaboration of loss.

### **Objective**

Describe the bond and its relationship with bereavement of M., an 8-year-old boy who faces several losses with presence of pathological grief.

### **Method**

#### **Type of study**

Qualitative, Cozby (2005) mentions that the case study offers the description of an individual, by the other hand Creswell (2013) refers that the case study is an in-depth exploration of a bounded system (for example, the event, process or individual) which is based on extensive data collection.

## Process

The present case was treated on in a Psychological Services Center, within the Child Psychotherapy Residency Program, UNAM School of Psychology, 2012, the patient was referred by a child- psychiatrist from a Mental Health Center, to be evaluated, as well as to receive psychological treatment considering he presented depressive features, the patient presented mild congenital hydrocephalus. Informed consent was obtained from both the patient and his tutor for publication. The therapist in charge was María Teresa Monjarás Rodríguez, supervised by Dr. Emilia Lucio , who carried out the present investigation.

The psychotherapy lasted 1 year and 4 months

Each one of the sessions was transcribed and the analysis of the initial, intermediate and final phases was carried out, considering the following criteria:

- Attachment of the patient with parental figures: (safe, insecure, disorganized)
- Grief difficulties: persistent anxiety related to fear of suffering another loss, fear of dying himself, hopes of reunion with the death one and wishes to die, persistence in blaming or blaming himself.
- Mourning: process of confrontation and exploration, process of negotiating and renegotiating new meanings.

The analysis was performed by the therapist Teresa Monjarás, finally Dr. Emilia Lucio, made a review of the analysis.

## Diagnostic impression

M presents features of a persistent depressive disorder: depressed mood for most of the day, lack of concentration, lack of hopelessness, low self-esteem, difficulty making decisions, feelings of hopelessness for more than two years (American Psychiatric Association, 2014). Unprocessed grief (loss of the father, loss of the maternal bond, physical loss due to congenital hydrocephalus) are also observed, mainly the loss of the father. In this regard, Bowlby (1993) points out that some of the symptoms of children who have suffered a loss are: persistent anxiety related to the fear of suffering another loss, fear of dying himself, hopes of reunion and wishes to die, persistence in blame or blame, hyperactivity;

## Case analysis

A) Initial phase (Session 14 to 31)

- **Bond with his primary caregivers.**

M shows a disorganized insecure bond with his parental figures, as well as impotence at “not being seen”, it seems that sometimes he strives to have a good behavior, but the result is the same: “aggressions”. M shows his anger at the aggressions he receives from his family, thus he also shows his need to be recognized and looked at by others, in this regard Dolto (1983) mentions that human beings internalize the code of their relation-

ship with the other, they love each other just as he is loved by another. During the initial phase of the intervention it was observed that before the separation, he shows anger, reflecting a disorganized type of insecure attachment because in some sessions he does not maintain eye contact, at times he does, but he seems quite angry, ignoring what the therapist says, sometimes stuttering and displays disorganized language. He fears losing his significant figures.

- **Grief**

In this phase, M speaks directly about his different losses: for example, the physical loss due to hydrocephalus, the loss of his loved ones, such as pets and mainly the loss of his father, he expresses his wishes to be reunited with his father. Possibly he fantasizes that his father died in the same way as his dog Jairo, it seems he copes with uncertainty the events about his father's death, M has many fantasies (for example, that he was murdered, hanged, threw himself from a building). Bowlby (1993), points out that some of the symptoms of children who have suffered a loss are: persistent anxiety related to the fear of suffering another loss, fear of dying himself, hopes of reunion, which are shown by M. in the first phase treatment.

B) Intermediate phase

- **Bond with his primary caregivers.**

Return from holiday

M begins to perceive the therapy space as safe, generates a secure bond with the space and therapist, realizes that before the separation he will not be abandoned or will stop being loved, it should be noted that, in the initial phase before the vacation period, he would come back upset and tended to ignore the therapist. In this session he names the characters, which has an important symbolic meaning because, as mentioned by Lebovici and Halpern (2006), the baby's name prepares the future for him. It is important to remember that previously M names the character with whom Dany identifies, like her father, identifying with that dead and absent person, in this session the character who stands out and with whom he identifies names him "Mike", begins with the letter of his name M, the above shows that M is being recognized.

- **Grief**

During this phase, M's longing for his father to meet him is observed, his disbelief persists that the loss is permanent. M shows anger and reproach to the people who killed his uncle, it should be noted that his grandmother tells him that his uncle was assaulted and killed, then his father saddened him, gave him depression and died; the reality is that his uncle also committed suicide with antifreeze. In this session Focusing is applied (Stapert and Verliefde, 2011) in order for M to recognize and talk about the emotions he feels regarding the death of his father since he cannot

do this at home, because his mother shows anger or crying. Although M did not know his father, he says he misses said figure, possibly due to his difficulty in finding a figure that fulfills the father's functions, as well as her mother's verbalizations regarding her father's death "your father died after you were born, he did not want you to be born."

M wants to reaffirm himself, thinking that his parents are proud of him, he begins to lessen his guilt for the losses. His self-affirmation and recognition were necessary to be able to trust that he will not lose all his loved ones for having or being something bad as he seemed to perceive it, but that sometimes we all have losses that have nothing to do with who we are.

#### C) Final intervention phase

- **Bond with his primary caregivers.**

In this phase, separation anxiety decreases, it is observed that M establishes a less conflictual relationship with his sister, perceives her as a support person, a figure that can understand him, he has a secure bond with her. It seems that M begins to transfer the security that he found in the therapy space and in the relationship with the therapist, to other spaces, such as in the family, specifically with his sister and grandfather. He realizes that he is not alone and can cope, with the support of others various adversities.

- **Criteria for pathological grief**

The resignification of the loss and the opportunity given to establish other bonds is presented. He acknowledges his achievements and says he is ready for new battles. He presents sadness in the face of losses, however, in the end it reflects a degree of acceptance, perceiving that he will continue to remember and value the positive, it is worth mentioning that previously he focused on the negatives of his relationship with the loss or other negative aspects, such as the catastrophic form of the losses.

### Discussion

The present work confirms the relationship between the type of insecure attachment and the possibility of developing a complicated grief, in addition to a low perception of support network within the family (Neymeyer, 2019), as it is in the case presented where M presents a history of anxious and ambivalent insecure attachment throughout his life, which affects his way of coping with losses, shows significant anxiety, guilt, self-reproach and tends to become depressed, this related to the experiences of abandonment lived. During his childhood, he suffers each experience of loss as an abandonment of the loved one, which leads him to think that he is not valuable enough. This can be observed especially in the first phase of treatment.

In the second phase of the treatment, M expresses his anger, sadness, desire for revenge regarding the loss, in this regard Erskine (2016) refers that, in grief

psychotherapy, from relational integrative psychotherapy, when grief is prolonged it can be important to start with anger, bitterness, which may facilitate the client's awareness of his sadness due to the truncated dreams . The above was achieved in this case by applying the Focusing technique.

In the third phase M establishes a secure bond with his grandfather, sister and therapist, in this regard Erskine (2016) refers that an affective and rhythmically tuned psychotherapist provides the patient with that other significant person who is sensitive, respectful, consistent and reliable validator. The support and secure bond with the aforementioned figures, as well as the resignification of the event favor the elaboration of grief. Neimeyer and Woring (2008) mention that telling one's own truth, the personal narrative, is an essential factor in giving meaning, completing significant unfinished experiences, and providing an end to prolonged grief.