

PARENTING IN THE MIDST OF GRIEF: A CASE STUDY IN FAMILY PSYCHOTHERAPY



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ABSTRACT

Parenting of children occurs when responsible adults are unable to fully exercise the parental function due to emotional immaturity or significant regression, which can be favored by some environmental contexts, such as the death of one of the parents. The objective of this article is to discuss the repercussions of the parenting process as a result of the death of one of the members of the parental couple on the development of the child. Through the clinical case of Alan and Ellen, father and daughter attended at the Applied Psychology Service of a university in Rio de Janeiro, we will discuss the consequences of parenting in the midst of grief in family experiences, and how family psychotherapy can contribute to the construction of boundaries that allow the child a space for expression through play, and to the bereaved adult the strengthening of their parenting, slowing down the parenting process.

Keywords: Mourning. Parenting. Parental responsibility. Parenting. Family psychotherapy.

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INTRODUCTION

Several authors in the field of family therapy, in the national and international scenario, have pointed to the appearance, increasingly frequent in their clinical experiences, of a particular type of relationship between fathers/mothers and children, characterized by a certain inversion in relation to the responsibility for the other within the family. These are cases in which there is an unavailability or refusal on the part of the fathers/mothers to exercise parenthood, and, in view of this, the children – who as children experience a state of radical helplessness – start to take care of the parental functions. Thus, there is an exchange of positions between the parental functions and the filial functions, a generational inversion, conceptualized and theorized as parentalization of the children (BOSZORMENYI-NAGY; SPARK, 1973/2012; HAXHE, 2013; HARRUS-RÉVIDI, 2004; JURKOVIC, 1997; LE GOFF, 1999; MINUCHIN *et al.*, 1967; MELLO *et al.*, 2020; FÉRES-CARNEIRO *et al.*, 2022).

This adoption of a parental posture by children in relation to those who are seen as their guardians occurs, then, when they are not able to actually perform this function. This is usually due to an emotional immaturity or significant regression of the adult-parents, so that even present in the family environment, their attention is focused on their own objective or affective needs, to the detriment of the needs of their children. In relation to this, it is highlighted that some environmental contexts that cause instability in the parents' lives can favor the occurrence of this process to the extent that they cause their withdrawal from the functions of authority and care. Kehlstadt (2018) highlights some of them, such as divorces or marital conflicts, immigration, single parenthood, numerous phratries, physical or mental illness of one of the parents, and even the death of one of the parents. It is this last case that we will deal with here.

We questioned ourselves about the occurrence of the parenting process that occurs after the death of one of the parents, as a result of the process of mourning the loss of the other guardian, who often becomes the child's sole primary caregiver. It seems possible that, in these cases, the child may experience grief in relation to both parents, because the one who remains, absorbed in his grieving process, may often be absent from his parental functions and even neglect himself, due to the fragility in which he finds himself (FRANCO; MAZORRA, 2007; WALSH; MCGOLDRICK, 1998). Given this, it is not uncommon, then, for the child to assume parental functions. But what are the repercussions of this for her and her family ties?

Thinking about the repercussions of the parenting process on children's emotional development is already a need to which the authors of the field point (MELLO *et al.*, 2015; MELLO *et al.*, 2020, BLACIOTI, 2019; FÉRES-CARNEIRO *et al.*, 2019), reflecting on these repercussions in the midst of the experience of grieving processes is even more essential. After all, in the face of a loss, there is a rupture of a real world shared up to that moment, and this can generate a feeling of emptiness, loneliness, anguish, doubts and fear of the unknown that is to come (PRIZANTELI, 2008). The impact of the death of a member produces immediate and long-term resonances for each of the surviving family members and for all family relationships (WALSH; MCGOLDRICK, 1998). In this sense, the objective of this article is the repercussions of the parenting process as a result of the death of one of the members of the parental couple on the development of the child.

For this, we will make a theoretical-clinical analysis of the case of Alan and Ellen, father and daughter, 34 and 8 years old respectively, who started a process of family psychotherapy at the Applied Psychology Service of a University in Rio de Janeiro after Alan picked him up as a result of the death of Tainá, Alan's wife and Ellen's mother.

METHODOLOGY

This is a theoretical-clinical study (VORCARO, 2010), based on a case of family psychotherapy attended at the Applied Psychology Service of a university in Rio de Janeiro. The family members, composed of father and daughter, signed the Free and Informed Consent Form, authorizing the use of clinical data for teaching, research and publication purposes. The family began to be assisted in August 2022 and was so until December of the same year. The sessions took place via online videoconferencing application, weekly, lasting one hour, by two therapists working in co-therapy. The case had weekly clinical supervision.

RESULTS

WHEN A MOTHER DIES AND THE RISK OF PARENTING APPEARS: THE CASE

In the first session with Alan and Ellen, the girl could not say the reason why she was there, and her father explained that he had sought therapy because Tainá, his wife, had died four months ago and, since then, he has been taking care of the house and raising his daughter alone, which was challenging at times. Ellen intervened and laughingly said that she sometimes made a mess, but that she was currently trying to collaborate

more with her father. Alan reported that after the death of his wife, with whom he was married for thirteen years, he became very ill, a state that was aggravated by having had conflicts with his in-laws who wanted custody of Ellen and criticized his care of her. According to him, he had improved a little recently, after having taken a trip to the Northeast to visit his family of origin, but he still felt very ill. In a session held only with him, about a month after the start of the follow-up, Alan even stated that he knew he was worse off than Ellen. According to him, when he told his daughter about Tainá's death, she despaired, said she wanted to go to heaven with her mother, but then things went better than he imagined, because he thought Ellen would be depressed, but she continued to be a cheerful girl, who plays and talks.

From the first moment it was clear how they had an important bond of affection, exchanging affection with each other and encouraging each other to speak. At more than one point in the session, when Alan mentioned his wife's death, Ellen would pick up stuffed animals and play with them in front of the screen, calling on her father to play with her. This made us realize, at the same time, his need to talk about his wife's death, and Ellen's need to deviate from the subject. At one point, when we noticed photos of the family close to where they were, Ellen even showed some with her mother, but quickly changed the subject. It is worth mentioning that throughout the months of follow-up, there were frequent situations in which we noticed Ellen worried, looking at Alan out of the corner of her eye while he talked about things that moved him. In these situations, she always tried to distract him, involving him in some activity he was doing, preferably one that would amuse him. It is also important to report that in a session done only with Ellen, she told the therapists that she did not like to make people sad and worried about it.

Alan was also, in general, very concerned about his daughter, her health, well-being and protection, having even taken a break from work for a period to be with her, as he did not trust anyone else to do so. In the second session held only with Alan, he even stated that he just wanted to be a better father to her, to dress her up better and so on, because he couldn't make her impeccable and didn't want people to notice it. He always talked about the desire to improve and often questioned psychotherapists about what he could do to do it. His care for Ellen was noticed by her, who also had him as a reference in this place, which was remarkable, for example, when in a session held only with her, he injured his finger and resorted to it to feel better.

In the second session, Alan and Ellen told a little more about how their routine was going, which was limited to Alan's work, Ellen's studies, household chores and going to church on the weekend, without mentioning leisure activities, and both added that they had few friends. In that same session, Alan detailed his wife's death, saying that in September of the previous year she had discovered breast cancer and in April she had died as a result of an infection caused by the placement of a catheter. Asked about Ellen's knowledge – who was sitting next to him drawing – about this story, he said that at the time of her illness his wife talked to her, but when she was hospitalized with the infection and died in a few days, he had to give her the news without any preparation.

At that point, the psychotherapists asked Ellen if she would like to say something about what her father was saying, and she said she was sad. Alan asked her if she wanted to show her mother's photos and she hesitantly said yes, so he took his cell phone close to the photos, but she ran away saying she was going to get something and took a long time to return, and when she came back she didn't bring anything. Alan noticed that she didn't want to show the photos, and said she didn't know how to act, to which the psychotherapists said they understood that the process was difficult for both of them, and each had their own time. He added that Ellen's relationship with her mother was great, that the relationship of the three of them was perfect. The only problem reported by him was his with his wife's family, which already occurred before her death and intensified after the event due to them wanting to interfere in Ellen's upbringing. He also showed concern for Ellen's grandparents always questioning everything that happened in their house, which he said should not happen because it represented pressure on the girl, so his attempts to stop some of their interference were also in protection of her. The girl constantly heard her father complaining about the conflicts with her maternal grandparents in the sessions, but she never brought these family members as an agenda, and Alan stated a few times that she did not seem to miss them, because she did not ask to see them or ask about them - although he did not want to push them away because he knew that it would be an important coexistence for her.

At the end of a session, Ellen showed, laughing and looking at her father, the drawing she was making, of a girl trapped in a castle, and told a story that she was arrested by the king and queen who wouldn't let her out and she wanted to go out and go to the beach, and one day she was hidden and drowned and swallowed by a whale, But he sang and managed to escape. The theme that touched on a feeling of imprisonment

and a desire to leave appeared at other times. In one session, Ellen told about a meeting with her maternal aunt in which she said things that upset her. The aunt said that she was only stuck at home, but Ellen said she saw no problem with that, as she had everything she needed at home, referring to the items to paint, the television, her pet, her room and her father. The girl, however, told all this by painting a little magazine that told a story about friends who were going to travel, a theme that returned in the next session when she brought a paper airplane that she had built with the help of her father – in which she had drawn 3 people in the window, who did not specify who they were – and said that she liked to travel and that she wanted to go to New York, but that she never left Brazil because she was "very protected", in her words. The psychotherapists questioned what it was like to be very protected and she said she couldn't explain it, but that an example was when they tried to steal a child and the mother was worried. Faced with these notes, Alan even said that he knew he had to walk more with his daughter, but recognized that he did not see so much fun in going out more, as the family was incomplete. Asked what it would be like for her to travel only with her father, Ellen said that she thought it would be normal, that for her it was indifferent whether her mother was there or not, and that she wanted to go places. Soon after saying this, however, she showed enormous upset and sadness – as at no other time in psychotherapy – for having lost a marker she wanted to paint the drawing, not accepting any other in replacement and saying that the drawing would not look good with other colors.

The theme of leaving was also common in her games, she was always joking that one of the teddy bears or dolls was going to travel far away and had to say goodbye to the others. These farewells were staged by her, however, without signs of pain or suffering, with tranquility. The only time we noticed a more significant affective charge was when Ellen regretted the end of the sessions, but she always revived when the therapists arranged to return for the next week.

Another game that is worth mentioning was one that took place in about three sessions after two months of psychotherapy. In this one she always said she was the doctor and said she was taking care of her father who was sick, giving him a prescription. His recipes, however, were always a list of restrictions of different kinds, food, activities, games, etc. She narrated the list laughing, while her father looked at her too, smiling and saying that he would comply with them, although the psychotherapists always highlighted the severity and extent of the restrictions imposed.

Ellen was always very excited in the sessions, smiling, eager to play with the psychotherapists and trying to summon her father to it. The latter, however, showed more difficulty in playing with his daughter, especially when the games involved moving bodily, and complained that she was insatiable, playing and not getting tired, and always wanting more. In some sessions, however, she managed to play with tickles and produce drawings together with her daughter, her favorite activity – and in which she always showed a lot of commitment and concern in making perfect drawings – in addition to smiling with some of her jokes. Alan even justified, in one session, that he didn't play much because he hadn't experienced many games in his childhood, he had some friends with whom he played, but at home his mother was always focused on taking care of his younger sister who had an illness, and his father was totally focused on work.

About a month after the beginning of the follow-up, Alan and Ellen introduced us to a pet that, according to them, was the new member of the family. The animal, named Lili, became part of the sessions frequently and, about two months after his arrival, we also met Zezinho, another animal of the same species. According to Ellen - who was always very affectionate with the pets and said that they made her happy - she asked a lot for Zezinho because she wanted him and Lili to start a family, which would happen from that moment on and they would be very happy. On one of the days he said this, he wrote on a sheet of paper the names of his father, his mother, himself, and those of the animals.

After four months of family psychotherapy with Alan and Ellen, the sessions were terminated due to the completion of the psychotherapists' course and Alan's desire to continue with individual psychotherapies for both.

DISCUSSION

MOURNING AND ITS SPECIFICITIES IN THE FAMILY

From the perspective of Walsh and McGoldrick (1998), loss can be understood as a transitional process that recognizes both the purpose of death and the continuity of life, and that involves the deceased person and the survivors in a common life cycle. Freud (1917 [1915]/1996), in his text *Mourning and Melancholia*, explains that mourning is an expected reaction to loss and its elaboration implies a long and gradual work of libidinal disinvestment in the lost beloved object for an investment in new objects. It is a resignification, that is, a transformation in the relationship with the beloved object, which no longer exists in external reality. Throughout this process, it is common for there to be a

certain inhibition and loss of interest in general aspects of life: the world is perceived in an empty and impoverished way, which should not be considered a pathological condition, since it is expected that grief will be elaborated over time (FREUD, 1917 [1915]/1996). The idea is of an adaptation that involves finding ways to put the loss in perspective and move on with life (WALSH; MCGOLDRICK, 1998).

According to Prizanteli (2008), the family is a group that builds its identity based on the participatory experience of its members, that is, everyone influences each other. In this sense, it is necessary to look at the impact of loss on a family as a system of interaction (WALSH; MCGOLDRICK, 1998). Bowen (1998) speaks of a disturbing impact - a shock wave - on the functional balance of the family, so that the intensity of its reaction will vary according to the emotional integration of the family and also according to the importance of the lost member. The fact is that loss, especially death, modifies the family structure and brings adaptive challenges, including immediate and long-term reorganization, as well as changes in the family's definitions of identity and goals (WALSH; MCGOLDRICK, 1998).

In the case of Alan and Ellen, it is possible to observe Alan's difficulty in seeing meaning in the new family configuration. Prizanteli (2008) explains that in the period of crisis after loss, individuals become stagnant, a fact that hinders the creation of a new identity and family restructuring. This is evident when Alan does not want to go for a walk or travel with his daughter because "the family is incomplete", while the little one shows interest in such activities and says she is pleased to be able to have these moments with him. Ellen is able to redesign a new identity for the family when she writes the names of herself, her parents, and her pets all together.

Sudden and premature losses - as was the case with Tainá's death - can be considered the most difficult for family members to elaborate, according to Anton and Favero (2011), because Western culture has the belief that the "best death" comes at the end of a long and productive life (WALSH; MCGOLDRICK, 1998). Premature deaths, which occur "out of time" in terms of chronological or social expectations, such as early widowhood or early loss of parents, tend to be more difficult to obtain acceptance by families, which commonly implies a prolonged mourning of several years (WALSH; MCGOLDRICK, 1998). The feeling of cruel misfortune, injustice and guilt among surviving family members is common and this can block them from carrying out future projects (WALSH; MCGOLDRICK, 1998), as we saw in the case of Alan. Bowen (1998) points out that the death of parents when the family is young has a greater chance of generating

serious and prolonged shock waves, causing a disturbance in emotional balance, since the functions of provider and/or caregiver are removed at the moment when they are extremely important.

Covering different sociocultural contexts and ages, Prizanteli (2008) states that the death of a spouse has been recognized as one of the most stressful and painful experiences in terms of intensity and duration of the grieving process, and can even lead the survivor to physical and emotional illnesses. Widowhood at the beginning of marriage is usually more difficult than later in life "due to unfulfilled dreams and hopes, mismatch with other couples at the same stage of life, and lack of models for adjusting to widowhood among peers" (WALSH; MCGOLDRICK, 1998, p. 44). It "tends to be a shocking and isolating experience, due to the lack of emotional preparation or essential social supports" (WALSH; MCGOLDRICK, 1998, p. 61). In addition to the physical loss of the other party of the love partner, Prizanteli (2008) points out that the survivor loses his civil status, having to adopt, therefore, a new autonomous and individual identity. According to the author, "this change (...) has absolute relevance in the recovery process of the bereaved individual, since all the history constructed and dreamed of is broken by the breaking of the affective bond resulting from death" (p.49).

In addition to all the challenges mentioned, "the loss of a partner at this stage of life is complicated by financial obligations and child care, which can interfere with grieving tasks" (WALSH; MCGOLDRICK, 1998, p. 61). Alan mentions throughout the sessions a difficulty and self-demand in relation to Ellen's hygiene and aesthetics. He is always very concerned about keeping it tidy, as well as the house. Another fact is the anguish that the father brings in being away from work to be able to take care of his daughter, since he is insecure about leaving her with someone else, and so he ends up taking on all the tasks alone. According to Prizanteli (2008), the widower's ability to deal with the new roles and responsibilities demanded in this new phase will depend not only on his or her personality and previous experience, but also on the demands made by the family context and support references. According to the author, in these circumstances, "young children can be considered as a burden or blessing, as well as the relatives of the deceased spouse" (p.57). Walsh and McGoldrick (1998) point out that it is common, at this stage of the life cycle, for there to be tension in the relationship between the surviving spouse and the family of the deceased person. This was evident in Alan's case, as he reports conflicts with Tainá's parents regarding Ellen's care that worsened after Tainá's death.

Walsh and McGoldrick (1998) point out that "when a widowed spouse is also the parent of a young child, emotional expression can be blocked by the responsibilities of being a single parent, with children and well-meaning relatives conspiring to keep the only surviving parent strong and functioning" (p.36). In this sense, the elaboration of the child's grief depends not on the forgetfulness of the deceased person, but on their remembrance and memory through stories, photos and videos (MELLO *et al.*, 2021).

According to some authors (OLIVEIRA *et al.*, 2020; CRUZ *et al.*, 2021; FARIAS *et al.*, 2021; SANTANA, 2022; WENDT; TROIS, 2022), in contemporary society, there is an inability on the part of adults to handle issues related to death and this means that children do not find space to express themselves, and the risk is that what is not put into words becomes a symptom. Wendt and Trois (2022) explain that the child's development can suffer damage if there is silence in relation to the loss, as he sees himself being forced to suffer alone, in secret, repressing the pain. They point out that the negative repercussions of this poor elaboration of grief can appear when they reach adulthood. On the other hand, "if the child has the opportunity to ask questions and express his feelings in the family environment, he will feel safer and more protected" (WENDT; TROIS, 2022, p.46). Clear communication strengthens bonds and adaptation in the face of loss (MELLO *et al.*, 2021).

Regarding the symptom of silencing, Prizanteli (2008) points out that there is a gender issue that permeates this whole situation, as men are usually more reluctant to ask for help and this makes it difficult to support the extended family and the social group: they generally avoid talking about their feelings, but manage practical issues well after the loss. In this scenario, it is important that other adult members - family members and friends - contribute with concrete care and support to allow the surviving parent to grieve (WALSH; MCGOLDRICK, 1998). Generally speaking, "families are at risk of dysfunction if, at one extreme, they try to avoid the pain of loss by denying the significance of an important family member ... at the other extreme, they can become immobilized if they are unable to redistribute new functions or form new bonds" (WALSH; MCGOLDRICK, 1998, p. 43).

From the child's perspective, the loss of a parent is the loss of an affective bond that has survival value (ANTON; FAVERO, 2011). This means that the death of one or both parents is perceived by her as helplessness; a fact that mobilizes fantasies and a deep feeling of threat to their physical and emotional survival (FRANCO; MAZORRA, 2007). According to Walsh and McGoldrick (1998), it is a confrontation that makes it possible to revive fears of the loss of the *self*, which is devastating. In general, this grieving process

can cause disturbing effects such as fear of being abandoned, longing for the lost figure and anger at not being able to find him again, and as a consequence it is common for separation anxiety to intensify at this moment (ANTON; FAVERO, 2011).

The feeling of helplessness is aggravated by the fact that the child loses, in addition to the parent, the previous family scenario, as it is necessary to reorganize the family with the absence of one of the members (FRANCO; MAZORRA, 2007). It is, in fact, a double loss for the child, since the surviving guardian, due to the bond with the deceased person, is mobilized and weakened (FRANCO; MAZORRA, 2007; ANTON; FAVERO, 2011), as was the case of Ellen and Alan. The child's reference in relation to the caregiver who survived is altered, as he modifies his emotional and behavioral aspects, his way of expressing and acting, because he is also bereaved, reviewing roles that need to be readapted (ANTON; FAVERO, 2011). In this sense, the child "is subjected to an even more complex task than that of the adult, since the loss also deprives him of a secure and identifiable basis" (ANTON; FAVERO, 2011, p.102). Because of this set of factors, Walsh and McGoldrick (1998) point out that "the way a child deals with the loss of a parent depends greatly on the emotional state of the surviving parent" (p.65) and on the process of elaborating it.

Immersed in the feeling of helplessness and fear of abandonment, the child can serve, symptomatically, as a distraction for the bereaved father/mother, in addition to covering up their own suffering so as not to overload the responsible person (WALSH; MCGOLDRICK, 1998). This was evident in the séances when Ellen sought to amuse Alan, and make him smile, especially when he was saddened. It was perhaps an attempt to keep him whole, taking emotional care of him. In addition, initially, the girl also did not spontaneously mention her mother or the lack of her, and even left the room when her father spoke of Tainá. Bowen (1998) explains that "the closed system of communication is an automatic emotional reflex to protect the *self* from the anxiety of the other person" (p.106). Ellen's silence about her mother's absence can be understood as a way for her to avoid triggering her father's pain and take care of him, but also as a way of not accessing her own pain. In this regard, Anton and Favero (2011) explain that, commonly, the patient believes that by avoiding thinking, he would also be avoiding suffering, when, in fact, the inhibition of thoughts and emotions ends up requiring a lot of effort from the subject, a fact that can cause anxiogenic situations that threaten health. In addition, as Walsh and

McGoldrick (1998) warn, avoiding the pain of loss, neglecting grief, can cause suffering to surface in an overwhelming way later on. The authors add that

When parental grief is blocked, a child is more likely to become symptomatic. In families in which certain feelings, thoughts and memories are forbidden by family loyalties or social taboos, the blocking of communication can contribute to symptomatic behavior, or feelings can be hidden and reappear in other contexts, disconnected from their origin (WALSH; MCGOLDRICK, 1998, p. 36).

The symptomatic of Ellen's distraction, which eventually appeared excessively in the session in the form of laughter, shouting and agitation, as well as the emotional zeal for her father, are perceived by us as the beginning of a parenting process. This behavior of the girl may be associated with a fantasy of omnipotence, in an attempt to avoid new losses, separations and be strong. According to Franco and Mazorra (2007), such attitudes can be elaborative or hinder mourning, depending on the intensity and time they act in the child's fantasistic world.

ABOUT PARENTING AND ITS OCCURRENCE IN THE MIDST OF GRIEF

In order for us to reflect on the occurrence of the parenting process in the midst of the grieving process, it is necessary to follow a path on the theorization of this concept, which will enable us to rigorously base our notes.

This path begins in 1948, in an article by Schmideberg that is considered one of the first references to parenting as an inversion of the parental role. In it, the author points out that some parents invest in their children as parental figures when they experience intense emotional experiences, among which she cites significant losses. Less than ten years later, in 1956, Mahler and Rabinovitch (1956) followed this path, pointing out that children, in order to strengthen family ties - especially the conjugality of parents - can assume roles of responsibility in the family as confidants, helpers and peacemakers. Still in this sense, in 1965, Anna Freud stated that children often end up taking the empty place left by a marital separation. These first notes, according to Mello *et al.* (2015), make it clear how, when we talk about parenting, we are talking about an effort by children for the well-being of their parents when they have a certain narcissistic fragility that makes it difficult for them to afford family support, so that, for children, occupying this place is also an attempt to ensure a more favorable environment for themselves.

Highlighting this last point is important because, as Mello *et al.* (2015), "there is no altruistic objective in this megalomaniac assumption of responsibility on the part of the child in relation to the parents (father or mother), but an attempt to ensure his own life within the family" (p. 219). This does not mean, however, that the child has a conscious perception of the absence of care and support from his parental figures, but although he does not have it consciously, he feels responsible for meeting the needs of the family environment, and, as Michard (2017) states, his solicitude is usually based on a significantly realistic assessment of the parents' needs.

In the case we brought above, Ellen's attempts to ensure Alan's well-being are notable in several sessions. The girl's eyes were always focused on him, attentive to his expressions and words, and at any hint of discomfort on his part, she tried to distract him and promote well-being. In addition, it was remarkable how she showed a lot of concern with the things she said, always attentive to the impacts of this on him and trying to say only what seemed to her that would please him, even when it implied not showing her suffering with the loss of her mother.

Following the path of the conceptualization of parenting, we see that despite these first notes, its conceptual assumption takes place within the field of family therapy around the 1960s and 1970s. Two works stand out: that of the Argentine therapist Minuchin who, in 1967, together with collaborators, discusses the attribution of parental power to the child, conceptualizing it as a "parental child"; and that of the Hungarian-American psychiatrist and therapist Boszormenyi-Nagy, who designates the distortion of relationships in which a child becomes a parent to the other as parentalization.

The theories of these authors, although they talk deeply, also have unique nuances. Minuchin *et al.* (1967) develop their studies in precarious and disorganized socioeconomic contexts in which they note that parents demonstrate, at the same time, a certain authority and a certain unavailability in the relationship with their children, so that children feel that sometimes they can count on their parents and sometimes not, and in cases of absence that they take for themselves - explicitly and consciously or implicitly and unconsciously - part of the parents' function, disorganizing the parental and filial subsystems, as well as the fraternal one. Boszormenyi-Nagy and Spark (1973/2012) underline the inversion in these relationships, deepening the concept of parenting and pointing out how in these cases the child often becomes an imaginary adult, being taken by the parent as an equal from the generational point of view, so that the generational difference is denied.

This note by Boszormenyi-Nagy and Spark (1973/2012) we believe it is possible to notice, to a certain extent, in Alan and Ellen, when Alan shows great discomfort with Ellen's games, and demands that she talk more, that she communicate with the psychotherapists orally, like an adult. This confirms, therefore, what was stated by Mello *et al.* (2015) that when parents suffer affective deficiencies or with the lack of definition of generational boundaries, their regressive behaviors end up demanding a progressive posture from their children, regardless of the child's unpreparedness for this. It is this demand for a progressive conduct that we see, therefore, in Alan towards Ellen.

In the investigation of parenting, some authors such as Haxhe (2013) and Le Goff (1999) state that in parents it is possible to identify historical and/or conjectural factors that can contribute to the development of this process. Among these, Harrus-Révidi (2004) and Olson and Gariti (1993) point to the fact that immature parents also did not have their needs met by their parents, which leads Bekir *et al.* (1993) to highlight the transgenerational aspect of parenting, stating that many of the parents who parentalize their children were parented by their parents as children. We bet on the presence of this factor in the case of Alan and Ellen, because Alan brought reports of a difficulty he had in his childhood to be a child and play, as a result of a paternal absence – his father was always working – and a lack of maternal attention to his needs, as his mother's attention was focused on his younger sister who had health problems.

In addition, some researchers in the area have been investigating how the organization of the couple influences the parenting process, and, conversely, the repercussions of parenting on conjugality. According to Figueiredo (2007), the subject who was not sufficiently well cared for in his childhood may have difficulty in becoming responsible for the care of himself and the other in conjugality, demanding from the partner care in the marital relationship that can restore a safe and stable environment, satisfy primitive needs. We bring this because we believe, based on Alan's reports about his marriage to Tainá, that this factor was present in their conjugality: he demanded from her a care that she had lacked in her childhood. In the face of his wife's death, however, he relives a heartbreaking helplessness, and this is associated with the risk of the development of parenting in his relationship with Ellen.

That said, with regard to the most conjectural factors, Haxhe (2013) highlights, for example, divorces and remarriages, situations in which parents are absorbed in their affective lives and in the task of rebuilding their marital lives. Also referring to cases such

as these, Walker and Lee (1998) state that in these situations, in the absence of the other member of the parental couple, parenting is often presented as a resource for family functioning, becoming a factor of resilience. The postulations of these authors regarding the absence of the other member of the parental couple can be read not only in the light of divorce cases, but also of the death of one of the members of the parental couple. In these situations, we also believe we can affirm that, in the face of this absence, parenting is a resource and a factor of resilience for the continuity of family functioning.

To this we also add the point of Boszormenyi-Nagy and Spark (1973/2012) that symbiotic commitments can also favor the maintenance of parentalized relationships. We make this addition because we believe that in Alan and Ellen's relationship, after Tainá's death, Ellen may have unconsciously assumed a commitment to symbiosis with her father through parenting. In this family, the boundaries were poorly defined, which was a sign when subjects inappropriate for children were talked about without any restriction or care in front of the girl, which occurred between Alan and Ellen at the beginning of psychotherapy. Therapy, however, was able to give some contour to this, pointing to him the necessary care.

Resuming, the roles played by parentalized children, however, are not always the same, as highlighted by Boszormenyi-Nagy (1973/2012), who postulated the central existence of three: the "caregiver role", when children perform care tasks manifestly or masked; the "role of sacrifice", when the child is in the place of a martyr, exercising a certain control over the family dynamics; and the "neutral role", when the child does not require any work from the parents and is considered well-behaved. It is worth saying that these do not present themselves in isolation, often overlapping according to parental demands, which may be, according to Jurkovic (1997), an instrumental – or physical – or an emotional – or affective – function, and these are associated and influence each other. In the case we are working on, we see that Ellen essentially plays the role of Alan's emotional caregiver, which does not mean, however, that other roles are not present in the background and emerge in some situations.

Having said all this, it is important to clarify, as Mello *et al. do.* (2015), that parenting does not unconditionally belong to the field of pathology or relational dysfunction. Boszormenyi-Nagy (1973/2012) himself states that a certain degree of unconscious parenting is a constituent part of the parents' attitude towards their children, and Le Goff (1999) warns that parenting can be found in all families, regardless of pathological

relationships. For them, generational inversion can even favor the child's identification with the image of a good parental figure, not necessarily being a sign of a pathology, but it can be functional in the construction of a family context of solidarity and trust.

In this sense, Le Goff (1999) distinguishes two types of parenting: constructive parenting, when the responsibilities delegated to the child do not disregard their maturity and have supervision and support, the period is determined and transitory, and with this the positive effects are predominant and parenting operates in favor of child maturation, giving the child confidence and resources to face life situations, which occurs in cases where the relationship with the parents is sufficiently good; and destructive parenting, when the child is overloaded with tasks that exceed his competences, the parents neglect his needs, and the negative effects prevail, leaving the child exposed to helplessness, vulnerability and severe implications for his emotional development.

With this in mind, Mello *et al.* (2015) defend the importance of an evaluation of the dimensions of the child's experience of parenting that takes into account rigidity, duration, breadth and some protective factors, pointing out that "the more physical and emotional burden is imputed to the child, the more costly parenting becomes" (p. 217). In other words, according to the authors, there is an important difference between the experience of a child who takes care of the parents in a limited and provisional way, and the experience of a child asked to assume a parental posture to satisfy the dependence of regressed adult parents, which can have repercussions on the child's own maturation processes. In the latter case, they add, the arduous effort to take care of their parents means that children have to renounce even their childish needs and the spontaneous play that is so dear and indispensable for their healthy emotional development, as Winnicott (1971/1975) has already pointed out.

It is, therefore, when it interferes with the child's development possibilities that parenting takes on a pathological meaning, which occurs mainly when this process is denied or denied by the parents (MELLO *et al.*, 2015). In the case of Alan and Ellen, we believe that the parenting process began after Tainá's death. We understand that, in general, the difficulty in managing the feelings resulting from the loss can alter the pattern of communication and family experience, and this can prevent the perception of the grief of others (PRIZANTELI, 2008; CRUZ *et al.*, 2021). The fact is that the possibility of the child elaborating grief is linked to the process of elaboration of grief by the family, especially the surviving parent (FRANCO; MAZORRA, 2007; ANTON; FAVERO, 2011).

In this sense, family therapy can contribute by enabling open communication among surviving members, in order to promote "a family climate of mutual trust, support and tolerance for a range of responses to loss" (WALSH; MCGOLDRICK, 1998, p.42). Dialogue, as well as playing, are of paramount importance in this process, as they allow the reciprocal exchange of feelings, perspectives and expectations in relation to the experiences that will necessarily have to be lived, and this favors the connection of the members to face the construction of a future without that loved one (PRIZANTELLI, 2008; CRUZ *et al.*, 2021). McGoldrick (1998) explains that in the face of the loss of the main attachment figure, the family therapist can act as a temporary, substitute attachment figure, but emphasizes that he "must use this role to establish a safe set of attachments within the family, so that its members can grieve themselves" (p.154).

It is important to highlight that when we talk about protective factors, one of those cited by Mello *et al.* (2015) are the external links to the family nucleus, the family's support network, which can function as a mutual aid that softens the commitment assumed by the child. We highlight this because Alan reported several times the absence of a support network that could help him in his grieving process and in the now lonely upbringing of his daughter. The absence of friends or family who could support him was a frequent complaint, although he showed that he demanded it to some extent. The beginning of a new relationship seems to us to be related to this demand, as well as the search for family therapy. And, by promoting a safe and trusting environment, "psychological care can help so that the destructive tendency of not verbalizing does not develop at home, avoiding silence, which makes the child feel alone and remain silent for fear of touching a forbidden subject and making his surviving father suffer" (ANTON; FAVERO, 2011, p.108).

Just as it was initially with Ellen, but which transformed over the course of the treatment. For this reason, psychotherapy can serve as a first context for the expression of feelings related to trauma and also a space for the construction of meaning for the loss (ANTON; FAVERO, 2011). And then, from communication in family therapy, members can perform the adaptive tasks that are fundamental for the elaboration of grief, which are: the shared recognition of the reality of death and the common experience of loss; the reorganization of the family system; and reinvestment in other relationships and life projects (WALSH; MCGOLDRICK, 1998). It is in this sense that McGoldrick (1998) defends the idea that this joint therapeutic space carries the potential to promote mental health in

the long term, as it is capable of rewriting the family script in relation to losses, strengthening the surviving family unit and leaving a new legacy for family members.

Thus, we believe that psychotherapy may have functioned here as a support network for the family that was configured as a protective factor against the pathologization of Ellen's parenting to the extent that therapists emerged as other figures of care not only for the child – allowing, mainly, that in the sessions she manifested her spontaneous play -, as well as for Alan in his process of elaborating grief and appropriating parenthood in relation to Ellen. Regarding this last point, it is worth saying that Alan's search for therapy was due to a demand to "learn" to be a good father, a desire to be better, seeking support that would help him, in the face of his helplessness, in fulfilling the task of promoting Ellen's physical and emotional development. We conclude, therefore, betting that family therapy could stop Ellen's parenting process that was beginning, not allowing it to become chronic in a pathological process, and strengthening Alan's parenting.

CONCLUSION

The death of a parent/spouse brings up overwhelming and ambivalent feelings that disturb the family balance and established patterns of interaction. The process of grief elaboration involves a realignment of relationships and the redistribution of roles in order to compensate for the loss and continue with family life. In this course, in which the surviving members are weakened seeking to signify their own pain, it is necessary to be attentive to the child's needs so that they are not neglected. It is common that, because they are flooded by the feeling of helplessness, they assume a posture of trying to ensure that the surviving parent remains alive and whole, and, for this, adopt mistaken care measures in relation to this adult. It is possible, from there, to emerge a generational inversion of roles, a process known by the term parenting.

Although increasingly notable in the field of family therapy, parenting is still a notion little used and studied, especially in Brazil. By way of conclusion here, it is important to clarify that when we talk about this process, we are not only talking about costly tasks assumed by the child, but about a relational issue whose center is the bonds of trust and affection between parents and children. Highlighting parenting as a relational issue is fundamental to the extent that it allows us to understand that this process leaves impacts not only in the present of family and intersubjective experiences, but also in the future,

since the family relationships experienced by the subject as a child are fundamental for his development and the construction of a secure base throughout his life.

We consider that family therapy was powerful for the construction of better delimited boundaries, which allowed Ellen a space to express her creative play, and helped Alan to strengthen his parenting, essential points to stop, to a certain extent, the parenting process that had begun in the family nucleus.

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