A Baby for My Dad
(Case Study of a Mother Giving Birth to a Stillborn Baby)

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Abstract

Introduction: *About 1% of normal, uncomplicated pregnancies end with an intrauterine death. The causes are not well known, but the emotional implications can be devastating. The suffering, generated by the death of the child before or after birth, alters the behavior of women, produces changes in their existence. As a result of this situation, many of them become depressed or suffer post-traumatic stress disorder.*

Objectives: *This case study aimed at processing the loss experience of a patient who gave birth to a dead child, by means of emotional deblocking, increasing awareness and expression of emotions, understanding of experienced scenarios and events, gaining insight into the mother's needs and management of the losses lived throughout her life.*

The goal of the therapeutic approach was to clarify the various events in the patient's life, that caused her suffering, blocked her resources and her understanding, losing contact with herself and her needs, which influenced her decisions, in agreement with the scenarios and misperceptions she had developed, while stiffening and devitalizing her.

Methods: *The methods used were the Draw-a-Person Test, the Tree-Drawing Test (Koch's Baum Test), the Thematic Apperception Test (TAT test), expressive-creative techniques of experiential nature.*

Results: *The following results were obtained: expression and understanding of emotions, increased self-confidence, better contact with oneself, better understanding of one's needs, diminished guilt, understanding of inner conflicts following experienced events, an increased sense of identity.*

Conclusions: *The psychological assistance of maternity patients is a protective psychological intervention because many of the mothers do not receive emotional support from family members and face difficulties in developing adaptive capacities and in reactivating inner resources.*

Keywords: suffering, stillbirth, post-traumatic stress, resources

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I. Introduction

Intrauterine fetal death (IUFD) (Gravensteen, et al., 2012) is a serious complication of pregnancy that affects the psychological well-being of women in the short term (Vance et al., 1991) and increases the risk for anxiety and depression in the first months after the baby's death, compared to women giving birth to alive children (Boyle et al., 1996).

Some studies have reported high levels of anxiety, 14 times higher in mothers affected by fetal death than in the control group, respectively 12 times higher in mothers suffering from depression (Vance et al., 1991). The anxiety level for groups affected by SB (stillbirth) and NND (neonatal death) was 3.9, with a likelihood of 6.5 times more frequent than for the control group, and depression 6.9, that is 8.5 times more likely to occur than in the control group. Differences were less significant for fathers, with the exception of fathers affected by SIDS (sudden infant death syndrome). Parents affected by stillbirth (SB), neonatal death (NND) or sudden infant death syndrome (SIDS) exhibit high levels of anxiety and depression two months after the death. Mothers have more symptoms than fathers and parents affected by SIDS manifest the most symptoms of anxiety and depression (Vance et al., 1991).

Other researches show that there were no differences between the groups in terms of psychological morbidity at case level, but there were significantly higher levels of PTSD symptoms in mothers in the stillbirth group. Mothers in the stillbirth group were more likely to experience further deterioration of the couple's relationship (Turton et al., 2009).

Despite the high prevalence worldwide, the death of a child at birth is often an incomprehensible loss. Women who go through this experience, including their families, the children's fathers, struggle to cope with long-term and immediate effects that can last for years. Some researches state that there is little evidence regarding the effectiveness of the intervention in acute pain following perinatal death; however, there is an increasing number of writings in the scientific literature on the effectiveness of mindfulness-based interventions in treating anxiety, depression and other biopsychosocial conditions, as well as improving patient satisfaction through immediate psychosocial care. There are works that explore intervention models, as a means of improving psychosocial care, in both acute and chronic states of mourning. Both mothers whose children die at birth or in their wombs, and their families should be helped so that they do not suffer alone. Mothers are often left to seek answers, internalizing feelings of guilt and shame. It occurs frequently for them to take the blame for the death of their children. If the etiological factors associated with stillbirth remain unknown to clinicians and researchers, the psychosocial consequences are even more obscure.

These births are often called "invisible deaths". There is a suffocating feeling of failure and shame for women. Nevertheless, the effects have a wider coverage, often remain unrecognized, extending into partnership relationships, in relation to surviving children, subsequently, to work colleagues, friends, and affecting even health care providers (Cacciatore, 2012).

After being discharged from hospital, the mothers return home and there are numerous stimuli that remind them of the pregnancy, of the baby. Psychosocial and biological stressors can be overwhelming for grieving mothers. Apart from the acute crisis, the effects of the stillbirths come back in the family stories. Women describe guilt, shame, anger, and both active and passive thoughts of self-harm. After three years from having given birth, grieving mothers reported twice as many symptoms of anxiety compared to mothers of babies born alive. (Hunter, 2012). These are also accentuated by the social pressure "to forget", "to move on", "you are going to have another child", coming from well-intentioned friends and family. They report that they feel lonely, in mourning, "no one else replaces the child who died, because their interaction with the child had been limited". The long-term effects of perinatal death have been associated with depression, anxiety, obsessive and compulsive behaviors, suicide, guilt, shame, substance use, marital conflict, and post-traumatic stress and can last for years. They can be exceeded if support is received. Barr (apud Cacciatore, 2012) examined the effects of guilt and embarrassment on the parents' grieving one month and 13 months after the baby's death. Guilt and shame played a role in predicting the intensity of subsequent pain. Neuroticism, insufficient ego power, defensiveness, personal inadequacy, and self-criticism predict pain more than demographic, social pain, as mothers (and sometimes fathers) are typically responsible for death, they face the survivor's guilt. Mothers and fathers have somatic symptoms months and years after the death of their baby. Recent research suggests that the parents' pain implies a high risk for health: a disconnected parent has a marked predisposition to premature mortality, which presents a risk for the deterioration of marital relationships. Parents of stillborn babies face an increased risk of marriage

breakdown or may suffer marital disharmony, sexuality challenges, communication and discord due to grief. The psychosocial support offered by medical providers can significantly improve the outcomes of a family after having given birth to a dead baby. There are no randomized controlled studies on the efficacy of early interventions with mothers who have had SB. However, in general, positive interpersonal relationships and strong social support are two types of interventions that are negatively correlated with pain intensity. This suggests that, although it is not the only variable that influences psychological outcomes for bereaved mothers and fathers, psychosocial care and assistance can reduce the risk of negative affect (Cacciatore, 2012).

Due to the existing research, which attests that immediately after giving birth to a stillborn, women have a high level of anxiety and depression and may suffer from post-traumatic stress disorder, the women from SCJU Craiova Maternity, who express the wish for psychological counseling, are offered counselling/ psychotherapy which focus on decreasing anxiety, increasing vitality, decreasing guilt, enhancing the psycho-emotional balance, in order to find meaning for and integrate the experience of loss.

The study to be presented contains elements of transgenerational psychology, related to transgenerational scenarios on loyalty and duty. Transgenerational scenarios are linked to motifs transmitted by parents, consciously or not, that influence children's life (Mitrofan, Stoica, 2005). These scenarios increase the risk of suffering, repeatedly, due to blocking the psycho-spiritual evolution (Stoica, 2002). Filial loyalty refers to a child's duty to their family members, to the ancestors (Böszörményi-Nagy, Spark, 1984). Duty-centered behaviors are characterized by ambivalence in relation to others and in relation to one's own motivations, self-sabotage, self-blocking, perpetuating repetitive behaviors, choices made according to family scenario and separation anxiety. As a result of the "duty", the child develops concerns towards his parents, limiting or even cancelling their independence, feeling guilty if they fail to honor their duty (Eiguer et al., 2006). Psychopathological aspects can be observed in the behavior (Godeanu, 2013), in the sense of: maintaining a sense of guilt, repeating dysfunctional relationships in such ways to demand attention, maintaining duty-centered relationships, the theme of duty is present, identity crises are noticed to be generated due to the unfulfilled call of duty.

The approach taken in the case presented here was often interrupted because of the patient's defenses. The defensive mechanisms consist of different forms of activity that can be normal ways of expressing a whole variety of things and which can be used, in certain circumstances, for defensive purposes. The defensive mechanisms are tools that activate to shield the ego and are used to protect oneself against suffering, pain, in both normal and pathological situations. (Ionescu et al., 2002).

II. Methods

Case study

When I met Maria, I had been working in the hospital for over 20 years. I had seen many pregnancies stopped in evolution, before term. I had seen a lot of pain, a lot of suffering, I had heard a lot of questions as "Why?", "How could this happen?", "What happened, what did I do, what didn't I do, what should I have done, what do I pay for?", etc. Except for Mary, all women had been crushed under the catastrophe of death. I used to work with them to rise above it, to reactivate their resources, to cope, to apologize, to give, or to begin to give a sense to the loss, to begin to accept the loss, to accept death, so that with time, the integration of this traumatic experience may occur. I felt honored that the patients wanted to talk to me about their pain. I knew that, by allowing me to enter such an intimate and painful area, they were expecting me to be there, to be present at their suffering, to understand them as they needed. I knew their needs. They needed to scream, to cry, to mourn. I accompanied them in whatever they expressed, only then they were ready to talk about their suffering, sadness, crying, emptiness, unbearable pain, etc. These were the goals of psychological counseling after intrauterine or neonatal death.

It was different with Maria. She wanted to come to the psychologist, to begin psychotherapy because she had long wanted to go to a psychologist and had not succeeded. She wanted to understand herself, to understand her life. A life that had not been easy at all.

She entered the door, smiling. Too wide of a smile for a woman whose child had died in her womb, he had been stillborn. The discrepancy between the facies and the experience she had been going through caused me concern. I thought she was going to decompensate depressively. Then, I understood that she did not want to come in contact with the reality of her experience, that she was not ready at that moment, but she had unresolved, painful conflicts, which she was ready to face. I listened to everything she told me and in the few sessions I worked with her, I only explored what

she was prepared to reveal, to repair in her life history. I think that solving some old problems helped her in the first days to cope with the loss, keeping her in these defensive mechanisms.

Projective assessment & instruments

We used the clinical interview, anamnesis, the Draw-a-Person Test, the Tree-Drawing Test, TAT and experiential psychotherapeutic techniques: reflexive listening, amplification, opening techniques, dialogue focused on the present, body awareness techniques, "remain in the state" technique, etc.

The established hypotheses were:

1. I assumed that the ambivalence of the feelings experienced in relation to the arrival of the twins taken in foster care by her origin family prevented her from assuming the feminine-maternal role because she had felt abandoned, rejected, unimportant, unloved, etc.

2 I assumed that the awareness of the ambivalence towards her father (love/ hate dynamics) would contribute to the healthy repair of her relationship with him and the release of the duty towards him, as a result developing the feminine identity.

3. I assumed that gaining awareness on her needs and clarifying her identity would help her take authentic decisions for her evolution.

4. I assumed that understanding the motivation for the most recent pregnancy would help her accept her loss, integrate this experience, preventing her from building an unhealthy adaptive scenario.

The therapeutic approach aimed at:

- clarification of the moment when the twins were taken in foster care by her parents, of the feelings towards them;
- clarification of the feelings towards her father;
- clarification of the feelings towards her partner;
- understanding of the defensive patterns;
- clarification of the need to have a child and ambivalence towards pregnancy;
- clarification of the feelings regarding the death of the unborn child.

Description & context

Maria, female, 30 years old, hair stylist, unmarried, was in a complicated and unstable relationship, "of friendship" with the father of the stillborn baby.

Diagnosis at hospitalization: pregnancy 32 weeks, stillborn.

Medical history: two voluntary abortions performed while she was in the first marriage. From anamnesis, I found that she was an only child, born in a family from the rural area. During childhood she had a special relationship with her father, who thought of her as his son, because he had wanted a boy a lot. Her family chose to become foster parents, due to financial difficulties. As foster parents, they were entrusted with two boys, twins, of Roma ethnicity. Maria was 12 years old at the time. The arrival of the two boys in their family changed Maria's relationship with her father. She saw her father started to love the boys. "For my father", says Maria, "it was as if his desire to have a son had been fulfilled. And he had two." When she was 13, she left home to continue her studies and to pursue her plans for the future, to earn her living. At the age of 19 she married a man who was older than her. When I met her, she had been in a relationship for about 3 years. She had her own apartment and she worked from home. She had contracted a loan from the bank to buy her apartment and part of her earnings was used to cover the installments. She had undergone those two abortions on demand, during the period of the first marriage, as she did not want children.

The child who died, in the most recent pregnancy, was conceived out of loyalty for her father, to make him happy, because he wanted a boy.

The first session

In the first meeting, I asked her to draw a person and a tree. Then she started telling me about her childhood and the relationship with her father. She affirmed that she used to be dad's son, that her father was proud of her, that he would take her everywhere with him.

P: You told me about your father, but how did you feel about being your father's son?

M: I was happy, I was proud.

P: What about your mother?

M: Ah, mom was there too, I had a good relationship with mom, but dad was my favorite.

She went on to speak about the financial difficulties of her parents. They found the solution to financial problems by becoming foster parents. As foster parents, employed by the child protection department (DGASPC), as I mentioned, they were entrusted with two boys to foster, twins, of Roma origin. She considered them as her brothers and she declared that she loved them a lot. She was 12 years old when this change in their family life occurred.

P: What was it like for you when the boys were brought home?

M: I can't remember now, but I love them. They are my brothers. I think I was happy about it. Or maybe the first time... I don't know... I don't remember now. But why does it matter, when I love them as if they were my brothers?! *(Smiles.)*

P: What do you remember?

M: Dad was very proud. He had boys. He wanted a son and now he had two. They are now adults, working in the city, but at the end of the week they come home to my parents. We kept them, even though we were not compelled to do so.

Because of them, her parents were rejected by the community:

M: The whole village, including our relatives, considered that they brought gypsies in the community. Ever since the boys were brought in, the people in the village stopped talking to us. They blamed my parents for bringing gypsies to the village. Neither of our relatives spoke to us.

P: What did you do then?

M: What could I do? I didn't like that our relatives wouldn't talk to us anymore, but I understood my parents. They needed the money.

P: What would you have preferred then?

M: My parents not to have brought them...

[...]

M: I hate my dad, but I also understand him.

P: When you say you hate him...

M: I feel guilty...

P: Did you have the right to feel what you felt?

If, in the beginning, Maria said that she did not have the right to hate her parents, her father in particular, finally she allowed herself to feel hate and understood that she had the right to feel so. In relation to the twins, she repeated the mechanism. At first, she said that they had no guilt and that she loved them, but then accessed her deeper emotions and understood her conflicts. She expressed her dissatisfaction that they had taken her place in the heart of her parents, that through them, her father saw his great wish come true. She expressed her helplessness that she could do nothing to change that.

At the age of 13, she decided to leave home, to study, prepare for a job, to have her own money. Her parents agreed.

She understood that she left to "see no more", because she felt useless, rejected, unloved.

At 19, she met a man who was 16 years older than her, who lived in another country and got married. She left the country, said she felt loved and appreciated by her husband.

P: When in a different time have you felt loved and appreciated?

M: When I was home, with my dad. Dad loved me and appreciated me until the twins came.

P: After that, did he stop loving you?

M: Yes, of course he loved me afterwards, too. But everything changed. Dad was proud of the boys.

P: How did he act when you say he was proud?

M: He took care of them, he spent time with them, he didn't have time for me anymore. He changed. I understood. It was natural, he had to take care of them. And I know he was glad they were boys.

P: And how did you feel when you saw Dad happy, proud?

M: On the one hand I was happy, on the other hand I was sad.

P: It was making you sad...

M: It was also making me sad...

P: What do you think about this?

M: Nothing. What should I think? It was normal.

P: But for you it was...

M: Normal.

P: And in that normality, you decided to leave home.

M: Yes, I left to earn my own money, I went to do something.

P: Shall I understand that your financial situation did not improve after your parents became foster parents?

M: Yes, it did. But I wanted to earn my own money, I wanted to achieve something. Do you know that I won some competitions?

I noticed that sometimes she was not prepared to work on her experiences, that it was difficult for her to get in touch with her emotions, that she only needed to talk about how she was, as if she needed to be validated for her decisions, to be appreciated for her results, to have her expressed emotions confirmed/ validated (as a reiteration of the needs she had in relation to her father, transferred in the therapeutic relationship). She blocked feelings of rejection and ambivalence lived in relation to her father and the two boys, probably feeling alienated by her own experience of loss, unable to access her feelings. Her conduct/ strategy was to move on, not to dwell too much on painful situations, because "I have much to tell you" (defensive mechanisms).

The second meeting:

P: Shall I understand that your husband made you feel loved and appreciated?

M: Yes, at first.

P: Just like you were loved and appreciated by....

M: Dad? *(Acts very surprised.)*

P: What do you think about that? *(She does not answer.)*

P: Whom did you need by your side?

M: I don't know. Maybe I needed my dad. I think I did. *(She stays reflective.)*

P: And what did you do?

M: I got married. And it didn't go well.

She remembered how her husband used to impose rules, constraints motivated by his Adventist faith. He developed a typical behavior of emotional abuse. She used to get dressed as he instructed, with ankle-length skirts, with turtleneck blouses, she could not use lipstick, she was not allowed to polish her nails, she used to respect his demands, she was sad, upset, but she did not know what to do. She was in a foreign country.

She obtained a divorce, because she could not stand jealousy and restraints anymore, by having to lie, as her husband did not agree with the divorce. She promised him that they would divorce as a result of her parents' insistence, but they would only be formally divorced, in fact they would continue to live together.

She returned to the country, dealt with the divorce trial, in the absence of the husband, lied in court (she did not mention in court where he the husband lived) and the divorce was quickly completed.

After the divorce was finalized, she announced him that she would not return, forcing her ex-husband to accept the situation.

P: How was the divorce for you?

M: It was a relief.

P: What do you understand about yourself? What does that tell you about yourself?

M: That I can do something if I want to... I am strong.

Returning to the country, she got employed and, from that moment on started working and had her own money, with which she succeeded to "buy friends".

M: I have friends because I 'fuel' these friendships.

P: What do you mean, you fuel these friendships?

M: I mean, I invite my friends out in the city, I pay, I invite them to my place, they've never invited me.

P: Did they tell you why? Do you know why they don't invite you?

M: They don't have money. That's what they say.

P: And what do you think?

M: That they don't want to spend their money.

P: I see that this does not stop you from inviting them again?

M: Yes, I can give more.

P: So, you can give more to others?

M: Yes, I can.

P: Just as 'who' else in your life gives? *(She does not answer.)*

P: Maybe you saw someone important for you who gives, you learned that from somebody, or maybe you have some needs that make you do that.

M: Yes, I need to have a friend, to talk to. My friends appreciate me.

(It is again noticed that her need to be appreciated, valued, is also extended in relation to her friends.)

P: You say it is as if you were paying for these appreciations?

M: I think so. I buy my friendships. *(She remains silent, she says nothing more.)*

P: You buy your friendships and you feel good, you feel appreciated...

M: I think it's not bad, if you feel good, right?

P: You are the one deciding if it is good or bad for you...

I think perhaps you say that you buy your friendships, but maybe you offer like this... *(She changes the subject.)*

Two years before her father fell ill and he was diagnosed with a lung condition. At the time of her father's illness, she was in a relationship with a Roma man for 1 year, a partner who helped her financially without putting conditions. She felt very scared; she thought her dad would die. She would have done anything to make her father healthy.

She promised her father she would have a baby boy, she would conceive no matter the partner, with anyone, if only the father recovered. The father got healthy and she started to feel anxious as she felt compelled to keep her promise. She was not considering to conceive with her actual partner, who helped her financially, because she feared the others would judge her and she also believed that her parents were not satisfied with that choice, even if they did not express that. She remained in the relationship because she decided to have that child with him, to keep her promise. It was a great joy for her when she learned the child was a boy. Apart from the promise, she said she felt protected and valued in her couple relationship.

P: How is it for you that he is of Roma descent?

M: It doesn't bother me.

P: Is it similar to how it did not bother your parents either, even if they were rejected by the whole village?

M: My parents do not reproach me anything, but I know they do not feel alright about it.

P: Did you talk to them about this subject?

M: No, but I'm sure they don't agree with it.

P: Just as you did not agree when they brought Roma children home?

M: Probably like that...

P: What do you understand from that?

M: I do the same thing as my dad.

P: And what do you think about that?

M: That I love my Dad.

[...]

About her boyfriend:

P: You say you feel protected by his side? Do you feel valued?

M: Yes, I do.

P: But you chose to have a child with him to keep your promise made to your father, not for how your partner makes you feel? This is what you told me, did I understand correctly?

M: Yes, this is what I said.

P: Is it possible that the baby be the answer to how your partner makes you feel?

M: No, I did it for my Dad. I know how much he wanted a son.

[...]

She argued that she would not have conceived a child with her partner, as she sometimes could not stand him, because he also engaged with other women and she felt unloved, betrayed, rejected. One can notice that how Maria expressed she felt in relationship with her partner was similar to how she described she had felt in relation to her father.

Her partner had a 16-year-old daughter, whom Maria rejected, because she was "unpredictable" and "I do not know how to behave with her, I keep her away". She rejected her partner's child, she rejected him (as she did with her father), being in some way caught in the same childhood scenario (rejecting children and the man who cared after them, the man from whom she needed validation).

She described herself as strong, courageous, resourceful (she had won professional competitions), but that she was "all alone in the world".

III. Results and discussion

Below are presented the results, as well as the interpretation following M.'s answers to projective tests:

A. TAT

TAT answers:

1. A boy who studies or analyzes the violin. He seems sad or concentrated.

2.The man pulls the plough, the woman, the woman's mother-in-law stands like a fury, a girl from the city who got married in the countryside and likes to study, she loves this man who pulls the plough, but she regrets it a little, I think.

3 GF. A woman who closes the door and is sad, seems to end a chapter in her life, even if it is hard, or a door has been closed to her. Of course, she is suffering. It happened to me too (sadness, suffering, acceptance).

4. This woman loves this man, and he is thinking of leaving. A man who likes more women. The woman seems to love him, as if she were trying to bring him back.

5. A mother-in-law who cracks the door to see what the children are doing. She looks like a hell of a woman, a tough lady.

7. GF. Mother, daughter and child. One is reading stories and another is thinking. She looks thoughtful (the one with the baby in her arms). She would like the father of the child to be next to her.

6. GF. A discussion.

8. GF. A sad, pensive woman.

10. A man and a woman, acting more affectionately, a love, can also be parental love.

12 F. A witch. A character who seems determined. She knows what she has to do (the one in front). The witch seems, look as if she said "I'll see what you are going to do."

12 BG. A forest, an orchard, something. I do not know if the trees are blooming or if it is snowy. They are not abloom. It is a winter landscape, sad and cold.

13 MF. She looks like she is lying on the bed, on something, with her bare breasts. It seems there have been an altercation between them, he regrets, he is leaving. I got that flash from last night's news, with the man that killed his wife out of jealousy.

13 G. A character, a ladder, something used for climbing, it is a good thing when you go up, you advance. Someone in the dark opens a window, a door, a light. It's good, it lights up the way, I don't know, a light, it's a good thing.

15. A cemetery. *(Laughs a lot.)* The image is still harsh, something, a character who either has someone here, or felt he needed to be alone at someone's grave.

17 GF. A gal who looks at a bridge, at something, she is clearly thinking.

18. It seems there is someone who is sick, (s)he is hugging something, has a pitiful glance, (s)he would like to help.

19. A landscape from cartoons, it can be a lake, some cottages. I don't know what the little circles are *(points at the houses in the card)*, a storm, or something.

Blank page: Clouds, a cheerful landscape, a park, flowers, a flowing waterfall.

Card 1	**Character distribution**	**Personality type**
	- boy	- hesitating, ambivalent
	Social interactions	**Type of interactions**
	-	- sadness
Card 2	**Character distribution**	**Personality type**
	- man - mother-in-law - girl	- hard-working - authority, demanding - loving, sorry
	Social interactions	**Type of interactions**
	-	- sadness
Card 3	**Character distribution**	**Personality type**
	- woman	- ending with sadness
	Social interactions	**Type of interactions**
	-	-
Card 4	**Character distribution**	**Personality type**
	- woman - man	- affectionate, determined, forgiving, accepts betrayal - unfaithful, abandons
	Social interactions	**Type of interactions**
	- man who withdraws - woman who stops him	- abandonment, withdrawal - insistent, forgiving
Card 5	**Character distribution**	**Personality type**
	- woman	- authoritarian, controlling
	Social interactions	**Type of interactions**
	- mother controls children	- authority, control
Card 7 GF	**Character distribution**	**Personality type**
	- woman (mother) - daughter - child	- relaxed - thinking, wants the man's presence - without details
	Social interactions	**Type of interactions**
	- relaxed mom focused on the story - the daughter longs for the child's father	- indifference - sadness
Card 8 GF	**Character distribution**	**Personality type**
	- woman	- sadness
	Social interactions	**Type of interactions**
	-	-
Card 10	**Character distribution**	**Personality type**
	- man - woman	- love -
	Social interactions	**Type of interactions**
	- man-woman	- love, confusion between amatory love and parental love
Card 12 F	**Character distribution**	**Personality type**
	- witch	- controlling, demanding
	Social interactions	**Type of interactions**
	-	- interaction implying control, constraint
Card 13 MF	**Character distribution**	**Personality type**
	- woman - man	- - gives up, aggressive, criminal

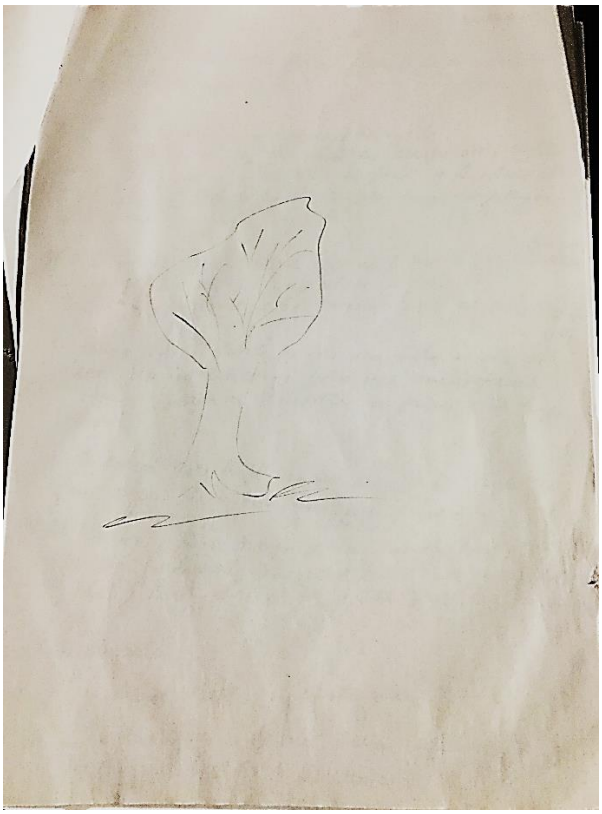
	Social interactions	**Type of interactions**
	- man gives up/ kills	- helplessness, aggressiveness
Card 15	**Character distribution**	**Personality type**
	- indefinite person	- need for solitude
	Social interactions	**Type of interactions**
	-	- loneliness, sadness, sorrow
Card 17 GF	**Character distribution**	**Personality type**
	- woman	- lonely, reflective
	Social interactions	**Type of interactions**
	-	- loneliness
Card 18	**Character distribution**	**Personality type**
	- indefinite person	- unavailable, willing to help
	Social interactions	**Type of interactions**
	-	- helplessness, care, mercy

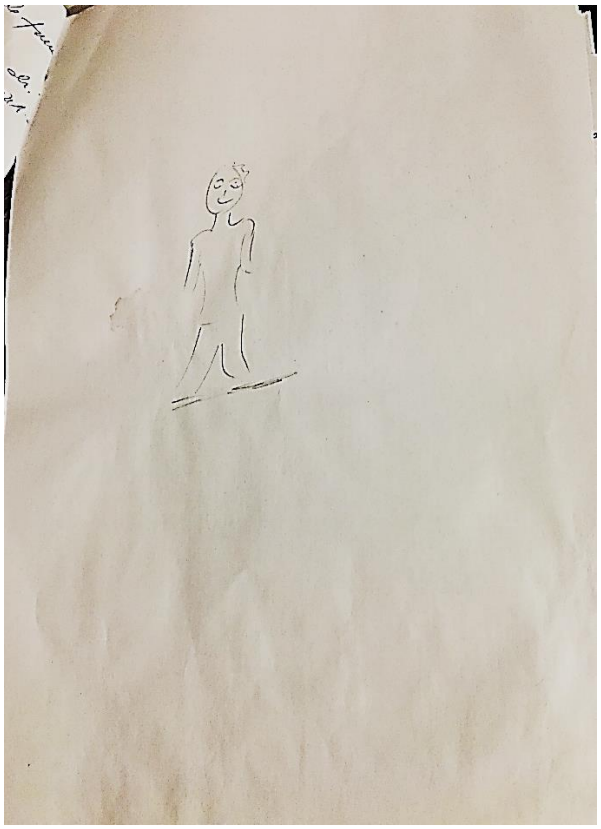
B. Tree-Drawing Test

Note: in both drawing tests the lines of the drawings were almost invisible; in order to be seen by the reader they were emphasized with technical means.

- Placement of the drawing in page – difficulties of adaptation, recent or old conflicts, censorship effort.
- The root – absent, vulnerability, fear of hesitation, of grounding/ settling down.
- The trunk, the base of the trunk broadened on both sides – the will for social adaptation, adaptive capacity, inclination towards ascension, weakness of the Ego, ideational inhibition of development.
- The crown – combativeness in the face of physical and social reality, immersion in the imaginary, inauthenticity of behavior, anguish in relation to real life, infantilism/ regression tendencies.
- The branches – depression.

C. Draw-a-Person Test





One can observe that, like in the case of the Tree-Drawing Test, the work contained barely visible lines, interrupted lines, a blind eye, mouth with the corners up, incomplete upper and lower limbs. From this test, the following may be concluded: defensive expression, depression, she shows a positive facade that prevents less

acceptable experiences to be seen, immaturity, tendency to dependence, rigidity, hostility, inadequate impulse control, blocking of sexuality, lack of confidence in one own's achievements and in social contacts.

As both the anamnesis and administered projective tests point out, there can be observed a psychological reactivity with affective demodulations of depressive-anxious expression, in the context of an insecure family climate, aggression oriented against herself, severe feelings of guilt, her needs are related to success and money, feelings of ambivalence towards her father, towards the two "brothers" and towards her partner. The main conflicts are related to ambivalence and loss of love, the main defenses being repression, rationalization, avoidance and regression. She deals with the problems of reality using defensive mechanisms. She presents low self-esteem and bears distorted representations of events, which generate phantasms about the event. During the therapeutic process she recalled the events that produced her suffering and, as she entered in a deeper contact with them, she expressed and understood better her emotions. I consider that the decontamination of roles has been achieved, to some extent, concerning the father's daughter role, by coming out of that confusion generated by the father, as an identitary benchmark.

I further considered that the unsolved problems with her father, with the twins, with herself, were reactivated in the context of the baby's death and she seemed to be in a mission, a restorative mission, to understand, to accept (hatred, anger), to forgive and to be forgiven. Her presence in my office was a way to solve some of the issues, and definitely, to maintain active the defense. During the short period we worked together, she got in touch with the emotions of experienced events, as much as she was prepared for at the moment, she accessed and understood her emotions (towards her father, towards the two "brothers", towards her partner). She made a journey towards herself, understanding that she was not guilty, that she could not be her father's son, that it was a child's illusion. There was a lot of content that was not reached, as the relationship with her mother, the relationship between her parents, etc. It would have been significant further work, such as understanding the gift and the duty. One can notice that Maria did not benefit from healthy ways of development. She alternated between giving and receiving, between duty and gift. Decherf (apud Godeanu, 2016) specified, regarding the children who are looking for ways to accomplish what their parents failed to do, that in this way they do not benefit from adequate means of development. Children develop survival mechanisms, defense mechanisms, to cope with the environment in the family that is unable to contain healthy development (Godeanu, 2016).

M: When the twins were brought in the family, it came the moment when I no longer was my father's son.

P: What was it like not to be the son anymore?

M: It was as if they had taken something from me, something that used to belong only to me.

P: ... and what I felt was...

M: Hate for them. But how can I hate them, they are my brothers...

She accepted her feelings and talked about them. She understood that it was natural, as she was 12 years old and her position in the family changed. She talked about how she felt rejected by her parents, thrown away, unimportant. But she understood that she had become the father's daughter and that she would continue to be her father's daughter. She realized that daughters don't have children for their fathers. From another perspective we could also look at this dynamic as a reawakening of the Electra complex, at this stage of development, which might explain the fact that she did not even mention her mother at all. Although I asked her, her answers came back to her father, so I chose not to insist, assisting her in her rhythm and needs. (The Electra complex – the girls feel erotic love for their father and despise their mothers, which also adds the possible penis envy, which could be related to "being her father's son" and jealousy towards the "brothers".)

She understood that she felt guilty because of all those feelings towards her family, she understood that she was angry at her father and somehow hated him, feelings due to which, as a defensive mechanism, she exacerbated her loyalty to her father, placing the two orphans in the role of brothers. Because she allowed herself and accepted that she had the right to have those feelings, I worked on processing the guilt towards father and on the "duty" component. She was aware of the "duty" towards her father.

She became aware of the ambivalence felt towards her father, towards the twins and also towards the partner.

She expressed her sadness, helplessness about the parents' decision to become foster family, about the feeling that she was removed, humiliated, her place being taken by "them".

She understood her need to leave home and what made her consider herself "all alone in the world".

Maria understood that she had decided to leave her home at 13 to reduce her suffering, to protect herself,

to not be there "to see anymore" her father's joy in the relationship with the twins, the loss of the "dad's son" status and so on. The need for acceptance from her parents transformed into behaviors such as "buying friends", recompensating them, even conceiving a baby boy for dad.

The need to be loved, accepted, made her choose an older husband, who took her away to another country.

She understood the role the first husband bore in her life, compensating for the need to feel loved by her father as she had felt as a child, her expectations that her husband be in a paternal role.

She realized that her need was not that of having a child (she also motivated it through the inability to stop smoking during pregnancy), that she self-imposed that need, thus answering an imaginary "duty". She was not ready to talk about her child's death, his death brought to the surface old suffering, which could no longer be kept inside. The death of the fetus made these sufferings burst and activated the defense mechanisms.

At the end, I asked her what she intended to do.

"I intend to think very carefully if my boyfriend is right for me, if that is what I want and when I decide to have a child, I will do it for myself, not for my dad."

IV. Conclusions

The patient gave up her son role in relation to her father. She lived contradictory feelings towards an ideal father who had validated her in that role and a "bad" father who had pushed her away, putting in that role two children who were not his. The answer to this rejection/ invalidation was leaving home, to make a living. Longing for a father she found a husband compensating for him. But he failed to fit into the role as she expected, he turned out to be a rigid, constricting father. She again left, returning to her father. The probability of her father's loss made her accentuate her guilt and find ways to remediate the situation. She decided to give her father that desired, expected son. It was a way to regain her lost place. She chose an emotionally unavailable man, of Roma ethnicity. One can notice that the present roles were confusing, they were contaminated by attitudes prior to the actual stage of development. Being defined by lack of clarity, the roles maintain pathogenic relationships, phantasmatic fueled by inappropriate behavioral patterns. She entered into roles that were hindering her evolution.

I found that the loss of her father's son role led to her choosing dysfunctional relationships, in order to recover it. She experienced feelings of guilt, towards the father and the twins. She rejected these "brothers" and started to feel jealousy in relation to them, jealousy that she could not accept, for the moment. She created a duty towards her father, in order to lessen her discomfort, the guilt for the negative feelings she was experiencing related to him. She developed disbelief in men, in herself, stemming from the disappointment experienced in relation with her father. She remained in that vicious circle which caused her suffering. Feelings of uselessness, of insufficiency blocked her personal evolution, preventing her from assuming an adult woman's identity. As a result of the unsolved conflict experienced in relation to her father, who took away from her the dad's son role, she developed an inappropriate behavioral model, blocking her evolution, she assumed, at phantasm level, the role of the father's wife who would give him a son. The negative experiences of some personal events blocked her inner resources – her understanding, her ability of acceptance and love and developed instead ignorance, perceptual and interpretation errors/ distortions, aggression, hatred, guilt that stiffened and devitalized her.

I do believe that she genuinely interacted with the experiences she told me about, but I cannot estimate how she would further deal with the loss. I consider that as much as she worked, it might be relevant for re-signifying/ reorganizing information and events, for repairing them. I think the words "my brothers" frequently uttered, condense her individual experience in relation to that event, but also contain her family's experience. It would still be a lot of work to do, exceeding the few meetings we have had, in hospital conditions. It is possible that at that time the pain of the experiences lived outweighed the pain of the loss, or she only used the known defenses to avoid facing emotions linked to the baby's death. I accompanied her in the direction she wanted to go, to explore, as deep as she could, in that particular situation.

It would have been interesting to be able to explore more, even to bring up the possible connections between the two abortions and the two rejected brothers, and between the stillborn boy, in the mirror with her role as the son of her father, who "died" when the two "brothers" came into the family (otherwise a fantastic, unrealistic and irrealizable, unnatural role).

To have a pregnancy with a normal evolution I think it is necessary to integrate everything that has come to surface in Maria's existence, to consolidate the obtained results, to process the loss of the child, to face the losses (of the role in relation to her father, even of

the relationship with him, of the trust in him and her value, etc.), this way achieving the integration of all the painful experiences, to assume the adult type of feminine identity.

I believe she has a favorable prognosis for the resolution of the conflicts she has worked on, as in the white sheet of the TAT test she saw "Clouds, a cheerful landscape, a park, flowers, a flowing waterfall".

I also hope that she understood her loneliness, her fear of abandonment, her guilt and that she stopped saying "I am all alone in the world".

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Afterword:

The assumption about the abortions and the stillbirth, but especially the positive echoes of our sessions seem to be confirmed by the fact that 1 year after this loss she gave birth to a baby girl she enjoys – which could symbolize the roles decontamination, the integration of feminine identity, giving up of the imaginary debt, resolving the conflict experienced in relationship with her father, assuming the birth of a child for herself.

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