

# When caring for ‘significant others’ becomes a lifelong obligation: A case study

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## Abstract

*This case study describes Eleni's story. Eleni is a young woman who, due to her parents' mental health issues, takes on the role of the parental child from a very young age. Trapped in this role, she takes care of all the people she comes in close contact with, neglecting her own needs, desires and priorities. She climbs the hill of obligation and feels she cannot get out of this way. She does not even have the luxury of asking for a day's rest. The situation reaches breaking point when her partner is diagnosed with cancer. Eleni dutifully takes up the role of caring for him and his parents for about four years, in which period her partner's health progressively deteriorates. During her individual psychotherapy process, she decides to narrate her feelings and the relationship with her parents that pushed her to adopt the role of the caregiver. The cure becomes a journey which gives her the thread she needs to unravel, to 'come out of her own' labyrinth, to see clearly what has imprisoned and prevented her from relating to other people on a mutual basis, thus allowing her to enjoy life without guilt or regrets..*

**Key words:** parental child, compulsory care, narrative approach

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## Introduction:

Caregiving is the provision of care to people who are in need. It varies in relation to the form of support (emotional, moral and instrumental support), its duration (happening only once or continuously) and its recipients (siblings, close friends or people with whom there was no prior connection). There are various theories that explain why people give and receive care (Conterberry & Gillath, 2012).

Compulsory caregiving is a form of adult attachment whereby the individual focuses on providing (rather than receiving) care to a significant other. The developmental reason for such a way to relate to others is explained by a reverse hierarchy theory in the relationship between parents and children within the family (West, 1991, Lapsley et al. 2000).

Parentification is a process of role reversal in a family whereby the children take up parental obligations without paying attention to their individual needs or potential (Vulliez – Coady et al. 2016, Macfie et al. 2015, Nurwianti et al. 2018). Parents on the other hand, while not being able themselves to provide help to their children, demand that the latter take care and support them (Lapsley et al. 2000). They seek emotional or any other form of help from their child as a direct consequence of intergenerational solidarity or out of a relationship model themselves had to follow with their own parents in the past. Role reversal contradicts the part of the overprotective parent (Meier et al. 2014, Issari & Karagianni, 2013). In this case, parental children, as adults, according to Bowlby, 1979, use parentification as the sole way of emotionally relating to others and cannot allow to be cared by other people; they can only permit care that comes from themselves.

When children within a family take up roles that do not correspond to their developmental stage, they are faced with psychological consequences (Meier et al. 2014) documented in their behavior and their future relationships (Bourassa, 2010, Lapsley et al. 2000). Attachment theory posits that early caregiving experiences influence the kind of relationships children will form as adults (Bowlby 1988, Bowlby 1979, Armoutier, 2013). Role reversal in the family drives children in adulthood to choose partners with whom they will have caregiving relationships during which former parentified children will become adult carers for them. They replicate this way the carer-caregiver relationship pattern they used to have in their paternal family (Meier et al. 2014).

## Case report:

Eleni was referred to me by a friend of hers, who was already my client. She is 38 years old, engaged and her

partner was diagnosed with cancer four years ago. She lives in Heraklion but comes from a village in Northern Greece. Her paternal family consists of her two parents and two younger brothers one of whom is married with two little children and the other is permanently living abroad. Her relationship with her brothers is very good and they have not lost contact.

Her parents are described as people who have always maintained a conflicting relationship. Her father has been diagnosed with psychotic syndrome (Madianos, 2019) and her mother with depression (Black & Andreasen, 2014). They live in the same house but, in reality, they do not communicate with each other. Eleni feels they should have got a divorce years ago, from a very young age. But even if they decided something like that in the present moment, a divorce would still sound like a good idea.

Eleni has graduated from a Tourism and Hospitality Management department and works in the tourist industry. She has a good friend and colleague in Heraklion but the rest of her friends and relatives reside in her place of origin in Northern Greece.

### Request

She wants to talk as she, characteristically, said. She wants to express her feelings on her partner's illness. She is wondering whether she is doing things in the correct way, whether she needs to change something in her behavior or in relation to her partner. Two years after Eleni had moved in with her partner, he was diagnosed with stomach cancer. In the last year, his cancer became metastatic so he needs constant care. She feels that she loves him but she is not sure if she had ever fallen in love with him. She describes him as a person who is jealous of her. For a great period of time during her therapy, she only talked about her partner's care and the difficulties she faces with his paternal family. She is in a hurry to make her relationship official, get married and have children. She does not realize the difficulties involved in such a decision because of her partner's illness. She is not an equal partner to her future husband; she has assumed the responsibility of a caretaker. She does not seem to understand that. When the therapist asks that she visualizes her future family with her partner, she cannot describe it. She feels that her partner may not be able to help in certain chores (simple, practical things) but she is in denial as regards the main point of the problem.

### Assessment

Eleni had assumed the role of the parental child in her paternal family and has learned to be a caregiver and not a care receiver. Due to their mental health problems and their in-between poor relationship, her parents had not been able to take care of her or her brothers. That led her to assume the role of the caregiver in her paternal family (offering emotional, moral or technical support) while, later, became the caregiver for her partner. Moreover, she does not have a sexual relationship with her partner. She takes care of him

without receiving care for herself. She does not realize that, yet she feels heaviness and an ambivalence without understanding where these feelings stem from. It is her fight to differentiate herself from her paternal family and set the boundaries for the new roles of her adult life. If she cannot understand that, in the hierarchy of her paternal family, she had always represented the child, she will not be able later in life to form equal relationships. She will not be able to realize her caregiving role in relation to her partner and she will maintain the same pattern of 'unbalanced caregiving' that she was following with her parents and brothers.

### Therapy – Intervention Techniques

Using the narrative approach, the problem of the patient as well as the reconstruction process, gradually develop. The narration itself brings the problem forward, creating multiple versions of the story, all of which provide the patient with alternative ways of handling life (Moudatsou, 2018, Collins et al. 2017, Androutsopoulou et al. 2014, Androutsopoulou, 2013, Dallos & Vetere, 2014). Based on the Self-Report Cognitive System (Kataki, 2010, Ziouvas & Kataki, 2019) but mostly following the principles of the narrative approach (Androutsopoulou, 2005, Androutsopoulou & Bafiti, 2015) the main aim of the therapy was for the patient to gradually retell her story, adding more detail in accordance with her personal progress, in each stage of the therapy process.

Initially Eleni, as any other patient, had to feel safe during the therapeutic session. She needed to trust that she would "be heard" (Giannoukakou, 2017, Androutsopoulou et al. 2014). She needed to connect with the therapist. It was important for her to get a restorative form of safe connection from therapy, one that would trigger her to explore her inner and outer world (Androutsopoulou et al. 2014, Velliez et al. 2016). That sense of safety helped Eleni gradually open up about the relationship with the "significant others" in her life. In the end, she talked about her parents.

Next, she began realizing the different schemata, emotions and fears of the past that would keep her "in captivity" and would not allow her to follow her own, inner voice. She was scared a lot. She kept "hearing" the voices of her parents who would ask that she takes care of them and their brothers. She felt that it was her duty to offer help and she suffered extreme guilt in the idea that she could refuse help to someone so close to her. Her own voice which wanted things for herself, had needs and dreams, was nowhere to be heard.

Towards the end, slowly yet consistently, she decided to start handling the voices of her parents who dictated care and non-negotiable service. She fought with the fears, emotions and the schemata of her past (Giannoukakou, 2017). Throughout this process, it became very important for her to understand and start dealing with the relationship and the role that her parents played in her life. It was also important for her to listen to her own emotions and wishes and create boundaries in relation to other people.

Finally, she left her relationship with her partner. It had not been easy for her to understand that she had as-

sumed the role of his caregiver for the last four years (she had taken the same role in all her previous relationships as well). It was difficult for her to see that they had not been partners and lovers. At the same time, his health condition deteriorated. As she couldn't see it, she felt distress. She felt great sorrow in not being able to realize it. When she finally acknowledged the role and the position she would take in all her close relationships, she understood that what connected her and her partner was debt and remorse around the subject of his health care and that her dreams and wishes for an equal, loving relationship could not be fulfilled.

Throughout therapy, several narrative micro processes (therapeutic skills) were employed by the therapist, such as open questions, paraphrasing, emotional reflection, connection and contradiction detection so as Eleni could be supported and find coherence in the way she narrated her individual story (Androutsopoulou & Bafiti, 2015).

The main narrative approach tools that were used in therapy were Eleni's description of how she saw herself and how other people saw her (self-characterization) (Kelly, 1991, Giannoukakou, 2017, Androutsopoulou & Bafiti, 2015).

At the same time, towards the end of her therapy and because Eleni had found it difficult to understand her role in relation to her partner, the therapist made use of the therapeutic letter writing technique (Androutsopoulou, 2003, Moudatsou, 2018) so she wrote a letter to Eleni. In it, there was a description of the role Eleni had in her relationship with her partner. The letter described Eleni's feelings, needs and wishes and how everything had been sidelined in order for her to remain consistent with the role of the caregiver.

ternalized the voices of other people who would dictate her caring and providing for them, through the narrative technique, Eleni started constructing new narratives such as the need to receive care and learn to listen to her inner wishes and needs. These last narratives created a sense of security and trust in her quest to form equal, intimate relationships with people.

### **Case Monitoring and Prognosis**

Eleni's therapy had a positive impact. Although she had found it difficult at the beginning to focus on herself and face therapy's challenges, she finally confronted her initial doubts and guilt. A major moment in therapy was when Eleni realized that she had internalized the voice of her parents about her acting as a caregiver. When she understood that she didn't have an equal, intimate relationship with her partner, she felt hurt. She found herself into great conflict as to which her next steps should be. Her inner self had gradually started to voice how she would like to go on in life and create a family. After realizing that she could leave her partner into his safe, family environment, she decided that they should split up and that she should leave for Athens. There, contrary to her past, she created boundaries with her parents, found a place to stay and a new job. In her last therapy sessions, she mentioned that she had met someone new.

### **Conclusion**

Although Eleni had initially found it difficult, she managed to recognize the role she played in her paternal family and she understood her tendency to assume the role of the caregiver in all her close relationships. Although she had in-

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