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Psychodiagnostic assessment of a pathological organization: a case report of transgenerational symptomatic transmission

La valutazione psicodiagnostica di un'organizzazione patologica: un case report di una trasmissione sintomatica transgenerazionale

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Abstract

Experiences of anxiety and depression can emerge within family systems as if inherited across generations, following complex and hidden paths. Family bonds are like invisible threads that can, at times, become sacrificial chains, in which individuals may feel trapped in emotional burdens, obligations, merits, debts and credits, all governed by unwritten rules, aimed at maintaining a state of homeostasis (Boszormenyi-Nagy & Spark, 1973; Jackson, D.D., 1957).

This network of relationships can offer support, but it may also constrain individual freedom, becoming an emotional prison during critical phases in the family life cycle.

Sudden and non-normative events—such as the death of a family member, separation, serious illness, or relocation—can destabilize the family equilibrium, triggering intense stress and challenging the system's ability to adapt.

According to authors such as Bowen (1980), it is in these circumstances that one or more members may be confronted with unresolved experiences, hidden grief, and frozen emotions—pain that was never expressed or acknowledged by the system.

This article presents the clinical case of Flora, a 40-year-old woman who turned to the Ecopsys Clinical Center in Naples in February 2025, reporting pervasive anxiety and sadness and marital difficulties with her husband, Michele.

Through clinical interviews and diagnostic tools, it was possible to identify the transgenerational transmission of somatic and psychopathological states, as well as mental attitudes aimed at preserving an idealized perception of the parental gaze.

Riassunto

I vissuti di ansia e depressione possono presentarsi nei membri dei contesti familiari quasi come fossero ereditati di generazione in generazione, seguendo strade impervie e sotterranee.

I legami familiari sono come fili invisibili che talvolta diventano vere e proprie catene sacrificali, nella misura in cui taluni soggetti possono sentirsi intrappolati in vissuti emotivi, obblighi, meriti, debiti e crediti, seguendo regole non scritte allo scopo di mantenere uno stato di omeostasi (Boszormenyi-Nagy & Spark, 1973; Jackson, D.D., 1957).

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La trama di questi legami è un intreccio che può rappresentare, da un lato, una rete di supporto per gli individui, ma che può anche rischiare di limitarne la libertà, diventando una prigione emotiva nei momenti difficili della vita familiare. Eventi improvvisi, detti paranormativi- come, ad esempio, la morte di un membro, una separazione, un grave problema di salute, un trasferimento- possono sconvolgere l'equilibrio familiare, causando forte stress e mettendo a dura prova i soggetti di un sistema, costringendoli al riadattamento.

Secondo alcuni autori (Bowen, 1980), è proprio in tali circostanze che uno o più membri si ritrovano a fare i conti con vissuti non elaborati, dolori celati, congelati, mai espressi o mai compresi dal sistema.

Il presente articolo descrive il caso clinico di Flora, una donna di quarant'anni, che giunge al Centro Clinico Ecopsys di Napoli nel mese di febbraio 2025, presentando uno stato emotivo, caratterizzato da livelli significativi di ansia e tristezza, mentre, dal punto di vista delle relazioni, descrive problemi coniugali con il marito Michele.

Mediante l'ausilio dei colloqui clinici e di strumenti diagnostici, è stato possibile rilevare la presenza della trasmissione transgenerazionale di stati somatici, psicopatologici e di possibili atteggiamenti mentali atti a preservare la percezione idealizzata dello sguardo genitoriale.

Keywords
Anxiety, depression, transgenerational transmission, family bond, psychodiagnosis

Parole chiave
Ansia, depressione, trasmissione transgenerazionale, legame familiare, psicodiagnosi

Introduction

Anxiety and depressive disorders are among the most prevalent mental health conditions in the global population.

Various systemic-relational authors have explored the crucial theme of intergenerational transmission of emotional experiences, psychopathological states, obligations, debts, and credits (Boszormenyi-Nagy & Spark, 1973).

Over time, questions have arisen concerning the dynamic forces that act to regulate a family's internal state in order to maintain the homeostasis (Jackson, 1957). In particular, Ivan Boszormenyi-Nagy's intergenerational family therapy model has highlighted the importance of reciprocity in family relationships and the concept of invisible loyalties, introduced through the notion of ethical obligation: «The component of ethical obligation in loyalty is primarily linked to the emergence, among members bound by mutual loyalty, of a sense of duty, fairness, and justice» (Boszormenyi-Nagy & Spark, 1973, p. 56).

Parentification, at times, represents a thread of loyalty that binds certain members to their families, parents, or even previous generations. Boszormenyi-Nagy noted that disobeying ethical obligations produces a sense of guilt in members toward the family system. He described this guilt as a secondary systemic regulatory force, aimed at maintaining internal homeostasis, with the purpose of restoring individuals to the pre-established order dictated by family bonds.

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Furthermore, Boszormenyi-Nagy argued that a certain degree of parentification is present in every child under specific circumstances; without it, individuals "would never learn to identify with the responsible roles of their future lives. The internalization of the self-image as a potentially caregiving parent is an important step toward emotional growth" (ivi, p. 176).

When this emotional investment occurs in a context laden with obligations, guilt may begin to drive family processes, risking the entrapment of the child in a state of compliance shaped by parentification demands. This situation, according to the author, constitutes a violation of an essential boundary: the generational one (passim).

Salvador Minuchin (1974), a leading theorist on generational boundaries, described family organization as structured into subsystems, regulated by internal rules that define the transfer of information between members and across subsystems.

When such boundaries are diffuse or weak, and members fail to enact the process Murray Bowen (1980) termed differentiation, the risk of fusion with the family increases, relationships may become dysfunctional, and separation processes may be obstructed.

In such contexts, non-normative events in family life—which ordinarily require members to adjust their roles and functions—may have serious consequences for the system's structure and relational dynamics.

As will be discussed, when a system is struck by a significant event, it undergoes what M. Bowen termed an emotional shock wave. In the case of Flora, this concept represents the series of emotional repercussions following the loss of a person who was fundamental to maintaining family balance (Bowen, 1980).

In the present clinical case, the emotional shock wave triggered by the father's death contributed to the emergence of a blocked process of separation in a family already characterized by the transgenerational transmission of values, obligations, beliefs, and dysfunctional behavioral patterns. As evidenced by the results of the psychological tests administered during the clinical interviews, Flora—entangled in the idealization of her parental figures—shows a strong level of identification with them.

Case description

Flora is a 40-year-old woman who presented at the Ecopsys Clinical Center in Naples at the end of February 2025, seeking help for her emotional state, characterized by experiences of anxiety and depression, as well as intense marital tensions with her husband, Michele. This is Flora's first experience with individual psychotherapy. In 2010, she had previously participated in a brief family therapy elsewhere, consisting of only a few sessions, which was prompted by her mother's depression. In July 2025, Flora completed nine clinical sessions, held twice a month.

In the initial interview, Flora describes herself as a woman who has always been very active. She attended university, spent time abroad to pursue further studies, and worked for a year in Milan. At present, however, she is deeply demoralized. She expresses a strong sense of frustration, particularly because she is not currently working, having devoted herself full time caring for her three-year-old daughter, Sofia, who was born following a miscarriage.

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From the very first session, Flora shares how the past few years have been tragic, especially due to severe difficulties encountered during the weaning phase of her child. Sofia was born after a complicated delivery, which involved the placenta being abnormally attached to Flora's uterus.

What triggers a moment of intense, desperate crying is the topic of her father's death. Flora explains that her father, Guido, had passed away one year ago, and since then her sadness has been overwhelming.

She began experiencing marital difficulties as she felt incapable of finding relief or distraction—except when spending time with a group of close friends who reminded her of "the good old days", something that greatly irritated Michele, who felt like an obstacle in her life.

Michele often accuses Flora of being selfish whenever she expresses her desire to be an independent woman with time and space for herself. Flora notes how much this dynamic reminds her of her father and verbalizes: "I always say I married my father". Like Guido, Michele has never tolerated sadness or depressive emotions. Her father was a powerful and combative man, with strong far-left political beliefs and a socially active lifestyle, similar to the rest of his family, where an atmosphere of lightness and cheerfulness always prevailed. Flora says she inherited his political orientation, albeit in a more moderate form.

Guido's personality, which leaned almost toward the maniac pole of the parental couple, starkly contrasted with the depressive state of Flora's mother, Emma, who has long suffered from bipolar disorder with depressive episodes so severe to leave her bedridden for months in a near-vegetative state. Thus, the parental couple can be understood as a "bipolar" system, with a manic father unable to tolerate the mother's depressive moods.

Flora, the second child from her father's second marriage, is a responsible and parentified daughter. At the beginning of her individual therapeutic journey, she appeared to be caught between these two poles, manifesting anxious and depressive experiences.

Through the clinical interviews, it emerges that Flora has an older brother, Rosario, who is more or less equal in age, and a sister, Giulia, ten years younger than her. Both are siblings of the same mother.

Flora describes her paternal family as composed of extremely generous individuals who have always been altruistically devoted to helping others. It is a very large family, with twelve uncles and around sixty cousins.

She recounts how quickly her father's illness progressed: what was initially diagnosed as pleurisy in November 2023 turned out to be an advanced-stage, inoperable lung cancer that led to his death in March 2024. Guido's death—the "pillar" of the family—profoundly disrupted the balance of relationships, roles, and functions among family members.

Methodology

During therapy sessions, in addition to experiencing anxiety and depressive states, Flora reported several symptoms, including respiratory difficulties (dyspnea) occurring mainly when lying supine, during the phase preceding sleep onset. She also reported gastroesophageal reflux and acid and digestive issues. Other symptoms described by the patient included tachycardia and psoriasis—the latter also present in her siblings and inherited from their father. A notable

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feature of Flora's symptoms was their emergence in the months following her father's death.

Following medical assessments that excluded any severe organic basis for the symptoms reported by Flora, it was decided to explore whether a somatization framework was present and, if so, to understand the specific nature or extent of her physical complaints. Although Flora verbally mentioned only some of the symptoms investigated by the administered tests, the goal was to select an instrument capable of identifying the presence of anxiety and depressive components within the broader picture of somatization. For this purpose, the SCL-90 (Tab. 1) was selected.

Regarding the representation of parental figures, the clinical interviews revealed a discrepancy between the narrative Flora provided about her parents and what emerged from her short, emotionally charged stories. This raised the hypothesis of idealized parental representations.

The patient described her parents as extremely positive figures, using language rich in idealizing terms and tending to avoid adjectives with even slightly negative connotations. Her nonverbal communication was marked by nostalgic crying when speaking about her father—his excessive altruism and perseverance—and by emotional reactions when recalling the tenderness she felt toward her mother and the latter's constant demands for assistance and protection as an elderly woman.

To test this hypothesis, the Parental Acceptance-Rejection Questionnaire (PARQ) was administered. This tool allowed for the exploration of Flora's retrospective perception of parental attitudes during her childhood (Tab. 2).

Thus, during the fifth session, the italian version of two self-report assessment tools was administered: the Symptom Check List-90 (S.C.L.-90; Derogatis, L.R. et al. 1973) and the Parental Acceptance-Rejection Questionnaire (PARQ; Rohner, R.P. & Sunbleen, A., 2012).

The first is a self-administered questionnaire consisting of 90 Likert-scale items (ranging from "not at all" to "extremely"), assessing ten primary symptom dimensions: somatization (SOM), obsessive-compulsive traits (O-C), interpersonal sensitivity (I-S), depression (DEP), anxiety (ANX), hostility (HOS), phobic anxiety (PHOB), paranoid ideation (PAR), psychoticism (PSY), and sleep disturbances (SLEEP).

The PARQ, on the other hand, is a retrospective self-report instrument designed to assess the individual's perception of parental attitudes during childhood. It also uses a Likert scale (from "almost always true" to "almost never true") and includes four dimensions: (1) warmth and affection (or coldness and lack of affection, when items are reverse-scored), (2) hostility and aggression, (3) indifference and neglect, and (4) undifferentiated rejection.

As will be shown, the results from both tests were compared with the most relevant thematic areas that emerged from the clinical interviews.

The aim was to create coherence between the test interpretations and the clinical hypotheses grounded in the systemic-relational framework.

Two symbolic elements expressed by the patient during the interviews were considered to describe the transgenerational transmission of symptoms: "the missing half of the heart" and a photograph of Flora at age five.

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Test results

The SCL-90 revealed elevated scores (equal to or greater than 1) in the dimensions of somatization, obsessive-compulsive symptoms, anxiety, psychoticism, and sleep disturbances. The Global Severity Index reached a mildly significant level of 0.8 (Tab. 1).

The PARQ indicated a completely positive perception of parental attitudes during childhood, with a total score of 27 for the mother and 36 for the father (Tab. 2).

Transgenerational transmission elements (1): “the missing half of the heart”

Flora assisted her father throughout the entire course of his illness, caring for him with her older brother Rosario and one of their older paternal cousins, Antonio (named like Flora’s grandfather). Like Flora, Rosario was given a great deal of responsibility within the family, embodying a sort of salvific figure, though he secretly struggled with alcoholism for ten years. After Guido’s death, Flora and Rosario protected their younger sister Giulia from the emotional distress associated with preparing the body and the funeral, including the cremation process. Flora wonders why, among all the siblings from both sides of the family, just her ended up caring for her father before, during, and after his death. Flora’s belief appears to be only partially accurate, as at another point the patient reports having received support from her brother and her paternal cousin. It is plausible that she functioned as the primary reference figure during her father’s passing, receiving intermittent assistance from some family members. This condition seems to have led her to perceive the full burden of responsibility as resting on herself.

Then she expresses intense guilt over how she handled her father in moments when he was particularly oppositional.

During the cremation, Flora and Rosario witnessed the entire process. Flora recounts that the funeral staff used a broken heart symbol to identify and honor the deceased. One half of the heart was with the body to cremate, and the other half was given “to the living ones” — specifically to Flora—as a token of eternal connection with the deceased.

She later shares that she can no longer find her half of the heart and has no memory of where she put it. In one session, we reflect on the possibility that this symbolic piece ended up inside her, and that she is now internally dealing with it.

Indeed, following her father’s death, Flora began to significantly somatize her stress with respiratory problems, dyspnea, sleep disturbances, and gastric acid reflux (Tab. 1). At this point, she realizes that these were the very symptoms experienced by Guido during his battle with lung cancer. It was like her mourning process had been mediated through an unconscious identification with her beloved father.

To these symptoms, psoriasis was later added—a condition that had always affected Rosario and all the siblings, including the daughters from their father’s first marriage. In Flora’s words, shared during a session: “We all inherited dad’s psoriasis—mine came only after his death”.

Flora’s parentification during her father’s illness was part of a necessary caregiving process but burdened her with guilt over her impotence regarding an

unstoppable process of death. Taking care of Guido, a responsibility she thankfully shared with her brother, gave rise to Flora's unrealistic hope of being able to save him—the pillar of the family and of her mother's life.

During her father's illness and the time leading up to his death, Flora also began emotionally to invest in Sofia, whose weaning became impossible. As a parentified daughter, Flora delayed the separation from her own daughter, prolonging the breastfeeding period. She added that those moments were the most joyful part of her day.

It was only immediately after her father's death that both Flora and Sofia were finally "weaned". Flora describes the depressive state she entered over the past year, crying as she speaks of the attachment that developed with her daughter from birth—or even earlier, from the moment of gestation when the placenta was abnormally fused with her womb.

Flora reports frequent arguments with her husband over this enmeshed bond, which hindered the formation of a parental unit and instead reinforced a mother-daughter symbiosis.

Initially, Guido's death triggered a strong emotional defense mechanism in Flora that silenced her feelings for several months, only to appear later through anxious and depressive symptoms. In addition to dyspnea and psoriasis, she began experiencing anxiety again—a disease she explicitly associates with her father. Although anxiety was a condition shared by both parents — including Flora's mother — the patient explicitly states that her own anxiety was transmitted by her father. She describes it as an activating form of anxiety (in contrast to her mother's depressive type), which at times has even helped her to take a stand.

Transgenerational transmission elements (2): checking the heart to make sure it beats—fear through imitation and identification

At the eighth session, Flora arrives in a visibly distressed state, reporting severe anxiety due to upcoming changes in her family system. Over the past two months, she had started working again, Michele was about to change job, and her mother had begun antidepressant treatment with a psychiatrist.

Meanwhile, Giulia, the younger sister, has begun to assume the parentified role within the family system, now that Flora is gradually recognising and reclaiming her own role as daughter to her mother, parent to Sofia, and wife to Michele. She has started setting clearer boundaries.

Flora shares that her mother has always "contaminated" her with hypochondriac fears—which Flora admits she has internalized up to this point (Tab. 1) —and with her own tragic emotionality.

Flora says she is tired of taking part in her mother's dramas.

This emotional contagion appears to be a classic consequence of what Bowen (1980) defined as a low "level of self-differentiation" within family systems, in which individuals function not as autonomous subjects but as a fused collective identity. In such configurations, people are so emotionally entangled that they struggle to distinguish their own thoughts, emotions, and identities from those of others.

Fear seems to be an important leitmotif running through the maternal lineage, beginning with Flora's maternal grandmother—a woman who remained

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trapped in a codependent relationship with Emma throughout her life. Emma inherited from her mother the fear of water, elevators, public transports, crowds, and a state of hypochondria. She cared for her mother and her loneliness, and now seems to project a similar expectation onto her children, especially her daughters. It is reasonable to infer that these anxieties—along with the overarching depressive tone—have contributed to loyalty-based bonds toward both male and female "caregivers" in the family.

The more the mothers experienced fear, the more they clung to protective partners and to daughters who most readily assumed parentified roles.

Flora recounts finding a photograph of herself at age five in a drawer at her mother's house. The photo was taken during a family celebration. During the session Flora reports that here she is, a worried and serious child, together with the laughter of her relatives, her hand placed over her heart—a gesture, she says, she was imitating from her mother, who still does it today. Flora reports was checking to make sure her heart was beating, reassuring herself she wasn't having a heart attack, that everything was okay. In recalling this memory, she breaks down in tears, sad for the child she once was.

She says her mother's sadness has always been a mystery, and she believes it will never go away. Emma's suffering has followed a cyclical pattern, and Flora has always taken care of her. She recognizes that there are emotional gaps her mother is unwilling to fill—memory voids dating back to Emma's own childhood, which she had refused to speak about even during family therapy in 2010.

Flora has filled these gaps by unconsciously walking the same path as previous generations: sadness, fear, anxiety. Yet, she now seems determined to step out of this line—one that for generations has placed the children at the front, always looking back to check whether the adults were okay.

Parental idealization and locked-away pain

As indicated by the PARQ results, Flora shows parental idealization, not always coherent with the life events she narrates (Tab. 2). In clinical sessions, she does not verbalize the warmth, affection, and care that are reflected in her answers to both the maternal and paternal versions of the PARQ. A parentified child since early life, Flora appears to have cared for a mother who was herself parentified by her own mother, in a chain of loyalty across generations. Flora's speech reveals a sense of gratitude for parental sacrifice—for example: "I never lacked anything", "My mother sacrificed herself for us".

Yet, these statements are contradicted by others, such as: "I prefer she doesn't look after my daughter when I'm not there", or "She's not capable of taking care of children". These comments point to an experience of neglect and a view of her mother as inattentive and emotionally unavailable. It is therefore hypothesized that Flora uses psychological defenses to mask negative experiences that instead manifest through her anxiety and depression. These defenses generate internal confusion, especially when they encounter the deeper part of herself—the one that says, "I won't repeat the same story with Sofia", or the one that keeps her mother at a distance, considering her "dangerous" because "she could take me backward".

Her paternal PARQ responses are also clouded by nostalgia and positivity, even though the neglect scale is significantly elevated (Tab. 2).

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It seems that Flora has locked away her childhood grief and unresolved mourning in the same way her father's room remains locked in the family home. As with her identification with maternal traits, Flora appears to have filled the void left by her deceased father by internalizing the leaden "half-heart" and making it part of her own body through symptoms—somatization, psoriasis, emotional tension related to political values, and anxiety (Tab. 1).

While she seems more aware of her identification with her mother, she is less conscious of the paternal aspects she has introjected and symbolically safeguarded within herself through the emergence of symptomatology.

Comments and conclusions

Flora's clinical case aligns with the theoretical and clinical reflections developed within the systemic-relational approach, particularly referring to intergenerational family therapy (Boszormenyi-Nagy & Spark, 1973), structural theory (Minuchin, 1974), and the theory of self-differentiation (Bowen, 1978). Through the analysis of clinical sessions, it was possible to highlight how Flora's psychological distress is rooted in complex generational dynamics where invisible loyalties, parentification, and idealization of parental figures, producing suffering and symptomatic dimensions.

Comparing the content that emerged during the interviews with the responses from assessment scales turned out very useful and insightful. The discrepancies reveal different levels of the subject's awareness. In the therapeutic relationship, unconscious contents arise that are not fully accessible to consciousness and thus cannot be expressed through direct questioning, unlike what emerges from the scoring of questionnaires. The symptom is captured by the S.C.L.-90, but not the relational dynamics (investigated by the Parq) (Tab.1; Tab.2).

The authentic emergence of family dynamics (perception of acceptance or rejection by parental figures) belongs to a more advanced phase of treatment. A recent study conducted on a sample of subjects with anorexia nervosa showed that after psychotherapy lasting just over seven months, awareness and verbalization of the family dynamics genuinely perceived by the subjects became evident even in the completion of questionnaires (Salvati et al., 2023).

Indeed, the therapeutic relationship promotes the spontaneous emergence of content through the therapist's abstinent listening, allowing access to the subject's internal world and thus to the representation of internalized parental figures. This access is not fully granted during some phases of therapy, especially the initial ones.

Regarding Flora's "psychoticism" dimension score, a careful analysis of the S.C.L.-90 responses and comparison with anamnesis, gathered during interviews, indicates that this scale is influenced by the woman's difficulty in setting clear and defined boundaries between herself and others.

This reflects a low level of differentiation, for example, in her belief that others can control or perceive her thoughts, or in the experience that sometimes these thoughts do not feel like her own (Tab.1).

Furthermore, the issue of invisible loyalties also appears in the test scores, suggesting a strong sense in Flora of having to atone for her sins (Tab.1).

Regarding loyalties, Boszormenyi-Nagy e Spark write that

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«The emotional gain from the parentification maneuver is closely connected to basic possessive needs. An imagined childish dependence on the other can gratify one's own security needs. Moreover, the fantasy of regaining a parent revives old wishes and regrets for the lost childhood possibility of relying on ever-giving, omnipotent parents. The pain of having to face losses experienced as a child can reappear at each new separation» (Boszormenyi-Nagy & Spark, 1973, p. 177).

Furthermore in The bio-psycho-social model forty years later: a critical review (2017), Gritti highlighted the significance of the Bio-Psycho-Social Model (BPSM), originally proposed by Engel (1980). The author argued that a scientist should maintain a continuous awareness of the interconnected patterns linking biological and psychosocial phenomena.

A symptom can be understood as the manifestation of a multidimensional process that simultaneously engages the patient's body, their relational network, and the dynamics of the doctor–patient interaction. In fact, the present article represents a peculiar case of interaction between biological factors (psoriasis, gastric disorders, dyspnea) and psycho-social factors, elated to the aforementioned issues. Indeed research has consistently shown that family relationships play a significant role in shaping adults' mental and physical health. These effects occur primarily through direct biological pathways, as the health status of each family member generates interpersonal impacts, particularly on those serving as family caregivers (Gritti, P., 2020).

Thus, the therapeutic relationship with Flora initially posed a challenge regarding emotional boundaries, as her accounts were strongly charged with emotions flooding the therapy room. The work during the first sessions involved creating an environment of emotional containment where Flora's expressed content could be safely held; this facilitated the development of trust, promoting the reorganization of emotions connected to life events.

The specter of grief was present from the very first sessions and appears to have deeper, unexpressed roots, which might hinder the actual processing of the mourning related to her father's loss.

The co-construction of the therapeutic relationship is still evolving, aiming to open a window onto Flora's awareness and authenticity—first towards herself and then in relationships.

The therapeutic work conducted so far has enabled the emergence of reflective consciousness in the patient, who has begun to recognize her collusion with unchosen family roles and to set clearer boundaries between generations, thus fostering a process of differentiation and renegotiation of her parental and filial functions.

A theoretically relevant aspect is the dialectic between continuity and change in family systems: while the system tends to preserve homeostasis (Jackson, 1957), therapeutic intervention seeks to introduce elements of transformative discontinuity, supporting the subject's ability to "step out of line" and break the transgenerational cycle of symptoms.

In this sense, therapy has acted not only on individual suffering but also on the entire system, facilitating transformative movement towards relational flexibility and reclaiming the self.

In conclusion, this case highlights the opportunity to integrate psychodiagnostic assessment tools within systemic practice as support for the dialogic and symbolic exploration of internalized family relationships.

Therefore, investigating family dynamics through psychodiagnostic tests appears crucial and valuable, primarily for making the invisible visible, as demonstrated in this case. Unconscious relational models transmitted across generations can be identified and brought to awareness in a structured and formalized manner by test batteries, helping clinicians to illuminate mechanisms such as states of undifferentiation, parentification of children, idealization of parental figures, and somatization-related experiences. Additionally, tests can assist clinicians in monitoring changes over time in these dynamics, as well as identifying focal points of intervention, repetitive patterns, and rigid dynamics.

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Appendix

Tab. 1. Average scores obtained from the SCL. The most impaired areas are shown in bold.

Symptom	Score
Somatization	1
Obsessive-Compulsive	1
Interpersonal Sensitivity	0,7
Depression	0,8
Anxiety	1,2
Hostility	0,2
Phobic Anxiety	0,3
Paranoid ideation	0,7
Psychoticism	1
Sleep Disorders	1
Global Severity Index	0,8
PST (Positive Symptom Total)	48
PSDI (Positive Symptom Distress Index)	1,5

Table 2. Scores obtained from the maternal and paternal PARQ.

Parq scores	Mean	Percentage
Parq (mother)	27	43%
Parq (father)	36	57%
Total	63	100%