JPS, 2026, Vol. 10 (2), pp.78-93 Section: **CASE REPORT**

Doi: 10.23823/94pb4654

Received: 28 February 2026 Revised: 14 September 2026 Accepted: 5 October 2026

The son of Beer. A case of adoption and systemic-relational psychotherapy

Una storia di adozione: da “Figlio di Birra” a una storia da scrivere insieme

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Abstract

In this work, we report a case of adoption treated with systemic relational psychotherapy. The therapy work lasted a year, divided into family meetings (father, mother and son); meetings only with parents and meetings only with Daniel. The latter, an adopted 17-year-old boy, arrives in therapy after a long series of events that alert his parents, who are almost resigned to the fact that they will no longer be able to "recover" their son. His "rebellion" symbolically expresses, also due to the methods implemented, his story of abandonment experienced at an early age.

The therapeutic work was conducted taking inspiration not only from the studies and research conducted at the Family Centre of the Catholic University of Milan, but also from the model proposed by Cancrini, which provides three levels of integration within the relational system: that of the adoptive parents and the biological ones; the representations of good and bad parents; and biological and adoptive origins.

The processing of the shortcomings of both the child and the parents has produced significant changes in relationships within the family system.

Riassunto

In questo lavoro riportiamo un caso di adozione trattato con la psicoterapia sistemico relazionale. Il lavoro di terapia è durato un anno, suddiviso in incontri familiari (padre, madre e figlio); incontri solo con i genitori e incontri solo con Daniel. Quest’ultimo, un ragazzo di 17 anni adottato, arriva in terapia dopo una lunga serie di avvenimenti che allertano i genitori quasi rassegnati a non riuscire più a “recuperare” il figlio. La sua “ribellione” esprime simbolicamente, anche per le modalità messe in atto, la sua storia di abbandono vissuta in tenera età.

Il lavoro terapeutico è stato condotto prendendo spunto, oltre dagli studi e le ricerche condotte presso il Centro per la Famiglia dell’Università Cattolica di Milano, dal modello proposto da Cancrini che prevede tre livelli d’integrazione all’interno del sistema relazionale: quello dei genitori adottivi e quelli biologici; le rappresentazioni di genitore buono e cattivo; le origini biologiche e adottive.

L’elaborazione delle mancanze sia del figlio sia dei genitori ha prodotto dei cambiamenti significativi sulle relazioni all’interno del sistema familiare.

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Keywords: Adoption; Adoptive parenthood; adoptive family; biological family and adoptive parents; adoptive adolescence; integration of adoptive parents and familiy of origin

Parole chiave: adozione; Genitorialità adottiva; famiglia adottiva; famiglia biologica e genitori adottivi; adolescenza adottiva; integrazione dei genitori adottivi e della famiglia di origine

Presentation of the family, problem and reference context

Psychotherapy in cases of adoption must, preliminarily, take into account a double shortcoming. On the one hand, in fact, adoptive filiation is constituted by the absence or loss of care of the biological family and, on the other, by the absence of the procreative dimension on the part of the adoptive family. We must also consider the differences in the dimensions of parenthood and filiation involved in the adoption process. If the registers of parenthood encompass the biological, nurturing-educational, historical, intergenerational, and social dimensions, in adoption, the biological register is clearly absent, as the adoptee is forever bound to a different origin. For the adoption process to be successful, the new parents must allow the child to develop his own adoptive identity while respecting the differences he bears and, therefore, his history and culture of origin. Psychotherapy in these cases has the task of stimulating the processing of this dual lack by both the child and the adoptive parents by reconstructing the entire adoption story (Rosnati & Iafrate, 2023).

For the purposes of the aforementioned elaboration, we have reconstructed the entire adoption story and the problems that have currently arisen.

Daniel is 17 years old, attends the 4th year of scientific high school, has a good appearance, is well dressed, is embarrassed and annoyed by the therapeutic context, has a hunched and closed posture, and often remains silent while responding with his voice and head down, avoiding eye contact. He says that at school, he has significant difficulties with his classmates with whom he does not have a good relationship. He feels isolated and put aside, but he recognizes that this is also due to his "bully" behaviour, which he adopts to show off, not only to get noticed but to be accepted, often obtaining the opposite effect. He practised ju jit zu (martial art) as a sport. Although he felt good in the group, he has stopped practising it in recent months because he reports that he is unable to reconcile it with his school commitments even though he does poorly in most of the cases at school, too—part of the subjects. Daniel, originally from a town in central Italy, was "recovered" by social services at the age of 5: he lived in conditions of malnutrition and social hardship in a country house in the Marche region with his drug-addicted father and his mother, who prostituted himself, and after a short period in a family home he was given into foster care with his current family. When he comes to therapy, he has just turned 17. He finds himself in a delicate moment of his life cycle: The beginning of the typical manoeuvres that lead to the

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separation from the family of origin, as identified by Erikson and Haley (1973), or the end of the process of emotional identification typical of adolescents, a moment in which we witness a decisive shift in organizational references from the family of origin towards the establishment of a family or an autonomous life as a single person.

The adoptive family comprises Massimo, the adoptive father, who is 50 and works as the director of a well-known bank in Catania, and his mother, Eleonora, a 49-year-old entrepreneur. Massimo is a very youthful, carefree guy who tries in every way to focus attention on himself; he is the third of 4 brothers; he defines himself as a "self-made" person because since he was a boy, he has tried to support himself by studies to be able to fill a prestigious social role. Massimo's father was a worker in a factory, and they didn't have many financial resources, so since he was a child, Massimo reports having had the desire and ambition to rise socially, which happened after years of sacrifice and work.

During the therapy, Massimo questioned himself a lot; he has always been used to being at the forefront of family management, both with his family of origin and with his current one; he is a man who does not let his emotions show much, he defends himself with rationality and pragmatism, but along the way, he managed to lower resistance by accessing that emotional side always covered by his hyper-rationality. His wife Eleonora is an extremely well-groomed woman, with an exquisite style, she is the second daughter of 3 brothers including a little sister, all of them also married with children, the youngest sister has had a daughter to whom Eleonora is very close as well as Daniel who he considers like a sister. Eleonora's father died about 25 years ago at the age of 52 due to a long oncological disease, and this caused her profound suffering as she was always a daughter much closer to her father than to her mother. The latter is still alive and very close to Daniel, and, as he himself reported in therapy, she is the only one who really understands him and with whom he not only has an excellent relationship but can confide in and speak freely.

Paraphrasing Cigoli, adoption, like generativity, is included in the register of positive and negative debts that the parental couple assumes towards previous generations. The generative act reciprocates the gift of life that was received at birth. Life is given in the hope and trust of being returned with the gift of life (Cigoli, 2006).

Eleonora, even following the death of her father, experiences this commitment as an imperative. She says that she and her husband chose adoption due to her health problems, which compromised her fertility. She reports that she has tried various therapies for years to become a mother, but all attempts have been unsuccessful. The physical difficulties put the couple in crisis for some time, as Massimo would have liked his wife to resign rather than persist. Only after some time do they decide to begin the adoption process, and while awaiting the final adoption, they temporarily place Daniel in foster care. To this day, she believes that the decision was mainly hers and that her husband satisfied her. He tells of a very painful adoption. In the beginning, Daniel, who was six years old, was given to him as a foster child. At the same time, the adoption took place after some time following solid pressure on the social services,

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who, in his opinion, tried to hinder the adoption process. The spouses know very little about Daniel's natural parents, only that his mother was a prostitute and his father a drug addict. They describe their first meeting as a moment of intense emotion: Daniel immediately accepted the new family and was very attached to his mother. Despite some difficulty in adapting to the new home and life in a family with rules to respect, both parents say that Daniel was very obedient and attached to both of them as a child.

The problem

When we move on to the description of the problem, the parents explain that Daniel has been behaving defiantly for about two years; he continually tells lies, steals money or valuable objects from the house to resell at low prices, or does what he wants at that given moment, he also abused anxiolytics for a period and lately smokes a lot of cigarettes, even secretly. Daniel reports that emotions do not accompany dysfunctional actions: he steals money to buy what he needs and has always done it, even as a child. When he experiences difficulty, he runs away from home, and his parents have to turn to the police to track him down. Daniel has a history of early abandonment, mistreatment and neglect. He is looking for his own identity as if he has a void that the adoptive family tends to fill with its expectations and projections. In fact, through deviant actions, he tends to understand if the new family can accept him despite his diversity. Daniel grew up in a very disadvantaged social reality in which he had to do it alone, learning at an early age to look after himself because no one could take care of him. The diversity that he continually waves like a flag is a typical perceptive modality of those like him who have suffered abandonment.

Farri Monaco and. Niro (1999) maintain in this regard that "during the physiological process of identity formation, the boy must face the separation-individuation path to differentiate himself from parental figures, and must be able to integrate the old parts of the Self with the new ones; the adoptee must deal with the past and with the causes of abandonment which, when they remain unknown, sometimes lead him to justify his natural parents and to attribute the blame to himself, perceiving himself as evil and unworthy of receiving love, thus building a 'negative identity'. Aggression and provocations towards adoptive parents have the function of confirming the negative image of oneself.

One of the problems faced by adopted adolescents is that they must choose between two family models: that of the original family and that of the adoptive family. The choice is not at all simple since the choice of one can lead to the betrayal of the other. Vadilonga (2010), in this regard, points out that "the process of separation-identification of the adolescent implies the emotional disinvestment from the parents, which in adopted children brings back the experiences of loss previously experienced" and, therefore, relieving the fears linked to abandonment.

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Demand analysis

Adoptive parents are strongly worried about their child's behaviours, such as low academic performance with risk of failing, lies, relationship difficulties with peers, superficiality, inability to complete or have goals in life, stealing money or reselling expensive objects cheaply to get what they want. Both spouses report being very scared and portray their son as an immature, irresponsible boy, insensitive towards them and incapable of managing himself independently. Daniel, for his part, claims to be wrong and that he shouldn't even have been born because he is simply the fruit of a relationship consummated under the effects of alcohol: "I am the son of beer".

The latest serious episode fits into this picture, as Daniele's escape from home to reach a person in Milan whom he had contacted and met through social media, who had promised to host him and help him build a new life away from his parents. Fortunately, the latter managed to track him down through the police; he had already arrived at the Naples bus station and had blocked his departure. The mother recounts the episode with such anguish that it highlights how strong the trauma is still present. This episode changed the family climate; communication difficulties have increased, and tension is intense. Despite the severity of the incident, the parents will not impose any punishment on Daniel beyond having his cell phone monitored by his father; there appears to be a disconnect between what they say and what they do.

The therapeutic project

The therapeutic project was inspired by the Cancrini (2020) multilevel integration model proposed in "The challenge of adoption. Chronicle of a successful therapy." This choice was made because both the story presented and the analysis require work on the whole system of relationships, as well as integration across the various levels involved. We believe that Cancrini's approach best addresses the therapeutic question, as it is a three-level model that guides intervention. At the first level, adoptive and biological parents must be integrated into the relational system. Then, the focus shifts to integrating the representations of a good parent and a bad parent: children are helped to understand the true reasons for abandonment, to forgive biological parents for their shortcomings, and to recognise what good remains in their memory. Finally, integration is required on a temporal level—bringing together two origins (biological and adoptive), meaning two different worlds and two distant self-representations.

Meanwhile, it was decided not to consider Daniel ill but to take care of the entire system of family relationships to integrate the history of the biological family with the adoptive one and, above all, ensuring that the latter did not adopt an attitude denier and was not afraid of making his son relive conditions that had been traumatic for him. As mentioned above, it is necessary to make Daniel feel the support of everyone, including the therapist, for the great work of integrating the self, which sees him involved in many choices and in a brutal struggle to

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reconstruct and rework his history. We must accompany him into this dark cave to find the light and the exit door. In essence, we need to restore trust and hope to him and the entire family system. We must take into account the adoptive triad since, as Vadilonga writes (op. cit.), the therapy must serve "to reiterate the value, importance and complexity of a handover from those who are unable to exercise parenthood to those who, instead, aspire to such a profoundly human responsibility as loving and raising a child".

The bond which takes on its specific peculiarity in the adoption process is called into question during the adolescence phase. The construction of the adoptive bond is outlined as a process that unfolds over time, a transition, requiring the family to modify pre-existing relational patterns both at a marital and intergenerational level. "The objective of the transition is the adoptive pact: an interlocking of the needs of two generations that gives rise to a generative project commitment." (Scabini & Cigoli, 2010).

The adoptive story refers to the history of the child's origins, his early experiences of institutionalization, the experiences of non-generativity of the couple who decided to adopt, and the parents' meeting with the adopted child. Still, it also refers to that interface between private and public in which the adoption process unfolds. It has various social actors as its protagonists: social services, the court, international adoption bodies, etc. The "Adoptive Triad" is involved in this reconstruction work, i.e. the legal parents, the biological parents and the adopted child.

It is necessary to reconstruct and integrate the history of all three subjects for the required reworking that the adopted boy must do to incorporate himself. In reconstructing the generational transitions, Cigoli (2006) refers to three processes: transmitting, handing down and transgressing. With birth, the name and the inheritance of goods and socio-family status are shared, and the value system (family history) is passed down through generations and lineages. During adolescence, transgressing reinforces the contents handed down: "if ……. there is a generative constraint in that we are not given to choose where, when, and in what family history and gender to be born... there is also a constraint on deciding what to do with one's generational history". The reconstruction of these phases from the history of the family of origin to that of the adoptive family is characterized as a watershed within the therapeutic process. Even if these are painful and complex experiences, over which often, with the birth of the adoptive family, the veil of repression-denial is placed.

Building an adoptive bond does not simply mean giving the child affection, care and protection. Still, for "the exchange to be mutually enriching and generative", it is "crucial to assume and recognize the difference of the child which is given from the origin and made visible by lack of somatic similarity" and, many times, "of ethnic, cultural and linguistic difference" (Rosnati, 2010). The adoptive family has its particular life cycle divided into two phases:

1. the generative phase is characterized by the moment the couple becomes aware of their sterility and must move from biological to adoptive generativity. During this phase, the couple must carry out a series of tasks:

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a) Process sterility
b) Planning to become adoptive parents
c) Communicate it to the rest of the family
d) Accept the wait for the adoptive meeting
e) Create an emotional space to welcome the child

2. the phase of formation that marks the transition from the marital dyad to the family triad. The tasks of this phase are:
a) build adoptive parenthood
b) link generations together by inserting a different origin into the family
c) support the child in his social integration

Regarding the process of infertility, Eleonora reports that she has always felt the adoption choice was utterly hers, and her husband accepted it to make her happy. Her current anger has its reason for being in yet another mourning experience that she is experiencing: the death of her father, the discovery that she is not fertile, the difficulties linked to the adoption process and, finally, the attempts to escape Daniel of that son in whom he invested all his affection. She, too, feels abandoned by her father, who dies young, leaving her alone, interrupting the idyll with which she describes her family of origin; from his body, which does not allow him to generate life; by the much wanted and sought after son who tries to distance himself from her; in some ways also by her husband by whom she does not feel valued.

The disappointment expressed through anger is grafted onto these deep conflictual knots, which somehow make her feel like she is not deserving of the affection of others. The bonds are symbolically based on the gift: one gives in trust and in the hope of being reciprocated. The moment reciprocation fails, we risk losing confidence and hope. Furthermore, the conflictual issues linked to the grief she has experienced do not allow her to understand her son's diversity and difficulties. The description of the current relationship is emblematic: "his behaviour exasperates me, and I cannot tolerate his insensitivity towards our discomfort... our son has become selfish; he only thinks of himself." The son must submit to his needs: he represents the "object" through which to resolve his suffering.

Kaniuk et al. (2004), in their research on attachment relationships, found that adoptive mothers with an "unresolved" state of mind have children who show greater aggression in completing stories. Cavanna (2003) highlights that in the case of parents "bearing poorly elaborated elements of their childhood history (for example bereavement or abuse), or who have to face painful problems in their adult life (for example sterility/infertility), there may be highly conflictual and stressful family situations which can even result in adoption failure, or in the removal of the minor from the family from which he was adopted".

The concept of "Taking care of....." creates the relational difficulties Eleonora experiences. Taking care, as reported by the University College of Villalta, does not have a univocal meaning: taking care of a person is not like taking care of an animal or a plant. Taking care of a person means recognizing

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them in their otherness: being other than me and, therefore, bearer of their values, feelings and emotions, in essence, recognizing the autonomy of the other.

This assumption is more valid than ever in the case of adopted children because it means recognizing that they have a history before adoption. Among other things, recognition generates recognition: I acknowledge myself to the extent that you remember me.

Honneth (2002) maintains that "the intersubjective relationship is determined by mutual recognition - that is, by the mutual attribution of value - by the subjects involved". Since recognition is a primary human need, not being recognized involves the implementation of behaviours, even negative ones, that express: "I am there". This is Daniel's strong request through his aggressive behaviour and escape attempts: I want to be recognized for my diversity. It is with Daniel's authenticity that Eleonora must confront herself.

If taking care is a typically maternal task, the father enters the field in the second phase, particularly in insertion into the social world and the system of social relations. Andolfi (2010) identifies the father as one of the pre-eminent figures in the release of children: "he is the invisible director, less involved than the mother, more capable of intervening and opposing the barrier of refusal, while at the same time cultivating the bond of love, indispensable in allowing adolescent release through establishing and guaranteeing the rules". Kohut (1984), maintains that "the paternal function exercises a vivifying task capable of favouring the social birth of children not only by offering an alternative to maternal mirroring but by supporting, also through frustration, an organization of thought and evidence of reality as instruments of separation, detachment and autonomy".

With these assumptions, we can read and interpret the statements of Daniel's father. On the one hand, he feels the incredible frustration of not knowing how to oppose his son and, on the other, to go into symmetrical escalation with him and, therefore, put himself on the same level. He accuses his wife of not knowing how to guide her son on a behavioural and social level, not understanding that this is the role he should play. Cigoli (2006) maintains that the mother is the place of maternal care and occupies the emotional pole within the family relationship, while the father is that of ethos or justice. Massimo is more concerned, as happens to many fathers in our society, with the emotional dimension of the relationship rather than creating the conditions to provide a secure basis, particularly during the adolescent phase, for the necessary processes of the child's autonomy. In this, he refers to his parental model in which the mother carries out the maternal and paternal functions at the same time. The father, whom he perceives as distant and who did not give him the rewards that he expected to have, allowed him to overcome all the frustrations linked to "having to do it alone." at home, he experienced the frustrations that would have subjected the social system subsequently. His father's attitude allowed him to improve his social and socio-economic position.

Baldoni (2005) assigns the father a further role during the son's adolescent phase, in addition to that of promoting the son's emancipation process, protecting his partner from depression due to separation from the son and changes in

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affective functions (maternal role) and sexual (menopause). Massimo's last statement is extraordinary because, through his son's experiences, he becomes aware of his lack of elaboration on his parental functions: "I have realized that I am becoming frustrated more often, probably I am making mistakes both with Daniel and with my wife and I am trying to do self-criticism." Scabini (1995) maintains that during the process of "differentiation of a person's self" (Bowen, 1978), both the adolescent and the family are involved in a sort of "joint evolutionary undertaking". On the other hand, Minuchin (1974) had already highlighted that "the symptom represents the expression of a dysfunction within the family", and the change is contextualized within the relationship.

To integrate the self, one must immerse oneself in the origins, which is complicated for everyone because the journey is filled with fears, anxieties and anguish that find their foundations in childhood experiences. Yet, it is necessary for the integration of the self. It becomes essential, above all, for adopted children since, as mentioned several times, they have to integrate two completely different stories: pre and post-adoption.

Pre-memories are often fragmented, and it is necessary to obtain all possible information to make sense of them. Grotevant (1997) and Grotevant, Dunbar, Kohler, Esau (2000) argue that for a child to build his own adoptive identity means giving an ever-evolving answer to the question "Who am I as a person who has been adopted? Again, Grotevant (1997) points out that the challenge of giving meaning to one's origins, sometimes unknown or unclear, leads the boy who has been adopted to ask himself where he comes from, who his biological parents are, why he is given up for adoption if the birth parents still think of him if he has siblings, also the meaning that adoption has in one's life. The answers to these questions will help the boy make sense of the past, understand the present and, above all, face the future.

The starting hypothesis lays the foundations for A's reflections. Canevaro (1999), on the processes of release in entangled families, "the family is often lived in a corporeal way: the members feel like a single body and are afraid of fragmenting and disperse in case of removal." The family is terrified of the growth and differentiation of its children. This fear determines a growth block in the family's life cycle. Let's imagine that the family has difficulty managing the adolescent phase of their child, in which it is necessary to address the child's growth, differentiation, and, in this case also, specific and non-specific factors associated with adoption. Daniel is presented as the designated patient due to deviant behaviours. However, we think that some of his behaviours fall within a framework of adolescent rebellion in which the parental system is challenged to experiment with new identities and roles.

On the other hand, Minuchin (1974) maintains that the designated patient, through his dysfunctional behaviours, asks for help for himself and for the family group to which he belongs. Daniel's adolescent explosion and outward movements lead to feelings of inadequacy, disappointment, and disturbance due to increased family conflicts. Massimo and Eleonora are shocked by their son's new way of behaving:

- They don't recognize him.

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- They don't trust him.
- They are unable to contain his impulsive behaviour.
- They are unable to acknowledge his suffering.

The parents admit they have never built a clear and coherent regulatory system for their child. This was driven by the fear of hurting a child already traumatized by life. Now, this flaw in the educational system has a double advantage: presenting Daniel as a problematic boy while maintaining the role of parent-guide-supervisor-controller, blocking the child in his growth path and keeping him in a dependent relationship so as not to move too far away.

The disorganized/disoriented attachment, on the one hand, of which Daniel was a victim within his biological family and, on the other, the insecure one experienced within his adoptive family led to the onset of abandonment fears expressed through a series of deviant behaviours. "Everything went well" until Daniel's adolescent push towards autonomy created the first comparisons and distances. In some adoptive families, a "break in time" occurs (Prieur, 1998) due to a joint effort on both sides to forget a past that is often painful: abandonment, loneliness, sadness for an abandoned child, disappointment, suffering, anger for the sterile couple. Let's assume that the same thing happened to the family and that the fear of abandonment paralyzes their growth.

The anguish linked to the separation distances them and, at the same time, makes them too close because it binds them in a dynamic of mutual dependence through a complementary process: Massimo and Eleonora adopt attitudes of control and hyper-protection, treating their son like a child and Daniel maintains childish and problematic behaviour continually calling for parental intervention.

Cancrini (2020), in this regard, underlines how adoptive families are often victims of a perverse game of projective identification which does not allow them to engage in the elaboration of their past suffering and, at the same time, in the process of separation and, identification during 'adolescence. Following this hypothesis, we can imagine that Daniel and his family must have built the dream of the perfect family together, avoiding conflict, rules, the imposition of authority, confrontation and negotiation. Today, the family experiences frustration and disappointment caused by an illusion and excessively high expectations. The balance was broken when the bonds of loyalty and gratitude towards the parents influenced the normal and healthy conflict between parents and child; the confrontation with reality was brutal for both parties, the crisis was inevitable, and a readjustment was necessary. Daniel needs to find a continuum in the contrast between two cultures, two very different families: it is as if Daniel were suspended between a mythical world (the freedom of living on the streets for the first years of life) that lives in a phantasmatic way inside him and a current world in which he does not feel accepted (and limited in his actions). Therefore, It is desirable to create a third time in which listening, discussion and integration occur between two family and cultural groups. The parents' acceptance of the existence of the contrast would be helpful to both the parents and to Daniel, who would develop the ability to integrate the good and bad representations of himself and others, resolving the continuous oscillation between anger and feelings of guilt.

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As Haley (1983) writes: "One way in which the young person can stabilize the family is to develop some disabling problem that makes him a failure so that he continues to need his parents."

We thus hypothesize that Daniel's problematic behaviours, unconsciously reinforced by his parents, are helpful in maintaining homeostasis and avoiding possible separation, disintegration or loss of the system.

From these premises, we deemed it appropriate to set the following objectives to be achieved in the short term:

- Create a climate of listening and support and give voice to the anger and pain that Daniel has inside;
- Positively redefine the experience with biological parents;
- Represent a secure base for Daniel;
- Help parents communicate with Daniel in a more functional way
- set up an efficient regulatory framework in the child-parent relationship
- Help Daniel in his separation-individuation process;
- Increase Daniel's sense of self-efficacy;
- Support Daniel in the study and work orientation process.

The project is to help Daniel acquire greater awareness of himself and his path, to be able to plan his future and to have a more functional relationship with his parents, in particular a greater closeness to his father as a male guide figure, which is what he has wanted for a long time, and a proper distance with the mother who has been morbidly attached to him all these years.

The therapist, in this context, acts as a safe base, that is, as "a mother who provides the child with a safe base from which to explore the world and to which to return in every moment of difficulty or when needed" (Bowlby, op. . cit.), promoting the patient's well-being through listening and support, but also encouraging him to explore his world of feelings, thoughts and actions not only in the past but above all in the present.

The time for change: from the "Son of Beer" to a story to write together

Asking a patient or a family system to change is a fairly complex operation in which the therapist must consider a series of factors which, if not paid attention to and controlled, could produce effects contrary to those desired. Velicier et al. (1995), in one of their studies on the effectiveness of therapies, indicate that it is first necessary to probe the client's willingness to change. To this end, they identify three phases:

- Pre-contemplation in which patients overestimate the cons and underestimate the pros of change. Imposing an action on these patients would mean distancing them from therapy and pushing them towards abandonment. These are patients who, despite becoming aware of their problem, feel unable to act;
- Contemplation in which, after becoming aware of their problem, they begin to evaluate the actions necessary to get rid of the symptoms;

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- Action through increased awareness, self-liberation and dramatic relief from emotional arousal.
- The therapist has the task of avoiding mismatched phases and processes, such as, for example, taking action without gaining awareness and acquiring the meaning that the symptom takes on in the patient's relational context. The therapist must control therapeutic times and methods to produce change.

Wampold (2012) identifies five factors that are necessary and sufficient in making a change:

1. an intense and emotionally charged bond between patient and caregiver;
2. a confidential and adequate treatment setting;
3. a therapist who offers a psychological and culturally coherent explanation of the origin of the emotional disorder;
4. an adaptive and acceptable explanation for the patient;
5. A series of procedures that lead the patient to behave more adaptively, usefully, and positively.

Taking these factors into account, we decide to address the theme of abandonment and the sense of self-devaluation that Daniel expresses both verbally and through his behaviours. The parents show an aura of negativity, often criticizing him regardless of his behaviours, which during therapy does not help us to redefine and give new meanings to Daniel's behaviours. We use the technique of alternating solidarity, which is part of the unbalancing techniques and which, in this case, aims to support parents in the right to make decisions that concern them and children in the right to discuss and demand changes in the family's decision-making process. This technique allows us to associate with family members, recognizing the needs and concerns of each of them.

Daniel has relational difficulties whose roots date back to the very early period of his childhood and which his adoptive parents have difficulty accepting. Massimo is always very reticent to talk about Daniel's past; he doesn't believe this could have influenced Daniel's attitude in the present, and he tries to disqualify all interventions in this sense. For this reason, during the therapeutic process, space was also dedicated just to the parents to help them better manage the relationship with Daniel and highlight the positive aspects and the commitment that the boy is putting into trying to behave in a more functional both for themselves and within the family system, as they are always very concentrated in deviant actions and the prejudice that something else disastrous could happen. In particular, during the sessions, the mother reported how Daniel's destructive behaviours, including his way of exploding and running away, had influenced his health and his discomfort in general; therefore, it was indicated to take a step back and give the possibility for his father to establish that relationship of communication and closeness that had been missing as a child. To demonstrate its effectiveness, we report the following dialogue that gives rise to the change:

Massimo: "*I'm trying to do it; he comes to work with me, and when he's with me, he's fine. I've changed the type of communication. I don't explode like before,*

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and if he says stupid things, I don't give him weight like before; I've distanced myself while my wife still is too involved, and she fights... I understand that if Daniel dares to leave and sleep on the street, it's because he has experienced them... that's why certain behaviours... he's growing up and wants to ask himself questions, now I'm giving him pocket money. He also has more freedom.....he is almost 18 years old, and physically, he has grown so much compared to when he arrived when I was underweight compared to other 6-year-old children....I thought about taking a motorbike trip with him in August; he wants to show me where he lives in the Marche..."

Therapist: "*Perhaps Daniel needs to understand where he comes from to reconstruct his story to integrate the before and after of the adoption, but he would like to do it together with you.*"

Massimo: "*I think it's like this, a story to write together*."

The change in his father's attitude helped Daniel to get more in tune with him and find a valuable dialogue. Having offered to accompany him to the Marche in search of his origins, having become his son's guide by sharing this experience produces a change in the emotional attitude of both of them and their relationship. They travel together but stop on the Amalfi coast as Daniel no longer needs to go to his places of origin.

The last meetings will be in the presence of only Daniel; despite failing at school, he reports feeling better and has new goals to achieve in life that excite him. We reinforce Daniel's positive aspects in his behaviours and his way of relating with his parents and new classmates. Once the summer holidays are over, Daniel will return enthusiastically to tell us about the trip he took on a motorbike with his father; for him, it was a wonderful experience that he would undoubtedly want to repeat, even if, in the beginning, he wanted to go to the Marche in search of the places where he had lived as a child, then he changed his mind.

Daniel decides to follow another study path in line to become a "starred chef." he leaves high school to enrol in hotel management, where he will feel welcomed from the first day by both his classmates and professors, being seen and also recognized in the social sphere, it will be a source of gratification and motivational boost for him in pursuing this new path. At the same time, he was included in the staff of a restaurant belonging to his father's friend in such a way as to combine the theoretical aspect with the practice with an economic contribution that will allow him to manage his expenses more autonomously with greater responsibility. Daniel reports that the relationship with his mother has improved, and the atmosphere in the family is more serene. Furthermore, he has also found a girl with whom he is dating and feels that their relationship is growing daily.

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