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FAMILY SECRETS: CLASSIFICATION AND CONSEQUENCES

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ABSTRACT

This article examines the phenomenon of family secrets from a systemic-relational perspective, starting from the observations by Karpel and other authors, with the aim of providing a classification system for different types of such secrets, and identifying potential and common adverse consequences within the family system, arising from the emergence of symptoms in an individual family member.

Through empirical knowledge and clinical practice, some clinical cases are analysed to illustrate the four major types of family secrets, constituting distinct taxonomic clusters, which can be further divided into several subgroups.

The final part of the article illustrates an innovative psychotherapeutic technique, which could be described as a 3D (three-dimensional) approach and investigates and addresses family secrets through the use of metaphors.

1. Introduction

The word *secret* derives from the Latin term *se-cérnere*, "to set apart" or "separate", composed of the prefix *se*, which refers to separation, and *cernere*, which means to divide. Fittingly, from an intrapsychic perspective, the common human defence mechanism is to "distance" the self from an event experienced or perceived as shameful. The "set apart" or "hidden" event continues to exist and generate consequences, similar to those discussed below. Further insight may be offered by the analysis of some other terms derived from the word *secret*, such as secretary and secretariat, which were also used to refer to a confidential officer and his chambers, that from a topical and topological point of view can be seen as a representation of the preconscious dimension (which separates the unconscious mind from the field of awareness), where most secrets exist on the boundary between awareness and oblivion, consciousness and disregard.

A behaviour closely connected with secrets, typically exhibited by those who are keeping them, is rumination, which recalls the very act of ruminating, from the Latin *rumare* that derives from the word *ruma*, *rumen*, meaning throat, gullet (through which food flows from one's mouth to the stomach, but also "places" where anxiety and impossibility to speak reside, e.g. "I have a lump in my throat"). *Ruma* and *rumen* seem to derive from the Greek *reo* which means to flow, from which the words eructate or eruct could derive from; thus, the latter perfectly describe the act of "vomiting" out secrets when they emerge, much like poison. Regurgitation of food from the stomach through the throat and into the mouth to chew it again, typical of some animals such as ox, giraffe and deer, known as ruminants due to this characteristic, distinctly recalls the process of surfacing and re-immersion of secrets, when they are suppressed again after almost being exposed.

Karpel, one of the first authors to study the field of family secrets and a pioneer of empirical research on the subject, analysed the relationships between *power*, *loyalty*, *protection*, *boundaries* and *alliances* within the relational systems and subsystems of couples and families. He highlighted some aspects relevant to potential consequences on the relational contexts, and emphasized three main factors that play a key role in inducing changes within the structure and the relational organization of the family: instability (imbalanced power dynamics), shame and feelings of guilt [1].

The phenomenon of *secrets* could be analysed from various perspectives and within different contexts:

- Secrets in mythology (Pandora's box)
- Secrets in religion/sacred beliefs
- Secrets in tales (Propp's theory)

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- Secrets in cinematography
- Secrets in national politics and international relations
- Secrets in astrophysics: dark (invisible) matter.

This article will only focus on exploring the relationships between family secrets and the field of psychotherapy, in terms of their classification, exposure, and management.

2. Family secrets (Concept and empirical knowledge)

Four distinct clusters, constituting the four major types of family secrets, can be classified as follows:

1) Loss events, including premature and/or unprocessed bereavements; severely disabling or fatal accidents; serious and chronic illness (tumours, severe heart disease, disability etc.); separation/divorce; infidelity/betrayal (last but not least in terms of significance and epidemiological prevalence); etc. Common symptoms caused by this type of secrets include: psychosomatic symptoms, emancipation and differentiation difficulties, and borderline functioning.
2) Abuse in general, and in particular serious and prolonged sexual abuse and/or harassment, chronic physical and/or psychological mistreatment. Common symptoms: emancipation and differentiation difficulties; somatic conversion disorder, commonly involving hands, genitals and/or digestive tract (including mouth and anus); obsessive-compulsive behaviour and ideation; dissociations; hallucinations and delirium, especially in unrevealed or concealed early childhood abuse cases.
3) Shameful or embarrassing events. Shame and embarrassment are social constructs, with three distinct types of manifestations: a) *being an embarrassment*; b) *being ashamed of someone/something*; c) *bearing the shame* [2]. Some shame's example are: illegitimate children, homosexuality, family members suffering from mental illness, pregnancy out of wedlock or in child age, prostitution, imprisonment, being investigated or on trial, etc. Common symptoms: aggressive and/or antisocial behaviours, clumsiness, self-punitive behaviours. Depending on the subject affected and the type of manifestation: manic-depressive psychosis (in subjects perceived as being an embarrassment) at the parental level; bipolar traits or disorder, aggression and mental block and/or emancipation and differentiation difficulties in children (in subjects who are ashamed of someone or something. Third generation within the family); the first generation (grandparents) do not usually show evident clinical symptoms, even in cases with betrayal/infidelity between spouses and buried conflict. In second and third generations (children and parents), pathological addictions associated with mental disorders (type C addiction or double diagnosis) may arise [3].
4) Economic events with highly stressful and/or traumatic potential, also from a symbolic perspective. These may include: bankruptcies in general (companies, individual businesses, etc.); job loss; work-related relocation away from the family unit; migration and uprooting, being cut off, disinherited or disowned by the family. Common symptoms: anxiety, panic attacks, somatic conversion disorder, depression, bipolar disorder, emancipation and differentiation difficulties.

When secrets pass through generations, they can become toxic [4][5]. But how can family secrets be transmitted across generations? Through body language, expressions (e.g., eye contact) and non-verbal communication in general, the general family "climate", and the "dance" that the family performs to suppress the secret and store it in the "family crypt" [6].

The current knowledge on transgenerational transmission of secrets allows an experienced therapist to be aware of the constant risk of history repeating itself in younger generations of the affected family. If the secret is not uncovered and adequately addressed, it can create genealogical redundancies, repetition of past actions, repetition compulsions, until this process, which is more of an unconscious attempt to make sense of the situation and communicate, is not interrupted by sharing and transformation.

Imber-Black illustrated that intergenerational family loyalties are often shaped by secrets [7]. As part of the transgenerational transmission process, they may arise as an otherwise inexplicable behaviour that is repeated through generations [8]. When explaining the effects of keeping family secrets on family loyalty, Imber-Black affirms that the affected subject's perception of family loyalty may become biased, leading a family member to believe that only by keeping the secret can she or he demonstrate loyalty, and that unveiling it would be the ultimate act of disloyalty.

3. Methodology

The clinical cases examined in this article, considered as emblematic and representative of each family secret cluster, were treated following a systemic-relational approach, primarily through therapy sessions with the individual family member (systemic individual therapy), in combination with exploratory sessions involving other family members, strategically designed to unearth secrets, encourage change and reach therapy goals.

The clinical model at the basis of such systemic-relational therapy approach was defined as intergenerational therapy by Framo [9]. This approach entails, in addition to individual therapy, supplementary sessions with the entire family or dyads involving the same-sex parent of the patient to allow current and subsequent clinical activities to focus on the male or female genealogical line.

4. Clinical cases

Type of secret: loss event/betrayal

C., a 45-year-old businessman, has three children (two and a half, seven, and 10 years old) from three different partners. He arrives in therapy when his eldest child reaches the age he was when the initial trauma occurred. According to Schützenberger, a parent can also exhibit psychotic symptoms when his/her child reaches the same age the parent was at the time of the hidden and unmentionable traumatic event. In some cases, it may be the child who shows distress at or near that time. Schützenberger extremely cleverly and effectively describes these psychopathological and symptomatic manifestations presented by either generation as "anniversary syndrome" [10].

The initial counselling brings to light a distressful personal and family history, marked by intense traumatic events and abandonment experienced by C. in childhood. Such circumstances can determine the development of non-pervasive personality disorder, characterized by borderline functioning and associated defence mechanisms, predominantly triggered

by loss events or perceived abandonment even in adulthood [11].

Patient history: at the age of 10, C., returning home from school, finds her mother in tears, overcome by deep and uncontrollable grief after learning about the infidelity of her husband with the secretary of their family business. C. reacted instinctively with "silence", curling up in a foetal position with his head in his hands in a corner of the foyer. At that moment, the experience and feeling of abandonment become overwhelmingly and enduringly real to him, and consequently caused the "loss" of both his parents: the desperation of his mother lead to severe depression that she tried to "drown" in alcohol (to cure her anger); while C. ceased to see his father, who had since childhood "educated" C. according to the ideals of the Wehrmacht, the Nazi army (often reciting their principles out loud, like the Nazi leaders did to their subordinates and troops, "there's a wall behind you, you cannot go back, you can only move forward"), as his hero and an example of irreproachability and courage, now thinking of him as a traitor (the father, who had always maintained: "the Wehrmacht does not back down and never betrays, even when faced with death", had now betrayed him). Suddenly the "myth" of the father collapses, and with it, his parental role, as the father has now become a "betrayer of affections" and can no longer be perceived as strong and irreprehensible [12].

The patient's actions were therefore interpreted as follows: "He conceives children to "kill" them (in fact, C. had developed a repetitive behavioural pattern typical of borderline functioning: he seduced a partner, got her pregnant and abandoned her as soon as she became a mother, as if to tie her to him forever, putting her "under lock and key". Moreover, by repetitively betraying and abandoning his partners and children, he replicated the abandonment by his father. He "kills" his children to make them and their mothers indirectly relive what he went through at the age of 10. At that moment, he identifies with his father who "killed", through his betrayal, his son and himself as a father, when he failed in his role as a hero and an example of courage and loyalty."

Type of secret: sexual abuse

P. is a 27-year-old nurse from Ghana, was sent to Italy by the head physician of the hospital where he works in Accra to treat his OCD (Obsessive Compulsive Disorder) associated with depressive symptoms. The drug therapy prescribed to the patient by the hospital psychiatrist consisted of: Fluoxetine (Prozac), Zoloft 100mg (morning and evening) and Haloperidol 1mg (evening). The symptom sequence leading to the initial diagnosis was described by the consultant as follows: "the patient presents with obsessive rumination, especially at night, revolving around moral issues such as stealing, cheating, and fornication. The compulsive hand washing occurs after touching door knobs, phones, professional equipment, etc. Other occasions he would give back money to traders from whom he had bought items to avoid thinking he had underpaid them. Additionally, there is a "suggestion" of some type of sexual abuse in his childhood by a man whom he describes as mentally ill".

Anamnesis reveals the following details: the patient's father is 58 and the mother is 48; the parental couple, strongly unbalanced in terms of "power" both for age and profession (he is a sociology and English teacher, she is a seamstress), divorced when P. was 3 years old. He has an older brother and four sisters born to his father's two successive partners, one aged 38 and the other 40 (thus much younger than P.'s father, and, like his mother, with modest jobs).

Looking back at the initial psychiatric intervention, it is evident that the secret remained unexposed due to the ambiguous and disconfirming reaction of the therapist, defining P.'s disclosure as a *"suggestion"*, which does not immediately acknowledge the traumatic experience as *real* and *true*; subsequently, when placed under conditions to speak about his experience, P. describes with precision the period (the abuse occurred when he was 11 years old) and the abuser, a 34-year-old man who led a socially marginalized life (as a vagrant) in the forest adjacent to the African capital, where P. went to play with other children. The new clinical report proposes a revised diagnosis: behind the symptoms P. presents, lies a trauma of repeated sexual abuse during pre-adolescence, at the age of 11, correlated with a dysfunctional relationship with the father figure, perceived as a "monster" because he abandoned and hurt P.'s mother and did not take care of his children from the emotional point of view. The father figure privately "yearned for" and "desired", although hated for the affective disengagement, had been *"found"* [13] in the vagrant who had "seduced" and drawn P. to himself, deceitfully presenting himself as a "substitute" father figure who would satisfy his "hidden", and somewhat dismissed, need for "affective intimacy" with his father. Moreover, from a metaphorical point of view, P.'s obsessive hand cleaning and "purification" had a clear symbolic connection with the type objects that set off the behaviour: in fact, given their elongated shapes they shared a clear affinity with phallic representations and symbols. Therefore, in this case the symptom can be considered a *secret encoded* and encrypted in a metaphorical form that requires appropriate decoding by the therapist.

Type of secret: shame

T. arrives in therapy at the age of 24, accompanied by his father who is 63, to treat nascent bipolar symptoms that risk becoming pervasive. He attends university but is afraid of failing his course because he is unable to study during the depressive phase of the bipolar disorder he is currently going through. T. has used illegal drugs in the past.

The event that caused his psychological collapse was a traumatic separation from his girlfriend of two years, following her infidelity. T.'s 58-year-old mother is affected by manic-depressive psychosis, which presented at the age of 17 with anxiety and panic attacks, subsequently evolving into depression and, becoming chronic, giving rise to more severe mental illness. A further noteworthy detail is the fact that T. has lived with his 81-year-old maternal grandmother "forever", from the age of 5-6, due to the intense conflict between his parents, causing abuse, physical violence and alcoholism; the father in fact beat his wife, who had started drinking in T.'s early childhood. The main family secret (six in all will subsequently emerge), in the sense that it occurred "*at the beginning*", or *the temporal origin* of all their afflictions and in some ways, is the foundation of the entire clinical case, is the following: T.'s mother fell pregnant at the age of 17 and her mother, with the support of her boyfriend (her current husband), decided she should have an abortion. The terrifying threat made by the grandmother at the time is reported as follows: "if your father, who is a wealthy and respected person, finds out, he will kill us all, me first and then you, for shaming him in front of the town!" In this instance, conception outside of marriage is seen as the shameful event, with the daughter (T.'s mother) "being an embarrassment", the maternal grandmother being the one who is "ashamed of" her daughter, and more specifically the one to endure the

"shame of a daughter" who would be perceived by the society as a "prostitute" or a "whore" [14]. Thus the shame became hidden by the psychological instability and psychotropic drugs that the "bearer" ("she who bears the scarlet letter", as per the literary masterpiece by Nathaniel Hawthorne, with several film and television adaptations) of the shame was subsequently prescribed. The patient, T., who is "ashamed of" his mother, later becomes the third generation of the family to be affected by the event, leading the family unit to ask for help [15].

The family members' reactions to shameful events had also created other secrets:

- T.'s mother no longer wanted to conceive children after marriage; she may have preferred to adopt one. Her husband, on the advice of his father-in-law (a further "conspiracy", in a psychological sense, hatched behind the back of the young woman), impregnated his wife without her knowledge. Upon discovering she was pregnant, she rebelled, wanting to have an abortion; however, this pregnancy was carried to term, since the young couple was now married [16].
- Prior to the marriage, the relationship between T.'s parents had become highly troubled, leading to repeated but failed attempts at separation; the mother-in-law repeatedly managed to convince her future son-in-law to rethink his position.
- T. was never a desired child, wanted by his mother, who has always implicitly rejected him. T. was never psychologically "conceived" by his mother, because she saw him as the "son of conspiracy", and, as previously pointed out, she had not wished for him to be born.
- T.'s father was cheated on by his wife when T. was 4 years old, and even though he moved away from the family home, he never divorced from his wife. Even at present, he feels resentful, calling her a "whore".
- The brother of T.'s father died at the age of 13 in a tragic accident: the horse-drawn buggy with him, his brother and father on board tipped over on an uneven and tortuous road, causing severe damage to his brother's vital organs, such as the spleen, liver and pancreas; their father remained disabled for life due to the accident, having had both his legs amputated. The only one left unscathed was T.'s father, who "got lucky", since the wheel passed over his shoulder, unlike his brother, who was struck on the stomach. T.'s father will feel doubly guilty for the rest of his life, not only for remaining unharmed, but above all for having decided to take another road that day and having imposed his choice on his father and brother. This event radically and suddenly changed the life of the entire family: the daughters were sent to a boarding school due to the severe disability of their father, leading to financial hardship, while T.'s father, at the age of 12, started working as an errand boy with his employer assuming a parental role towards him [17].

Type of secret: economic factors

R. is a 35-year-old economic migrant, who married his 29-year-old wife in their country of origin, located in the sub-Saharan area south of the Horn of Africa. In his homeland, he was an established athlete. The couple has a 5-year-old daughter who was born in Italy. He arrived in Italy to take part in athletic competitions and stayed on, initially as a tourist, and later on as an established immigrant, having found a job in Northern Italy.

"I do not run anymore because my feet hurt; this induces anxiety and irritability, the doctors do not know what is wrong. I cannot walk anymore, I must use the car; I have done all the tests but without any results: nobody knows what I have." These remarks clearly illustrate that R. has developed strong somatic symptoms associated with anxiety and depressive traits, symbolizing his emotional connection with his homeland. It is as if he has a "lead ball attached to his feet", an "invisible" weight binding him to the ground, to land. But which land? That of the host country, or that of his country of origin? The economic factor, created by the job opportunity, had thrown in crisis the "implicit pact" established with his family of origin "*... go, compete and earn well, but come back because we need you!*". Meanwhile, R. had found work and started a family, thus becoming "disloyal" to his family of origin. The "invisible loyalties", hypothesized by Boszormenyi-Nagy [18], which condition and influence the relationships between (psychophysical) well-being/unease, health/disease, adaptation/discomfort, and integration/isolation, often crop up in the field I define "the clinical psychology of migratory processes".

"Loyalty" creates *bonds* that, although invisible, thin and transparent, like the threads of a spider's web, become resilient and enduring, almost paradoxically strengthening by the passing of time itself. "Family loyalties" are founded and built on the "unspoken", around a non-verbalized "implicit pact", not consciously expressed and agreed upon, which thus remains unchangeable. Adverse psychological symptoms commonly surface when the subject being called to observe the obligations established in the *pact*, and to stay "loyal" to it, also and above all through cultivating the values, cultural references and norms of his/her family background, creates a sort of a "double bond", a dual obligation between maintaining loyalty to the culture of the family and society of origin, and the need to adapt to the cultural and social expectations and value system of the "host" society that "adopts" the subject or that of the new family he/she has created.

5. Considerations on an innovative 3D psychotherapeutic technique for addressing secrecy

Many psychotherapists, from Carl G. Jung (1875-1961) and S.H. Foulkes (1898-1976), have underlined the analogies not only between art and psychology, but also specifically between the creative process in art and the transformative one in psychotherapy.

Foulkes wondered (on the group analysis conductor): "How far can technical rules go? ...Is conducting a group an art, a gift or can it be taught and learned?" The author then quotes N.W. Ackerman, stating that: "[psychotherapy] will always be both [art and science], but it is our immediate interest to develop its scientific basis. This is the only aspect that can be taught. The artistic side of psychotherapy is the product of the therapist's creative use of his personal abilities in the interest of the patient..." [19].

In some respects, psychotherapy can be considered an *art of transformation*, and in the therapeutic process, the act of evoking change mimics the act of creation by an artist.

In psychosomatic family interventions, visual representations of the past, present and future carry a significant and tangible artistic connotation, perceived by all parties taking part in the act of creation, where the activity acquires a transformative potential, seemingly involving just the

outer façade, or the objective reality, even though it does have symbolical implications also on the interior, subjective and psychical sphere.

The process of transformation thus triggered is facilitated by the opportunity to translate thoughts (representations, images, etc.) and emotions into something else through the use of a metaphor [20].

The use of metaphors can be considered as a form of symbolic language, which has always been a fundamental tool for human beings to establish and "disclose" (in the sense of shaping and explaining) our behaviours and attitudes.

An innovative three-dimensional psychotherapeutic approach, initially conceived and developed as a relaxation technique for easing anxiety and panic attacks, and above all as a therapeutic tool for patients with various forms of disability (low vision, blindness, communication disorders, mental and motor disabilities, etc.), consists in obscuring the subject's field of vision with a simple blind fold, for example a scarf. The subject is then asked to represent him/herself in the "past", "present" and "future", through the creation of three visual metaphors using a malleable material, such as Play-doh or clay. Subsequently, the subject will be asked to describe the metaphors, allowing him/her to build a story or a narrative from each temporal perspective, using his/her imagination. Although the stories (modelled on fairy tales; the subject can even be asked to begin with "Once upon a time ...") refer to fictional characters and contexts, autobiographical influences are always present and must be traced by the therapist during the data collection phase. The technique can be further enhanced by asking the patient to "*connect*" the three stories by inventing one that links all three like a red thread. In my clinical activities, I have confirmed the usefulness and efficacy of this new technique not only in the treatment of disabled patients and/or as a relaxation technique, but above all in uncovering and confronting various types of family secrets.

Another recognized psychotherapeutic technique valuable for the addressing secrecy, with a strong focus on artistic poiesis, is the systemic-relational approach, known as the "sculpting" method. This technique requires the individual, couple, and/or family unit to represent, communicate and talk about themselves exclusively through the arrangement of their bodies within a space, like in a performance or play, to recreate affectively significant "scenes" (moments of daily life, incidents, events, etc.), of the past, present and future, thus "freezing" them in a state of temporal immutability, typical of sculptural artworks.

6. Conclusions

When discussing the theme of family secrets, one cannot avoid contemplating issues and considerations involving family dynamics and alliances. The systematic and scientific strand of studies on family secrets emerged about forty years ago, and has become an important landmark in my 22-year clinical career as a psychologist and psychotherapist. Calling myself a "hunter of [family] secrets", I state that as a psychotherapist, I was born to study, analyse and research this subject.

The efficacy of uncovering family secrets is linked to the function and "transformative power" of disclosing a secret and re-interpreting its significance through dialogue and confrontation with the therapist and other family members affected by the secret, which helps to clarify relationships, eradicate rigidity and dominance from behaviours and relationships, thus undermining feelings of mistrust, in short turning "bad witches" into "good witches", and "monsters" into natural human issues linked to suffering. This process instils confidence and empathy, and restores understanding, openness and complicity between family members [21].

I believe that this subject should be addressed in a multidisciplinary fashion in order to fully comprehend its entire makeup and complexity. Therefore, I plan to address some considerations on the connections and correlations between family secrets and myths, astrophysics and the "dark" matter, religion, sacred beliefs, fiction, cinematography, as well as different nations and international relations, in a subsequent article that could incite further interdisciplinary developments.

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References

1. Karpel M A: Family Secrets. Family Process 1980; 19:295-306.
2. Termini F: Relazioni nei sistemi familiari degli emigrati. Psicologia clinica dell'esperienza dell'emigrazione. In: Immigrati in Sicilia: dall'Accoglienza all'Integrazione (pp 65-87), a cura di A. Palmeri, Eventi Benessere Editore, Palermo, 2006.
3. Cancrini L: Quei temerari sulle macchine volanti: studio sulle terapie dei tossicomani, Carocci, Roma, 2003.
4. Oliver T: Mapping the Hidden: An Interpretative Phenomenological Analysis of Multigenerational Family Secrets, NSU Libraries, Davie (Florida), 2015.
5. Bradshaw J: Family Secrets: What you don't know can hurt you, Bantam Books, New York, 1995.
6. Schützenberger A: La sindrome degli antenati, Di Renzo Editore, Roma, 2004.
7. Imber-Black E: Secrets in families and family therapy, W. W. Norton & Company, New York, 1993.
8. Kerr M E, Bowen M: Family evaluation, W. W. Norton & Company, New York, 1988.
9. Framo J: Terapia intergenerazionale. Un modello di lavoro con la famiglia d'origine, Raffaello Cortina Editore, Milano, 1996.
10. Schützenberger A: La sindrome degli antenati, Di Renzo Editore, Roma, 2004.
11. Cancrini L: L'Oceano Borderline, Raffaello Cortina Editore, Milano, 2006.
12. Vangelisti A L, Caughlin J P: Revealing family secrets: The influence of topic, function and relation-ships. Journal of Social and Personal Relationships 1997; 14:679–705.
13. Tata C: Segreti familiari a contenuto traumatico: patologia e resilienza. Rivista di Psicoterapia Relazionale 2006; 32:33-45.

14. Benghozi P: Dalla psichiatria alla storia degli intrecci trigenerazionali. Psicoantropologia della vergogna e trasmissione transgenerazionale, Edizioni del Centro Studi e Ricerche di Terapia Familiare Sistemica, Palermo, 1996.
15. Cancrini L: Il vaso di Pandora. Manuale di psicoterapia e psichiatria, Carocci, Roma, 2001.
16. Rober P, Walravens G, Versteynen L: "In search of a tale they can live with": about loss, family secrets, and selective disclosure. Journal of Marital and Family Therapy 2012; 38:529–541.
17. Frijns T, Finkenauer C: Longitudinal associations between keeping a secret and psychosocial adjustment in adolescence. International Journal of Behavioral Development 2009; 33:145-154.
18. Boszormenyi-Nagy I, Spark G M: Lealtà Invisibili, Astrolabio, Roma, 1988.
19. Foulkes S H: Introduzione alla Psicoterapia Gruppoanalitica, EUR, Roma, 1991.
20. Mills J C, Crowley R J: Metafore terapeutiche per i bambini, Astrolabio, Roma, 1988.
21. Caillè, P: Uno e uno fanno tre, Roma, Armando Editore, 2007

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