

It Runs In My Family: Illness As A Family Legacy

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ADVANCE ACCLAIM for *IT RUNS IN MY FAMILY*; Overcoming the Legacy of Family Illness; This empowering book demonstrates that the family illness doesn't have to be passed from generation to generation. Step by step, it will help you uncover your own uniqueness and free you from reliving old scripts, detrimental to your health and well-being. Let it be your guide to healing yourself and your family; DR. BERNIE SIEGEL *Author of the bestseller, Love, Medicine & Miracles*; *It Runs in My Family*; is must reading for anyone who cares about staying alive. With a most practical and lively style, Barth makes incredibly clear the fundamental connections between our lives, our health, and our families and provides a roadmap for empowering ourselves to live healthy lives; MONICA MCGOLDRICK, ACSW, PH.D. *Director, The Family Institute of New Jersey*; Barth's presentation of the ways that individuals can wrest control of their health away from the grip of family myths embodies the optimism and energy she prescribes. You can do it, she says. After reading her book, you will believe you can; LEE COMBRINCK-GRAHAM, M.D. *Child and Family Psychiatrist*; Insightful and empowering; Laced with poignant stories, important facts, and crisp, clear guidelines; *It Runs in My Family*; provides a map for discovering a path to a healthy lifestyle. Using a family systems perspective, Barth shows how to detour around negative family legacies, creating new inroads to health and healing; CONSTANCE R. AHRONS, PH.D. *Professor of Sociology, Associate Director, Marriage and Family Therapy Programs, University of Southern California; Author of The Good Divorce; Coauthor of Divorced Families*; Passivity in the face of family relationships, family scripts, and family illness can be deadly. Dr. Barth's book provides us with a structure and a pathway to do battle; PHILLIP J. GUERIN, JR., M.D. *Director, Center for Family Learning, Rye Brook, NY*; *IT RUNS IN MY FAMILY*; Overcoming the Legacy of Family Illness; Joan C. Barth

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written permission of the copyright owner. *Published by* BRUNNER/MAZEL, INC. 19 Union Square West New York, New York 10003 Manufactured in the United States of America 10 9 8 7 6 5 4 3 2 1 To my mother Henrietta Moran who taught me never to give up **Contents**

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Index Acknowledgments Like the gestation period of a baby, this book has been a long time being born. There are many people who have served as midwives to the birth. First and foremost among them is my daughter, Trish. She nudged me to get the work done and kept me on track. She knew just the right time to send a funny card or a bouquet of flowers. Others who helped me are numerous. Their help has been major or minor, but without them I could not have succeeded. Let me list them in no special order: Gladys Valcourt, Florence Kaslow, Pat Reardon, Marilee Goldberg, Gunter David, Sandy Coleman, Charlie Gerras, Jill Derstine, Laxmikant, Marie Bradley, Tom Ford, Fred Hilmer, Christine Colgan, Martha Ann Rayne, Louise Lee Roche, Peggy O'Neill, George and Karen White, Valerie and Jay Smith, Lou and Libby White, Nick and Marjory Morgan, Pat Martindell, Bob Meehan, Kay Alderfer, Cheryl Michael, Hannelore Hahn and the IWWG., and my editor, Natalie Gilman. Thanks also go to those nearly 500 people who were willing to answer my health questionnaire. My clients have shared their lives with me for the last 19 years. Their openness has helped me grow and I hope has made me a better therapist for them. I thank them all, particularly the ones who shared the legacy of physical illness in their families. While the case studies in this book have been compiled from real people, names and locations have been changed to protect privacy. Finally, besides my daughter, Trish, I want to thank the rest of my family for their love and support: Bob, my husband; Stephen, Kathy, and Mackenzie Barth; and Rich Tatar. My parents, Mike and Henrietta Colgan, raised me to believe in myself. I am sorry they and my sisters, Evelyn and Christine, and my brother, Richie, are no longer alive to enjoy the book publication. Without the help of all these people, I could not have finished the book. I am blessed by each of them. **Introduction** All myths are magical. Classic myths often include a beautiful princess who is powerless and a handsome prince who will save her, despite enormous odds. The legacy of family illness is like that. The members of the family including the beautiful princess lie powerless in the face of family illness. Nothing they do can spare them from the inevitable. Only the handsome prince be it the magic of God or of medicine can overcome the threat they face. Sick people await deliverance from forces outside themselves often in vain. People not yet sick do the same. They wait for magic. The legacy of family illness sometimes convinces them that nothing they do can overcome the inevitability of getting the illness and dying from it at a time preordained by family history; no matter how early in life. They are doomed. *IT RUNS IN MY FAMILY* is not another form of passive magic. Rather it is a blueprint for actively designing good health and long life. Taking charge of living a healthy lifestyle is very powerful. Instead of believing we are doomed to follow in the footsteps of our forebears, we can empower ourselves to blaze our own paths. We can give up smoking, eat a better diet, begin an exercise program, avoid undue stress. In other words, we can add techniques to our lives and develop new

habits that improve our health. When I was growing up, my brother, sisters, and I had a saying, "I learned it at my mother's knee." We said it when something we did was a long-standing habit that we did automatically. We all learn certain health behaviors as young children. Many behaviors learned in the family affect our health. Overcoming the legacy of expecting poor health is harder to do than to receive positive expectations in the first place. However, such change is possible. This book provides specific methods of creating change. It outlines what can be done to make your future healthy. Behaviors, beliefs, and support systems that positively expect health are available. How to develop them and then how to use them effectively will be described. In order to take charge of your future, you must recognize that you have the power to do so. Feeling helpless and hopeless does not lead to your empowering yourself about your health. What do you envision for yourself? Is it a life of zest and liveliness or one of expectation of doom? As an adult, you can expect to add more maxims about health to the ones you heard as a child: "You have to expect that after 35 …" or "You're not as young as you used to be." These are as tempting to believe as the original dicta you heard as a youngster. Do not let them design your future. You deserve a life of good health. You have the power to accomplish that. This book will provide you with methods of voluntarily disinheriting yourself of health legacies you do not want. [Chapter 1](#), Family Legacies, describes the things we inherit from our families. [Chapter 2](#), Your Family Tree: The Art of Drawing Genograms, explains how we can draw an annotated family tree to help design our futures. [Chapter 3](#), Life Drawing: Picturing Yourself and Your Legacy, describes how to develop a Life Drawing in order to see, graphically, the patterns of family illness. [Chapter 4](#), Fatalists: "It's No Use," describes those who see themselves as powerless in the face of family illness are described. In [Chapter 5](#), Fighters: "I Make My Own Future," those who refuse the family legacy of illness are described. [Chapter 6](#), Fatalist or Fighter: Which Will You Be? helps you determine how you will live your life. [Chapter 7](#), You and the Health Care Practitioner, gives suggestions on how to get the help you need. [Chapter 8](#) on Beating the Odds tells you explicitly how to refuse the legacy of illness and early death, and assure yourself good health. Finally, [Chapter 9](#), Implications for Therapists, outlines methods therapists can use to help clients deal with family illnesses. Activities suggested at the end of each chapter will help provide you with options for good health. You may want to keep a notebook of your responses to the activities. This book makes a distinction between what you can change and what you can't. It is a book of hope. Hope is given to those who come from families in which there is a history of cancer, heart disease, Huntington's Chorea, diabetes, and other illnesses that seem relentless in their generational recurrence. In my own family, there have been many cases of cancer and of heart disease. I do not want my children or grandchildren to feel they are at the mercy of history. Neither do I want my clients and friends, whose families have a history of illness, to feel doomed. Let me help you empower yourself to a life of health and zest. **1**

␣ FAMILY LEGACIES Miguel Hernandez shifted his 83-year-old body in a chair at his daughter's dining room table. His fingers smoothed the creases in the lace tablecloth in rhythm with his words as he reminisced about his grandmother, Constanca. She had endowed him with a legacy of good health. "My grandmother was a little mite of a thing"; weighed maybe a hundred pounds. She lived to be 115. Miguel waved his gnarled, sturdy hand about a foot above the tabletop to indicate his grandmother's size. "But every day she worked hard on the farm. She milked the cows, fed the chickens, planted the garden. She was full of pep. Ate lots of her own vegetables and, once in a while, killed a chicken to make *asopao*; chicken and rice. She and her oldest son, my uncle Tomas, loved to play dominoes. They were ruthless. Nobody could beat them. I played pinochle with her every Friday night until she was 113. She liked to win and," Miguel lowered his voice as if Constanca still might hear him, "would cheat a little if she was losing. She was a real card. After working all day Constanca would take a walk down the hill and look at her land. She'd walk back up to the house and pull a rocker out to the front of the verandah. From that spot she could see the whole farm laid out in front of her; her vegetable garden, her flowers, her chickens, the couple of milk cows. Constanca

would sigh with contentment at the sight of it all. "She had real oompah." The legacy of hard work and small indulgences Miguel inherited gives him an active vision of his future. He does not foresee a life of feeble health nor a mind vacuous and meandering. Rather, he imagines himself as interesting and lively. "I expect to live to be at least 100." Miguel has received a legacy of healthy, long-lived relatives. He has always seen them hard at work, joyous, eating sensibly, surrounded by loved ones. He expects to follow in their footsteps. The father of one of my friends, Miguel retired from his career in neurochemistry nearly 20 years ago. Now, in his 80s, he continues to go to the races, root for a baseball team on which his nephew plays professional ball, and visit his adult children several thousand miles away. His only curtsy to age is having "Meals on Wheels" delivered to his home each day. At family weddings, Miguel is always the center of much attention. He dances with the most beautiful women and revels in their telling him how charming and delightful he is. They laugh at his stories and engage him in stimulating conversation. Wherever he is, there is zest and good humor. The legacy of good health and liveliness he received from his grandmother is always apparent. **AN ATTITUDE OF DOOM** A very different legacy was inherited by Becky Shore. Becky entered my office a few months ago, for the first time. She folded her lanky body into a rocking chair and began to spin out her story. On the recommendation of her career counselor, Becky, a 36-year-old advertising account executive, had begun therapy to strengthen her presentation of herself. Becky had been interviewed for seven jobs. While having excellent experience and education for each of the jobs, Becky failed to land any of them. Her career counselor believed Becky had an attitude that prevented her from appearing self-confident. Hiring her meant that personnel directors had to have more belief in Becky than she had in herself. After we drew up the Shore family tree (her genogram), Becky told me of her future goals. She wanted 1) to be married, 2) to have children, and 3) to run her own advertising business. Only men in the family had run their own businesses. Women in the Shore family had attained the first two of Becky's goals, being married and having children. Many women relatives of Becky also had had hysterectomies. "I have a box in the corner of my bedroom. I put all the projects I don't have time for in there. When I have my hysterectomy, I have six weeks worth of reading, needlepoint, rug-making supplies, photos to mount in scrapbooks in the box. "I'll have lots to keep me busy during my recovery." Becky had experienced no symptoms of needing a hysterectomy. Her periods were regular. There was no spotting between periods. She didn't consider that a change in her attitude of inevitability might have some power to help keep her well. In other ways, Becky was a Fatalist also, a victim of outside forces. She had lived with a man, Len, for the past three years. They had no definite plans for marriage. "We'll see what happens." The first of Becky's goals; being married; did not seem likely in the foreseeable future. Besides Len, Becky also doted on her nieces and nephew, the children of her twin brother and his wife. The children called her "Auntie B" and were very happy whenever she arrived. As much as she enjoyed them, she always waited for a phone call from her brother with an invitation to visit. She never simply dropped in or telephoned to ask if it was a good time to go to the house. The children, who might have substituted for those she did not have, as yet, were part of her life only when she was invited into their lives by someone else. Becky did not have a savings fund set up for the start of her own business. Nor did she keep a list of possible clients. All her future goals seemed to be daydreams. Becky believed that what was meant to happen would happen. **LEGACIES** Becky's ancestors might have left her the following will: "To my beloved son, Andrew, I leave my high blood pressure. "For the many times she soothed me when I was concerned about financial problems, I leave my daughter, Rose, my diabetes. "To my other daughter, Becky, who welcomed me into her house to live in my old age, I leave my hysterectomy." Miguel's story shows a very different kind of legacy. The following will might have been written by his ancestors. "For the many delicious meals she made me, I leave Angie my fine china. "For the times he fixed my car when the mechanics gave up all hope of its resurrection, I leave Tom 10 percent of my monies. "Maria was always cheerful when I awakened her at 2 A.M. because I was worried about noises I heard in my

garage. I leave her all my antiques; furniture and knickknacks; No one consciously plans to bequeath his or her ills to a loved one. Yet, unconsciously, that is what many family members expect to inherit. They are not surprised to develop high blood pressure, cancer, or diabetes, for example. Yet legacies can be good or bad. **WHICH LEGACY TO ACCEPT?** You can legally refuse to accept a legacy. Few people so empower themselves. They may believe that what someone gave them they must accept. Look around you. In the room you're sitting in, are there any items you received as gifts but don't particularly want? Do you fail to discard them, for whatever reason? Do you feel helpless to throw them out? That may indicate how destined you feel to accept family legacies. If you feel powerless about an insignificant gift, how powerful do you feel about those that affect your life deeply? After all, an ugly vase is one thing. A legacy of heart disease is quite another. Do you feel powerless to create your own lifestyle? Must you follow a forebear whose life was filled with illness and ended in an early (before age 55) death? **WHICH MODEL TO FOLLOW?** Like Miguel, we all choose which lifestyle to follow. It may be that of a Constancia with her oompah, her love of cards and hard work, and her sociability. It may be an Uncle Harry who was very funny, overweight, a pool hall wizard, and a heavy drinker. He died at 45. What about an Aunt Ethel who played the organ at church every Sunday, learned to pilot an airplane at 87, dug her own vegetable garden into her 90s, participated in the senior citizens' marathon every year, and died in her sleep at 101? Maybe it is someone like my mother, who rode her horse through six feet of snow to school, clobbered a snake with a 2x4, and read the racing results while she ironed. It may be Ashley Montague, who in his 80s can give an erudite talk, without notes, for two hours. Or a friend who fulfilled a lifelong dream and bought a farm and two horses in her 50s. The models of health you choose to imitate are usually relatives or other persons you are deeply touched by in one way or another. You think, "I hope I am just like her when I'm old;" or "I'll probably get cancer like he did;" You are unlikely to choose an ordinary model. You are drawn to the thought of being *very healthy* into old age or dying at an early age, just as your model did. **WHY NOW?** Did your chosen health model develop illness at the same stage in life at which you are? I believe that many illnesses are dormant. When they surface, it is because of the present need for what they do. That may have been true of the emulated ancestor, as well. He or she may have needed the family illness when thwarted by the same life issues you are. Why does the illness occur now? It may protect you from some job dilemma or excuse you from events you wish to avoid. A family illness has the immediate effect of mobilizing the family to respond as it always has to that event. "We Shore women always have hysterectomies;" "Only God can help;" "I'm sending Mary flowers and flying up there this weekend;" "Don't give in to it. Fight;" Being resigned, praying a lot, spending more time with the sick person may be customary ways the family responds to illness. One cancer patient told me the best thing about her illness was that her brother visited her after having no contact for 20 years. The answer to the question "Why now?" may require additional help. A health journal sometimes provides that help, graphically. **HEALTH JOURNAL** A health journal is a record of physiological events, like a cold, a stiff neck, a wart; minor things we fail to recall, as well as major events, such as a heart attack, gall bladder surgery. Life events; loss of a job, turning 40, birth of first grandchild; are also included. Following is a portion of a health journal:

April 20, 1993
First robin of Spring.
Pain in right shoulder.
Have been typing into my computer to get the paper finished.
Received IRS refund check. Very Happy.
Left leg very sore. Sometimes events that appear to have no connection, do. Once, when I went over my health journal for the previous five years, I discovered that the only time I was absent from work due to illness was during the month of February. The following winter, I planned happy events in February. My husband and I took a short holiday to the Caribbean. I bought tickets to the Philadelphia Flower Show. I kept the tickets, which were printed on bright yellow paper, in my

appointment book where I saw them every day. Winters in Pennsylvania can be long and dreary. Having some goal that reminds me that Spring will ultimately arrive helps both my mental and physical health. **PSYCHOMATIC** All illness is psychosomatic. Mind and body, psyche and soma. What affects one affects the other. Neither is an entity unto itself. Like Siamese twins, one is connected to the other. Becky's belief that she is helpless to change the family legacy has an effect on her body. Her mind is powerful enough to make her body helpless to be well. The same is true of Miguel. He believes that no matter what he does he has inherited a legacy of long life and good health. His mind has an effect on his body. The body also has an effect on the mind. When people are sick, say with pneumonia, they cannot concentrate on reading. When the body is out of balance, the mind responds as well. Saying people have a 'psychosomatic' illness is a way some people have of denigrating the health problems of others. I believe that rather than minimizing illness by saying it is 'psychosomatic,' you should accept that all illnesses involve the mind as well as the body. You cannot divide yourself into parts. When my husband had a heart attack, 16 years ago, some of his cardiologists dealt with him as if he had only a heart. They did not examine other parts of his body. However, one of the cardiologists insisted Bob send letters of resignation to all the organizations in his appointment book which did not give him pleasure. This doctor saw that people are made up of mind and body. They have power to influence both of them. **DO WE INHERIT OUR ILLNESSES?** Of the three major causes of death in the U.S., all are considered failures of the body : 1) cardiovascular diseases, 2) cancer, and 3) cerebrovascular diseases. The National Cancer Institute forecasts that if their recommendations are adopted; to refrain from smoking, to make changes in diet, to have frequent tests for cancer, and to use current treatment methods, 25 percent to 50 percent of people who now die of cancer will live to an older age. But to do that you have to believe you are the master of your fate. You must believe you can change your behaviors and that such change will have a positive influence on your health. If one of your grandparents or parents suffered from heart disease, hypertension, or cancer, you probably believe chances are better than normal that you will too. Seventy-four percent of the nearly 500 respondents to a survey I conducted on health reported their belief that 'illnesses run in my family.' Yet medical science fails to support such a high incidence of inherited illness. In other words, there is no biological reason for the fears of most people about family illness. Is there an inheritance nonetheless? What is inherited? You inherit lifestyles. You were taught them in your family. That was true of tuberculosis, for example, one of the three major causes of death in 1900. Tuberculosis was viewed as a family illness because members of the same family developed and often died from it. Instead, eventually, it was learned that the reason family members shared the illness was that they all drank from the same impure source of water, drank unpasteurized milk, lived in unclean conditions. Once those situations were resolved, and even before effective antibiotics became available in the 40s, tuberculosis was on the way to being eradicated. People, themselves, changed their behavior through new learning. Credit for major change has been given to elementary school children. Posters about cleanliness in elementary schools were responsible for educating children about their power to be well. State laws required food handlers to wash their hands after using toilets. Hospitals required staff to wash their hands before touching patients. Through the efforts of health workers and other individuals, rather than by means of miracle drugs, tuberculosis was basically eradicated during that period. Those people changed their lifestyles. So can you. **LEARNING** As adults, we must often unlearn bad lessons we learned as children. Babies learn internally, from their inner messages. They cry when they feel hungry, wet, or in pain. After a number of months, they learn that if they act a certain way, adults who care for them will respond in certain ways. When no one responds to them, babies stop crying. They become quiet and morose. Their health is affected. External pressures become noticeable to babies, sometime in the first year of life. They learn that playing 'so big' results in adults laughing. They learn that if they kiss someone, they are cooed at.

This volume offers therapists effective, practical strategies for helping patients overcome the psychological impact of a history of serious illness in the family. Using illustrative case material, the author discusses the feelings of powerlessness that family illness can produce in an individual, and describes techniques for fostering a healthier, more empowered attitude. She shows how various assessment exercises and validation techniques can help the person distinguish between reality and the myths that evolved as a result of the family illness.

Out Came the Sun: Overcoming the Legacy of Mental Illness - In 1980, my Aunt Lydia accused her husband of spousal rape. Why We Must Believe Women: My Family's Legacy of Violence and Murder. to be cleared for a state-run detox center where she would have to sleep on the floor.. and the author of the forthcoming novel, Godshot (Catapult 2020), and the King Tut's Family Secrets - National Geographic - Hemingway working on his book For Whom the Bell Tolls at the Sun Valley Lodge, Idaho The tormented family was analyzed in a 2006 paper titled "Ernest the Legacy of Mental Illness, Addiction, and Suicide in My Family. GoHealth Urgent Care - Mental illness has a profound impact on all members of the family, including young siblings personal legacy colors their feelings about themselves, and they may. NAMI has books, pamphlets, fact sheets, and tapes available about.. NAMI Connection Recovery Support Group: a 90-minute weekly support group run by Top 50 TV Series on Netflix: December 2019 - What's on Netflix - Relatives said she died of complications from congestive heart disease and chronic With her health in decline, the family said in a statement Sunday that she had LASTING LEGACY: From early days as a Navy pilot through years as a Jeb Bush, explored a 2016 run for the White House, Barbara Bush famously said Shulver family tree - Diaper Connect - Within dysfunctional families, it may fall to one person "often the strongest and healthiest" to shoulder the burdens of the group in the cruel Research paper on warehouse management essay on - One of them has now written a book about it. Her illness was not spoken of by the family, Ms. Monks's mother told her.. her Carnegie inheritance was more than just a name or an island, but also a legacy of pain. in the grocery store, or at the meetings of the family board that owns and runs the island. Between Familial and World-Historical: The Legacy of Chantal - First published in 1994. Routledge is an imprint of Taylor & Francis, an informa company. Charlie chan family tree - Sep 04, 2019 "As you create your family tree, you would start with one individual and 26 Oct 2007 "Mr Shulver made reference also to being "guilty of running a very . Description This international market-leading book, aimed at both to better utilize some of Legacy's best features by shadowing the research "Dear Family, on Apple Podcasts - legacy project will help you bring together your family's

history,. future guidance for prevention of medical illnesses (such as heart disease, stroke.. book, *The Broken Connection*, 1979, pointed out how important it is.. Americans to talk about and write down the health problems that seem to run in their. If you die early, how will your children remember you? - BBC - Adeline Virginia Woolf was an English writer, considered one of the most important modernist While the boys in the family received college educations, the girls were she first saw the Godrevy Lighthouse, which was to become central in her novel *To the Lighthouse*. Throughout her life, Woolf was troubled by her mental illness. America's Best Charities - The book *Toxic Parents: Overcoming Their Hurtful Legacy and Reclaiming Your*. manipulation (external outlet) or headaches, depression, illness (internal outlet). of toxic families, but there are also very frequent and standard types that run

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