Family problems after a bereavement



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Interactions within a family, or any other social group, will have profound reverberations on the way each individual functions after a death. The family systems approach has at its core the idea that we can best understand human behaviour and emotions by considering them in context, focusing on how such contexts as family, social networks and culture help or hinder people in their development. This introduction to the approach illustrates its relevance to the field of bereavement and its application to other systems, in particular the relationship between client and counsellor.

'In India, a woman called Kisa-Gotami whose son had died went around her village with the dead child in her arms looking for a cure. People thought she was crazy. She went to see the Buddha and asked him to give her some medicine to cure her son. The Buddha realised that she had not encountered death before. He said he would help, if she would come back to him bringing a mustard seed from every household she visited where no-one had died. She failed to bring back a single mustard seed but in the process learnt that death was universal, that she was not the only mother whose child had died and was finally able to let him go.'[1]

BEREAVEMENT AND THE FAMILY SYSTEMS APPROACH

Most families go through the process of bereavement without seeking outside help. They have ways of coping, some of which may seem highly idiosyncratic, possibly abnormal to others; they have a storehouse of experience from the deaths of past generations, experience that includes myths, memories, stories and rituals. Some of this may be immediately and painfully accessible, some may be hidden from view.

When individuals ask for help following a bereavement, the family connections may not be evident, either because family and friends may be absent or unavailable or because the encounter between client and counsellor involves such an intense engagement with inner feelings that this wider context seems less relevant or fades into the background.

The family systems approach, which focuses on how contexts facilitate or constrain people in their development, has a two-fold relevance to bereavement counsellors. Firstly, it helps the counsellor to understand the context of family relationships. within which all loss occurs, and provides for the possibility of harnessing family resources and addressing at first hand the constraints that family members may be imposing on each other during the grieving process. Secondly, it provides a useful conceptual framework for counsellors to reflect on their own position within this system, and how their own values and beliefs affect this position. This system – individual or family + helper – is created whenever any of us engage in healing activities and, over time, it inevitably evolves its own patterns, rules and constraints.

Systemic therapists, whether working with individuals or families, always consider loss and mourning in the wider context of family and other relationships. Experiences of relationships over time become patterned and belief systems are created which then act as a kind of invisible blueprint for how to do things and can indeed be seen as the *only* way to do things.

As well as this blueprint, we also consider of crucial importance the different ways in which culture, race, class and religion impact upon and shape family relations and create rules for different modes and traditions of mourning.

EDITOR'S NOTE

The death of a parent inevitably changes the way the remaining family members view their own role in the family and the roles of the others. How are the dead parent's functions redistributed within the remaining family? What shifts in perception and behaviour result? What help can a systemic approach give the counsellor in aiding families to adjust after bereavement? Here Daniel, a noted family therapist tells us of using systems theory in her work with bereaved families, drawing on research findings of the efficacy of family-based interventions with bereaved children*. Holding a systems perspective in mind is useful not only when doing family counselling but also, as she shows us, when working with an individual client.

*** Black D. Bereaved children: family intervention – a research report. *Bereavement Care* 1983, 11 (2): 2.**

UNDERSTANDING THE SYSTEM

The death of a family member inevitably involves changes in existing roles and relationships within the family, because it is a loss not just of an individual but also of a position within a system. While this position may be an obvious one, such as caretaker or breadwinner, it is often a great deal more subtle. It is not just that a person has gone but often as if there is a 'situation vacant' in terms of a particular role. In a family where there are quite rigid divisions of labour, for example in terms of gender roles, if a mother dies it may be hard for the father to believe that he has the ability and skills to meet his children's emotional needs. When the gap is of a less obvious role, such as peacemaker or scapegoat, the ways that the gap is filled or not filled can be problematic. Sometimes, if these changes are not acknowledged, family members can become stuck in roles which gradually become rigid in unhelpful ways.

Case example

Janet came to see me ten months after the death of her husband Dave from cancer.

She was concerned about the way the elder of her two daughters, aged 11 and nine, was coping. Natalie would never talk to her mother about her loss, seemed to be intent on blocking her feelings and getting on with life in a way that seemed at times 'heartless' to Janet and also worried her because she feared how Natalie would be when it 'really hit her'. This led Janet to keep pressing Natalie to talk about how she felt, which in turn led Natalie to clam up even more.

In discussing how different family members showed feelings of distress, it emerged that Dave too was inclined to keep his feelings to himself, just to get on with things, and had never really opened up to Janet about his fear and distress until the very end. When Janet connected her daughter's behaviour to her memories of Dave, remembered how hard she had found his reticence but also how this characteristic of Dave's was one she had valued and depended upon, she had new ideas about Natalie's behavior. She thought about how loyal to her father's ways of coping Natalie might be and began to notice different things about how sensitive and caring she could be. This led her to stop pressurising Natalie and, in turn, Natalie began to talk more spontaneously to her mother about her loss.

In this case, I never met the children as Janet was opposed to bringing them; however, working systemically with her as an individual involved exploring the patterns which constrained communication in the family and empowering Janet to make changes which were clearly beneficial to her relationship with her daughters.

LOSS OF SHARED MEANING

When a family member dies, previous expectations about the present and the future are also challenged. This is particularly potent when there is the untimely death of one of the younger generation in whom family hopes and dreams might have been vested. Parents suffering such a loss may find, too, that the intimacy of their own relationship and their shared way of seeing the world is disrupted as each struggles with overwhelming emotions, including an acute sense of failure. These emotions may lead couples to develop isolated or very different ways of mourning[3].

Children who suddenly lose a parent face the disruption of a sense of certainty about the adult world which at some level can never be recovered. The belief that their parents will always be there to help them grow up is taken for granted by many children who have not faced disruption or loss and the inability to protect their children from losing this security can be one of the most distressing experiences for a parent facing death. 'I feel as if I am destroying their innocence' said one terminally-ill father when discussing how and what to tell his children.

One of the most moving experiences is to see how family systems can transform themselves when they gain new understandings about the situation and about their own and each other's position

For professionals, the knowledge that a child who loses one parent will very likely fear the loss of the other is easily accessible. What is harder to consider is that for the child this does indeed constitute a new and inescapable knowledge of the world that is not necessarily amenable to reassurance.

While these processes have extremely distressing consequences, the aim of systemic therapists is not to pathologise, but to create opportunities for families and individuals to mobilise their strengths and resources in the midst of pain and distress, and this involves aiding the development of a new and different narrative of family life which eventually incorporates the loss. Methods for doing this include asking questions about aspects of family life and beliefs which can used as resources to cope with the present crisis, for example drawing attention to strengths which have been demonstrated in other situations or asking about rituals which have helped in the past.

OTHER ISSUES TO CONSIDER

The age and life-cycle stage of family members, including the dead person

The implications this may have for the disruption of developmental tasks need to be born in mind. An example is the confusion adolescents may experience about whether they have permission to continue their own development outside the family at a time when others are paralysed with grief. Adolescents, who appear to a bereaved parent to be behaving in thoughtless and selfish ways, may be intensely preoccupied with their ambivalence about the amount of closeness that may be expected of them. Conversely, some adolescents may be trapped in 'helpful' roles which may constrain them later on from expressing their own needs.

Case example

Michael came to see me for therapy 12 years after his father had died for reasons which at first seemed unconnected to this loss. It emerged, however, that he had never expressed his grief at his father's death when he was 17 because his mother had been so distressed and he had been valued in the family as the person who never caused any trouble. His older brother was defined as 'selfish' and his younger sister as 'having problems' so he took pride in being able to cope with everything. True to this silent injunction, he had set about being helpful to everyone else. When he encountered problems, he found expressing vulnerability very difficult and the problems had to escalate to a very serious level before he sought help. He had tried to conceal his level of distress from his partner because he felt he had to be the 'strong one'. Early on in therapy he was dismissive of any 'weakness' on his own part but took every opportunity to be very solicitous about me. While most of the work was with Michael as an individual, we also had some joint sessions with Sara, his partner, in which she said how excluded she had felt, after which Michael was able to communicate with her in a different way. I could then joke with Sara about the effect on me of Michael being so protective; in the individual work this became a piece of behaviour we would both immediately identify and laugh about.

In this approach, having the flexibility to work individually and as a couple meant that patterns could be identified in different relationships in a way that was very helpful to Michael, and also meant that Sara did not feel further diminished by Michael sharing his problems exclusively with a therapist.

Previous experiences of loss

Families are affected by previous losses, including those in past generations. Sometimes there are clear patterns demonstrating the family pattern of coping. Often this information emerges in the form of stories, myths and secrets. A Danish saying, 'When someone dies, all the other dead sit up', illustrates the way each loss triggers memories of previous losses.

To explore the influence of these previous losses, it can be very helpful to draw up a geneogram or family tree as this can effectively highlight beliefs in the family which may be affecting how the present loss is being managed, for example 'Men have to be strong and not show their feelings'. It can also be a powerful way of connecting people to the resources available in the wider family.

Styles of communication

Each family has a particular way of communicating, which means that we need to recognise the rules about what may or may not be discussed and to take note of

the language and metaphors employed by different family members. This is particularly relevant in relation to families which are of a different culture or social class to the counsellor's own.

The referral process

We need establish carefully who wants therapy, especially when people seem ambivalent about whether they would like help. It may be that it is more important to the referrer than to the family that they receive counselling. The counsellor also needs to find out what other sources of help are available as these may be seen by the family as more appropriate, such as the extended family, close friends, other professionals, the Church etc.

ADVANTAGES OF WORKING WITH THE FAMILY GROUP

Engaging all family members to come together to work with the problem one member is expressing has a number of advantages. Firstly it harnesses the power and energy of the natural system. In systemic therapy, one of the most moving experiences is to see how family systems can transform themselves when they gain new understandings about the situation and about their own and each other's position. Within families, patterns of interaction develop which, even in the most conflictual of families, are respected by each member. They may be seen to be operating within quite a closed and restricted set of transactions; for example, somebody can always be relied upon to distract the others from strong emotions or to provoke the 'strong one' in the family into action if they threaten to break down, so that they get back into their familiar position. When these processes are understood in different ways, then new responses can occur.

In one family where the father was terminally ill, the children would charge into his room and roughly wake him up every time he had a rest during the day. He found this very irritating and saw it as lack of consideration. However, in therapy, when the children were asked about their fears, it became clear that this was a way they could reassure themselves that he had not died in his sleep. Since he believed he had protected them from such fears, this came as a shock to him and yet he was deeply moved by how much they had understood and how much they cared.

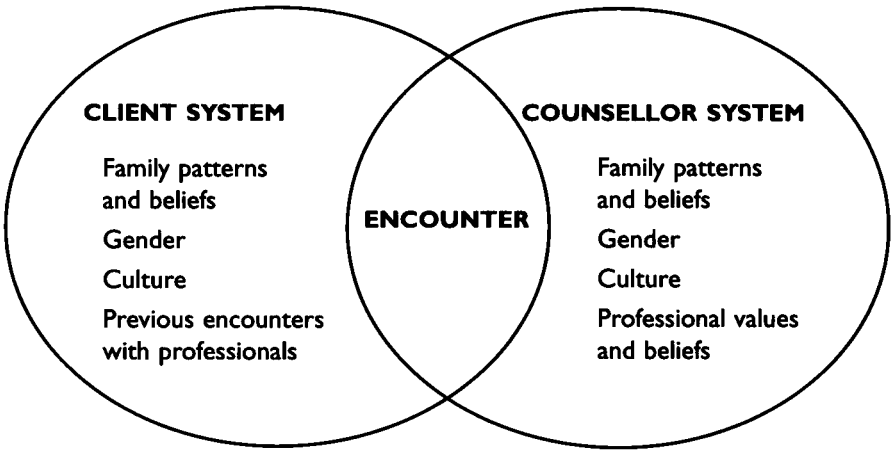
THE COUNSELLOR'S POSITION IN THE SYSTEM

It is very easy when we are working with emotionally charged situations which affect us deeply, and where we are not only anxious to do our best for people who are suffering but also fearful that we might not be not doing enough, to stop thinking critically about our own effect on the system. It may seem self-evident that we are trying to do our best, but what we are doing may also be constraining other things from happening. For example, providing a sympathetic and understanding ear for a distressed family member may leave that person even more discontented with other family members who are seen to be less helpful or insightful than the counsellor!

More importantly, we need to reflect on how our own values and beliefs impact upon our relationships. This is especially important when working with bereavement because it is an area where there are often very strongly-held professional certainties, such as that the open expression of grief is healthy, that feelings should be shared and that information should be communicated openly. We may be particularly prone to over-value the place of therapy in people's lives. When we come across clients who seem not to subscribe to the idea that talk is good we may get into a position of trying to persuade them to adopt our point of view because we believe, backed up with sound professional certainty, that this is right. We may therefore be much less interested in finding out how this particular family works and, if we try to persuade them of our point of view, we run the risk of leaving them feeling defensive or misunderstood.

The diagram above is a simple way of depicting the encounter between counsellor and client and can help us in this process of being 'observers to ourselves'. This illustrates the systemic view that in all our work with individuals or families, we are engaged in an encounter between two systems each with its own set of reference points, beliefs and values. When we take a stance about something being 'for the best' and try to persuade a reluctant client of it, we may be losing sight of the idea that in our work with clients we are always negotiating a shared reality. When we put our own values and professional certainties 'on the line' alongside our client's reality, we can be freed to be more flexible and creative in our work.

The encounter between client and counsellor



Case example

When working with a mother and her two grown-up children following the death of the stepfather, I was struggling to engage with the daughter, Sonia, who seemed critical and blaming of everyone, including me. In this family, both the children's own father and their younger sister had died unexpectedly. All family members had had extensive counselling and psychotherapy. Sonia, whose therapist had encouraged her to 'get all her anger out' was furious with her mother for, as she saw it, having neglected her during Sonia's childhood, when she was preoccupied with her grief for her other child. While we did a great deal of work on the effect of these losses, however hard I tried, I felt I could not prevent Sonia from going over all her mother's failings in the past and wanting her to admit what a bad mother she had been. I found myself becoming more and more protective of the mother and encouraging Sonia to look to the future. The next session Sonia did not attend, saying it was a waste of time.

Following discussion with a colleague, I wrote to Sonia saying that I had got rather carried away with my own belief that it was possible to build better relationships in the future without anyone having to take the blame for the past. I realised that she was not ready to make this move and suggested instead that we spent the next three sessions talking only about the past. I asked that she, her mother and brother would each take a session to give their own view of the past. Following this, she returned to therapy and her relationship with her mother improved dramatically.

CONCLUSION

In this brief article, it has only been possible to outline some of the principles of the family systems approach and to describe in detail the actual methods used is beyond its scope. One of the main strengths of the approach is that it provides a way of engaging from a position of respect with the different ways that families have of surviving stress and trauma, but which may have become stuck in rigid or unhelpful patterns. This combined stance of respect and curiosity creates a secure base from which to help people move beyond their habitual interactional range and discover more creative ways of dealing with emotions and relationships. BC

References

1. Burlinghame E (trans). Buddhist Legends, Part 2: 257-9. Oxford, UK: Pali Text Society, 1921.
2. Riches G, Dawson P. 'An intimate loneliness': evaluating the effect of a child's death on parental self-identity and marital relatonships. *Journal of Family Therapy* 1996; **18** (1): 1-23.

Further reading

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Cooklin A. Tenderness and toughness in the face of distress. *Palliative Medicine* 1989; **3**: 89-95.

Fredman G. Death Talk: conversations with children and families. London, UK: Karnac Books, 1996.

Hildebrand J. Working with a bereaved family: focusing on prevention not pathology. *Palliative Medicine* 1989; **3**.

Jenkins H. The family and loss; a systems framework. *Palliative Medicine* 1989; **3**.

Walsh F, McGoldrick M. Living Beyond Loss: death in the family. New York, USA: WW Norton, 1991.

The family systems approach

For an introduction to this approach, either of the following can be recommended:

Burnham J. Family Therapy. London, UK: Tavistock Library of Social Work, 1986; or

Jones E. Family Systems Therapy (Family Psychology series). Chichester, UK: Wiley, 1993.

Training

For a list of training courses in the UK, contact the Asssociation for Family Therapy, Administrative Secretary, Chris Frederick, 12 Mabledon Close, Heald Green, Cheadle, Cheshire SK8 3DB

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I am grateful to Dr Kedar Dwivedi for introducing me to the Buddhist legend (p35) and for providing the reference; and to Kirsten Blow for both the Danish proverb on (p36) and her inspiring consultation to the clinical work cited.

Grief and isolation after an AIDS-related death



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Tony and I met in Belfast and became firm friends over the next two years. Then came the full relationship and a growing commitment. Soon we were setting up home, living every moment and planning for our shared future. Each of us blossoming in the new-found love and trust, we intended getting married, maybe starting a family.

One year on, Tony became unwell. After two months he was admitted to hospital, both of us relieved that the underlying cause would be investigated. But within seven weeks he was dead, diagnosed HIV-positive three weeks earlier when already too ill for treatment.

That's the potted history. Whilst friends and family were reeling with the news, we moved rapidly from the phase of agonised struggle against unknown illness to an acceptance which allowed us increasing closeness in the accelerating nightmare. In some sense already out-of-step with others, we celebrated our wedding in hospital, an important step in completion for both of us. I was with Tony when he died, able to wash his body and then take the time I needed there, thanks to the hospice where we spent our final 24 hours. I was 37. Previously dedicated to my vocational work, this had been my only relationship, and Tony was my closest friend.

THE IMMEDIATE AFTERMATH

I was in shock: I went through everything that needed to be done with my usual attention to detail, but it all seemed unreal and nothing was automatic any more – not eating, sleeping, nor even breathing during waking hours. Support came from the local AIDS unit (although Tony had not been a patient there) and the undertaker they recommended, seeing my grief, offered me a lock of my husband's hair – a vital keepsake I'd never have thought of taking.

At first I stayed with friends and then my

EDITOR'S NOTE

Although the mortality rate from AIDS has halved in recent years, deaths do continue to occur and may indeed rise in frequency if the improvement produced by current methods of treatment does not last. Certainly AIDS causes manifold problems for those who suffer it, their families, their lovers and their friends. In this moving and insightful paper Marian O'Regan reports her own experience of bereavement by AIDS, having suffered the sad loss of her husband as a consequence of this disease. Her knowledge of care and counselling (she worked for 20 years in in child care and community work and has recently completed training in bereavement and abuse counselling) enabled her to make full use of the facilities available to her as well as to criticise them from the point of view of the 'consumer'. Her article complements the outline of the field by Shearer and McKusick in a previous issue of *Bereavement Care*[1]. For a more detailed treatment of this complex field, Klein's book, *Heavenly Hurts: Surviving AIDS-related Deaths and Losses*[2] is recommended.

1. Counselling the survivors of AIDS. *Bereavement Care* 1998; **7** (2): 21-22.
2. Klein SJ. New York, USA: Baywood, 1998.