

The family and childhood bereavement

An overview



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The family is the matrix in which the child grows up and everything which affects the adults in the family affects the child and vice versa. The idea of the interdependence and mutual influences which family

members exert, whilst not new, has been studied more of late and accorded the importance it deserves in helping us to understand the individual child (or adult).

These studies go under the general heading of family systems theory and the clinical applications are called family therapy. This paper summarises those aspects of the subject which may be helpful to those working with bereaved families.

FAMILY SYSTEMS THEORY AND LOSS

Systems theory assumes that the whole is greater than the sum of its parts. The separate interactions between two people (or dyads) within a family combine into a system which has its own dynamic force and characteristics and, similarly, with families making a community and communities making a city and so on. We talk of characteristics of Londoners, or Mancunians, or Scots — and we assume that living in a place will shape an individual's characteristics. In the same way, we assume that individuals may contribute to the characteristics of a place — just as, for example, West Indian and Asian immigrants and others changed the indigenous population's attitudes, behaviour and even eating habits, and contributed to the multi-ethnic society which is Britain today.

The effect of loss on the family system began to be studied by family therapists such as Bowen¹, and Paul and Grosser² in the 1960s. The latter suggested that incompleting mourning may produce defences against further losses which are transmitted to other family members and produce a rigid family system. Bowen described the 'emotional shock wave' that runs through families after an important death such as that of a grandfather who was

the head of the clan. He suggests that a series of major adverse life events such as physical or mental illness, academic or business failure, illegitimate births and accidents occur in the extended family and may not at first be connected with the death. Death is a biological event that terminates a life. No life event can stir more emotionally directed thinking in the individual and more emotional reactivity in those about him.

He goes on to conceptualise death in relationship terms. Open relationship systems are those in which an individual is free to communicate a high percentage of inner thoughts, feelings and fantasies to another who can reciprocate. A closed relationship system is an automatic emotional reflex to protect the self from the anxiety of the other person. He suggests that relationship systems are at their most open in parent-young children dyads and

EDITOR'S NOTE

To protect the precarious balance of a family, which is jeopardised by the death of one of its members, specialised counselling is recommended. The process of 'working through' the bereavement is too often impeded by misconceptions, denial and social taboo, especially regarding children's roles in it. In her paper, Dora Black highlights the need of the whole family as a multi-depender unit to regain balance, without losing sight of each individual's place and pace in readjusting to the loss. Dora Black draws her insight both from her clinical practice and from innovative research into the effects of counselling on the bereaved family.

Ofra Ayalon

during courtship. Subjects become taboo as couples seek to protect themselves, and chief amongst the taboo subjects is that of death. This will lead to difficulties in talking to children and to one's spouse about death, particularly the impending death of a member of the family.

Children have limitations on their understanding of concepts such as death, heaven etc, but it is rarely that they are given much opportunity to grieve. People avoid talking to children about a dead parent, misconceptions persist, and the child gets little chance of accurately restructuring his world view. The child needs to have the experience of the numerous small losses, inevitable in childhood, made sense of for him by a caring adult who can help him to mourn. It is the necessary rehearsal for the larger losses which will come later on. But of course these experiences are often neglected by parents who themselves may have been reared in families which viewed the attachment behaviour of the child unsympathetically, as something to be grown out of as soon as possible³.

McGoldrick and Walsh⁴ address the problem of death and its place in the family life-cycle. Death, they say, poses shared adaptational challenges, requiring both immediate and long-term family reorganisation and changes in a family's definitions of its identity and purpose. The ability to accept loss is at the heart of all skills in healthy family systems.

They suggest that families have two major tasks in order to facilitate healthy adaptation:

- a shared acknowledgement of the reality of death and shared experience of loss, and
- reorganisation of the family system and reinvestment in other relationships and life pursuits.

There are various family circumstances which can enhance the possibility of adverse reactions to death, such as violent death perpetrated by one member, or suicide.

Boss⁵ has tried to enumerate the general assumptions about families and change:

1. Families are systems and must maintain their boundaries in spite of internal changes if they are to survive and not collapse under pressure.
2. Family boundaries cannot be maintained by outsiders; they must be maintained by the inside, by the family itself. Clear and

healthy family boundaries facilitate the management of stressful family life events and enable the family to manage inevitable, normative loss and change. Clear boundaries enable a family to resolve developmental changes in its members as well as to manage unexpected events or situations.

3. In order for a family system to be able to maintain its boundaries, family members must know who is in and who is out of the family.

4. A significant barrier to the management of family stress is the ambiguity surrounding an experience of loss when we do not know if the person is in or out of the family system.

5. Some degree of ambiguity is normal in any family, but long-term ambiguity is a severe stressor and will make vulnerable even the strongest families.

6. When an event of loss cannot be changed, change is still possible in the family's perception of that event.

The larger family unit also plays an important part in influencing recovery from loss. As Raphael⁶ points out, this is not always benign. Sometimes the parents of the dead parent become embroiled in bitter conflict with the surviving parent over the care of the children, trying to take them over, perhaps because they feel the children are the last remnants of their lost son or daughter, or to make up for the loss of their own child.

Sean was seven years old when his mother died suddenly, from an undiagnosed condition, a few months after the birth of his baby brother. He clung to his maternal grandmother, repudiating his father and the baby, both of whom he saw as being responsible for his mother's death. Grandmother, herself bereft of a beloved daughter, welcomed his closeness and failed to recognise what was happening. The general practitioner arranged bereavement counselling as a family group, in which the grandmother included herself. It was clear that father absented himself from home as much as possible, seeking comfort from a series of girlfriends and reinforcing the belief of Sean (and grandmother) that he had not cared about mother and, by extension, had brought about her death.

FAMILY THERAPY, FAMILY COUNSELLING AND LOSS

For the bereavement counsellor who wishes to help all family members and not solely a bereaved adult, an understanding of certain aspects of the situation is essential. The counsellor must understand the family's patterns of mourning, the

family's experiences of, and reactions to, death, and what may interfere with communication about the dead person and grieving for the dead person. Conducting some or all of the sessions with the remaining family as a group will enable the counsellor to observe the way in which they support or obstruct each other in their individual tasks of grieving and in their shared mourning. The counsellor will not usually meet the family until after the funeral, and asking them to describe what happened, who attended, and how they felt, will give insights into family attitudes and dynamics.

Working with the family group is an effective way of counselling. In a controlled study I conducted with my colleague, Marianne Urbanowicz⁷, published in 1985, we randomly allocated recently bereaved families to two groups. Half the families were offered a brief family counselling intervention. The others (the control group) had whatever help was available to them in the usual way (which was not very much – although a quarter of the families found their way to other help before the first anniversary of their bereavement). During the family counselling sessions, the counsellors concentrated on helping the surviving parent and children to communicate with each other about the dead parent and their grief, using, where appropriate, play and drawing materials as well as talking.

When we followed them up one year later, and again two years later⁸, we found that the counselled group were significantly better on a number of measures compared with the control group. Furthermore the children who had grieved for the dead parent, whether in the control group or the treated group, were functioning better than those who had not. But the family intervention had enhanced the likelihood of grieving and communication having occurred. Some of the families we saw in our study are described elsewhere^{9, 10}.

In the case of Sean, mentioned above, it was necessary to redefine the family boundaries for several sessions so that they included Sean, his father and the baby only. Grandmother was asked to bring in grandfather for a separate series of sessions, arranged at the time we arranged the first ones. She rapidly understood the need for family work with father and son. As we worked with the nuclear family, Sean was able to reveal his fear that his bad behaviour had caused mother to leave the family. He recalled how angry he had been with his brother for apparently ousting him from his place with his mother. He remembered shouting at his mother: 'I hate you, I wish you were dead', one day when she had told

him off for handling baby Jude roughly.

We encouraged the family to find out why mother had died and then helped them to understand the medical cause (a burst blood vessel in her brain), and that angry children or adults could not cause such a calamity. With the grandparents present it was helpful to recognise how alike mother and grandma looked, so that Sean could see that he clung to grandma in the hope that she would become his mother. Slowly he was able to mourn her loss as he gave up putting his feelings into others and could own his grief himself. Father found that he was able to help his child to understand about death, its causes and effects, and this experience enabled the two of them to share their loss. Father was now able to grieve at home instead of frantically avoiding reminders of his loss.

When we are able to see a family within a few weeks of death, there is an opportunity to do preventive counselling, promoting normal grief and mourning. Sometimes a counsellor is asked to help only after things have gone badly wrong, and one needs to recognise the need for more skilled assessment and help when the aid of a practitioner such as a psychologist or psychiatrist with family therapy skills may be required. This is most likely when the death was sudden, unexpected, and horrifying – perhaps because of medical mishap, or violence, or a mutilating accident or suicide (see Sutcliffe *et al* in Further Reading section). Or it may be because the other family members have had too many recent bereavements or other adversities to be available to the children, or because the surviving parent is unavailable to support the child. Occasionally a child will present to a mental health service with a symptom such as school refusal, or even attempted suicide, and exploration will reveal an unmourned loss in the background. Addressing these issues within a family therapy setting will be helpful but is outside the scope of this article.

Techniques which have been used to help bereaved families include the use and understanding of family scripts, how families need to edit or even rewrite the family story or myth to encompass the new events and the loss of the family member¹¹, the use of forced or operational mourning², helping the family to create rituals¹², and exploring with the family the family history of death and grief by the use of genograms or family trees¹². Holding a systems perspective in mind is useful not only when doing family counselling but also when working with an individual client¹⁴.

A useful source for those interested in a

systems approach to the dying and bereaved is the book by Sutcliffe, Tufnell and Cornish (in Further Reading below). This describes in detail work with a bereaved family and also challenge our ideas of the mourning process using a systems perspective.

The 'family bereavement program' of Sandler and his colleagues in Arizona¹⁵ is a well-researched intervention programme, designed to improve the variables in the family environment which had been found to affect child mental health. They found that use of the programme increased parental perceptions of the warmth of their relationship with their children, increased satisfaction with social support, and reduced parental reports of depression and conduct disorders in their older children. There were fewer positive reports from the children and younger children did not seem to benefit significantly.

Probably in our present state of knowledge, the pragmatic use of a mixture of individual and family counselling sessions will best meet the needs of the children and their families when we are asked to help. **EC**

Further reading about family therapy

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LETTERS TO THE EDITOR

Dear Editors

One of my clients whose elderly mother died recently was particularly upset after the death of the Queen Mother. Many of the comments she heard and read in the media seem to devalue the loss experienced by members of the royal family, and she remembered similar comments following the death of her own mother.

It is true that the Queen Mother died peacefully following a very long and relatively happy life and such a fact can be accepted with thankfulness. However, the crucial point is not so much how and when she died but that she has been lost to those who loved her, and trying to provide a consolation by repeating such facts can be hurtful and unhelpful. Comments like these contain little empathy or real understanding of the feelings of the bereaved.

The details of a death should not affect the 'entitlement' of a family or friends to grieve. While of course everyone will react differently, feelings of deep sadness will be part of the experience for many and I am concerned that we can be in a sense 'talked out' of what are natural, normal feelings. This was certainly the experience my client had when she was made to feel guilty for being upset by the death of her old mother.

In such situations others can appear to act as 'loss adjusters' - adjusting the loss down to what they consider to be acceptable! This is hardly helpful and may in some instances cause more distress and possibly even harm. The reasons for such comments are too complex to discuss here, but your journal has published some helpful articles on this and related topics. In particular I have found one by Doka¹ and another by Scrutton² useful.

I hope my comments will provoke thought and would be interested to hear of the experience of others on this topic. I should also say that my client has read and approved of the text of this letter.

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Dear Editors

I read with interest Jean Harris-Hendrik's review of the Harry Potter series in the Spring issue of *Bereavement Care* (p11). While I appreciate many children and adults have thoroughly enjoyed these books, I felt I could not let this glowing endorsement of them pass unchallenged.

The books are fun, yes, full of magic and excitement, but they deal almost entirely with a white, middle-class world where

children go to boarding school. As a result many young people may find it difficult to identify with Harry's bereavement in a situation so far removed from their own. I cannot see that these books have much to offer black and other minority ethnic children, such as those who attend the same inner-city school as my 10-year-old daughter, Ruth. In a brief survey she found out that she is the only child in her class who has read them and, although she enjoyed them initially, she recently announced that she has 'gone off' the series.

Not only are the books almost entirely about white children but, apart from a few girl characters, they are mostly about boys. I think this matters because, as the mother of four daughters, I can see how marginalised girls are in so many ways. Books, films, television programmes are rarely about them. All too quickly many girls and boys get the message that what girls think or want does not matter.

What a refreshing change, then, are the books by Jacqueline Wilson, such as *Vicky Angel*, also reviewed by Jean Harris-Hendricks in the same issue (p15). These are about ordinary teenage girls facing and surviving all sorts of issues like death, divorce and not getting on with parents, without the help of magic or wizards or such escape routes as a thrilling boarding school. My daughter can't get enough of them.

The review makes much of the fact that Harry Potter has a head teacher who is 'one of many parent figures whom the school has made available to Harry'. As a social worker in a hospice I, and a colleague, run regular children's bereavement days where many of the children have been bereaved by cancer, HIV/AIDS and accidents. Many have lost their only surviving parent. Very few of them appear to get any support from their schools and, perhaps because of the pressure schools are under these days, those 'parent figures' are often sadly lacking.

I think the series may also have some other unhealthy messages. Why is the nasty Dudley portrayed as being so fat? Lots of children, especially nowadays, are overweight. It might be more helpful to address this issue in a way that does not vilify them.

There may be nothing wrong with reading Harry Potter books as a bit of relaxation but don't let's set them up as great standards of literature or as offering great insights into bereavement. Let's find other books to help our children!

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We would like to hear from readers who know of bereavement resources for young people that are racially and culturally sensitive and appropriate, and which avoid caricatures. Eds